

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 ☐ N ☐ N/A s o A						
If yes, ensure that the co-applicant agreement is included as Attachment 6 in the Appendices form of this application.						

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"