OMB No.: 0915-0285. Expiration Date: XX/XX/20XX

DEPARTMENT OF HEALTH AND HUMAN SERVICES Health Resources and Services Administration FORM 6A: CURRENT BOARD MEMBER CHARACTERISTICS	FOR HRSA USE ONLY	
	Grant Number	Application Tracking Number

Note: The list of Board Members will pre-populate for competing continuation and competing supplement applicants.

Name	Current Board Office Position Held	Area of Expertise	>10% of Income from Health Industry	Health Center Patient	Live or Work in Service Area	Special Population Representative (If yes, specify Special Population)

PATIENT BOARD MEMBER CLASSIFICATION

Gender	Number of Patient Board Members
Male	
Female	
Unreported/Declined to Report	
Ethnicity	**Number of Patient Board Members**
Hispanic or Latino	
Non-Hispanic or Latino	
Unreported/Declined to Report	
Race	**Number of Patient Board Members**
Native Hawaiian	
Other Pacific Islanders	
Asian	
Black/African American	
American Indian/Alaska Native	
White	
More Than One Race	
Unreported/Declined to Report	

Note: This section is ONLY required if you selected Public (non-Tribal or Urban Indian) as the Business Entity on Form 1A of this application. In all other cases, select N/A.

If the applicant is a public organization/center, do the board members listed above represent a co-applicant board?

○ Yes ○ No ○ N/A

If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.