OMB No.: 0915-0285. Expiration Date: XX/XX/20XX **DEPARTMENT OF HEALTH AND HUMAN SERVICES** FOR HRSA USE ONLY **Health Resources and Services Administration Grant Number Application Tracking** Number FORM 6B: REQUEST FOR WAIVER OF BOARD **MEMBER REQUIREMENTS** Note: This form is applicable if you are proposing to serve only special populations (i.e., HCH,MHC, and/or PHPC) **Request for Waiver** Name of Organization Will pre-populate in EHB 1. New Waiver Request Are you requesting a new waiver of the 51% patient majority Yes No governance requirement? 2. For Applicants with Previous Waiver 2a. Do you currently have a waiver of the 51% patient majority - Yes - No governance requirement? 2b. Are you requesting the patient majority waiver to be Yes No (Governing board is in full continued? compliance) (This question is required if you answered yes to question 2a.) 3. Demonstration of Good Cause for Waiver (Demonstrate good cause for the waiver request by addressing the following areas) 3a. Provide a description of the population to be served and the characteristics of the population/service area that would necessitate a waiver. This guestion is required if you answered 'Yes' to guestion 1 and/or question 2b.) (maximum 1,000 characters) 3b. Provide a description of the health center's attempts to meet the requirement to date and explain why these attempts have not been successful. This question is required if you answered 'Yes' to question 1 and/or question 2b.) (maximum 1,000 characters) 4. Alternative Mechanism Plan for Addressing Patient Representation Present a plan for complying with the intent of the statute via an alternative mechanism that ensures patient input and participation in the organization, as well as direction and ongoing governance of the health center. (This guestion is required if you answered 'Yes' to guestion 1

Public Burden Statement: Health centers (section 330 grant funded and Federally Qualified Health Center look-alikes) deliver comprehensive, high quality, cost-effective primary health care to patients regardless of their ability to pay. . paperwork@hrsa.gov HYPERLINK "https://sharepoint.hrsa.gov/sites/bphc/oppd/ED1/OMB%20Forms%20Approval%202020/paperwork@hrsa.gov" 42 U.S.C. 254b HYPERLINK "http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title42-section254b&num=0&edition=prelim"

and/or question 2b.)

(maximum 1,000 characters)