

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

BOARD MEMBER NAME	BOARD OFFICE HELD	AREA OF EXPERTISE <small>(Place asterisk (*) if member derives more than 10% of income from health industry)</small>	HEALTH CENTER PATIENT	LIVE OR WORK IN SERVICE AREA	YEARS OF CONTINUOUS BOARD SERVICE	SPECIAL POPULATION REPRESENTATIVE <small>(If Yes, specify Special Population)</small>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						

Gender	Number of Board Members
Male	
Female	
Ethnicity	Number of Board Members
Hispanic or Latino	
Non-Hispanic or Latino	
Race	Number of Board Members
White	
Native Hawaiian or Other Pacific Islander	
Black/African American	
American Indian or Alaska Native	
Asian	
More Than One Race	

- Note: (1) Tribal organizations are exempt from completing Form 6A.**
(2) MHC, HCH, and/or PHPC applicants requesting a waiver of the governance requirements must complete Form 6 - Part B and describe any alternative arrangement for addressing Board requirements including the mechanism for receiving consumer input.
(3) Add additional pages, if needed.

Public Burden Statement: An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0915-0285. Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to HRSA Reports Clearance Officer, 5600 Fishers Lane, Room 10-33, Rockville, Maryland, 20857.