

<p><b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>  <b>Health Resources and Services Administration</b></p> <p><b>Form 8: HEALTH CENTER AGREEMENTS</b></p>	<b>FOR HRSA USE ONLY</b>	
	Grant Number	Application Tracking Number
<p>Note: If a Health Center Program award recipient wishes to enter into an agreement/arrangement post-award that will either (1) result in another organization carrying out a substantial portion of the approved scope of project or (2) impact the governing board's composition, authorities, functions, or responsibilities, a Prior Approval request must be submitted in EHB and approved by HRSA before the agreement/arrangement can be formalized and implemented.</p>		
<b>PART I Health Center Agreements</b>		
1. Does your organization have a parent, affiliate, or subsidiary organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>2. Do you currently have, or plan to utilize</p> <p>a) Contract(s) with another organization to perform substantive programmatic work within the proposed scope of project? <i>For the purposes of the Health Center Program, contracting for substantive programmatic work applies to contracting with a single entity for the majority of health care providers.</i></p> <p>Or</p> <p>b) Subawards to carry out a portion of the proposed scope of project. <i>The purpose of a subaward is to carry out a portion of the and creates a Federal assistance relationship with the subrecipient.</i> <a href="https://bphc.hrsa.gov/programrequirements/compliancemanual/glossary.html">Federal award</a> HYPERLINK "https://bphc.hrsa.gov/programrequirements/compliancemanual/glossary.html" \l "federal-award" \t "contentframe"</p>	<input type="checkbox"/> <input type="checkbox"/>	