Date: 9-28-23

Your Name: Armika Berkley

Manuscript Title: FQHCs, Health Center Controlled Network Affiliation and Performance

Manuscript number (if known): JHMHP-23-90

In the interest of transparency, we ask you to disclose all relationships/activities/interests listed below that are related to the content of your manuscript. "Related" means any relation with for-profit or not-for-profit third parties whose interests may be affected by the content of the manuscript. Disclosure represents a commitment to transparency and does not necessarily indicate a bias. If you are in doubt about whether to list a relationship/activity/interest, it is preferable that you do so.

The following questions apply to the author's relationships/activities/interests as they relate to the <u>current</u> <u>manuscript only</u>.

The author's relationships/activities/interests should be <u>defined broadly</u>. For example, if your manuscript pertains to the epidemiology of hypertension, you should declare all relationships with manufacturers of antihypertensive medication, even if that medication is not mentioned in the manuscript.

		Name all entities with whom you have this relationship or indicate none (add rows as needed)	Specifications/Comments (e.g., if payments were made to you or to your institution)
		Time frame: Since the initial	planning of the work
1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus,	XNone			
	manuscript writing or educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending	XNone			
,	meetings and/or travel				
8	Patents planned, issued or	X_None			
	pending				
9	Participation on a Data	X None			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role in other board, society,	XNone			
	committee or advocacy				
	group, paid or unpaid				
11	Stock or stock options	XNone			
12	Receipt of equipment,	XNone			
	materials, drugs, medical				
	writing, gifts or other services				
13	Other financial or non-	XNone			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				
Plea	Please place an "X" next to the following statement to indicate your agreement:				

Date: 9-27-23

Your Name: Monica Aswani

Manuscript Title: FQHCs, Health Center Controlled Network Affiliation and Performance

Manuscript number (if known): JHMHP-23-90

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	Childhood Arthritis and Rheumatology Research Alliance	Grant made to institution
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

		T	
	ı		
5	Payment or honoraria for	XNone	
	lectures, presentations,		
	speakers bureaus,		
	manuscript writing or		
	educational events		
6	Payment for expert	XNone	
	testimony		
7	Support for attending meetings and/or travel	XNone	
8	Patents planned, issued or	XNone	
	pending		
9	Participation on a Data	XNone	
	Safety Monitoring Board or		
	Advisory Board		
10	Leadership or fiduciary role	XNone	
	in other board, society,		
	committee or advocacy		
	group, paid or unpaid		
11	Stock or stock options	XNone	
12	Receipt of equipment,	XNone	
	materials, drugs, medical		_
	writing, gifts or other		
	services		
13	Other financial or non-	XNone	
	financial interests		

Please summarize the above conflict of interest in the following box:

MA received grant from Childhood Arthritis and Rheumatology Research Alliance (Grant made to institution).	

Please place an "X" next to the following statement to indicate your agreement:

Date: 10-5-2023

Your Name: Kristine R. Hearld

Manuscript Title: FQHCs, Health Center Controlled Network Affiliation and Performance

Manuscript number (if known): JHMHP-23-90

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	X_None			
	lectures, presentations,				
	speakers bureaus,				
	manuscript writing or				
	educational events				
6	Payment for expert	XNone			
	testimony				
7	Support for attending meetings and/or travel	XNone			
_					
8	Patents planned, issued or	XNone			
	pending				
_					
9	Participation on a Data	XNone			
	Safety Monitoring Board or				
	Advisory Board				
10	Leadership or fiduciary role	XNone			
	in other board, society,				
	committee or advocacy				
11	group, paid or unpaid Stock or stock options	X None			
11	Stock of Stock options	XNOTIE			
12	Receipt of equipment,	X None			
	materials, drugs, medical	XNONE			
	writing, gifts or other				
	services				
13	Other financial or non-	X None			
	financial interests				
Plea	Please summarize the above conflict of interest in the following box:				
N	lone.				
Plea	Please place an "X" next to the following statement to indicate your agreement:				

__X_ I certify that I have answered every question and have not altered the wording of any of the questions on this

form.

Date: 10-5-2023

Your Name: Allyson G. Hall

Manuscript Title: FQHCs, Health Center Controlled Network Affiliation and Performance

Manuscript number (if known): JHMHP-23-90

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1	All support for the present manuscript (e.g., funding, provision of study materials, medical writing, article processing charges, etc.) No time limit for this item.	XNone	
		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for lectures, presentations, speakers bureaus, manuscript writing or educational events	XNone		
6	Payment for expert testimony	XNone		
7	Support for attending meetings and/or travel	XNone		
8	Patents planned, issued or pending	XNone		
9	Participation on a Data Safety Monitoring Board or Advisory Board	XNone		
10	Leadership or fiduciary role in other board, society, committee or advocacy group, paid or unpaid	XNone		
11	Stock or stock options	XNone		
12	Receipt of equipment, materials, drugs, medical writing, gifts or other services	XNone		
13	Other financial or non- financial interests	XNone		
N	Please summarize the above conflict of interest in the following box: None. Please place an "X" next to the following statement to indicate your agreement:			

Date: 10-02-23

Your Name: Amy Landry

Manuscript Title: FQHCs, Health Center Controlled Network Affiliation and Performance

Manuscript number (if known): JHMHP-23-90

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2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

5	Payment or honoraria for	XNone		
	lectures, presentations, speakers bureaus,			
	manuscript writing or			
	educational events			
6	Payment for expert	XNone		
	testimony			
7	Support for attending meetings and/or travel	XNone		
	meetings and, or traver			
8	Patents planned, issued or	XNone		
	pending			
9	Participation on a Data	X None		
9	Safety Monitoring Board or			
	Advisory Board			
10	Leadership or fiduciary role	XNone		
	in other board, society, committee or advocacy			
	group, paid or unpaid			
11	Stock or stock options	XNone		
12	Descipt of anytigment	V. Nana		
12	Receipt of equipment, materials, drugs, medical	XNone		
	writing, gifts or other services			
13	Other financial or non-	XNone		
	financial interests			
Plea	Please summarize the above conflict of interest in the following box:			
N	None.			

Please place an "X" next to the following statement to indicate your agreement:

Date: 9-27-23

Your Name: Nancy Borkowski

Manuscript Title: FQHCs, Health Center Controlled Network Affiliation and Performance

Manuscript number (if known): JHMHP-23-90

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		Time frame: past	36 months
2	Grants or contracts from any entity (if not indicated in item #1 above).	XNone	
3	Royalties or licenses	XNone	
4	Consulting fees	XNone	

6 Paym testin	kers bureaus, uscript writing or cational events nent for expert mony oort for attending tings and/or travel	XNone	
6 Paym testin 7 Supp	nent for expert mony oort for attending		
6 Paym testin7 Supp	nent for expert mony port for attending		
7 Supp	oort for attending	XNone	
		XNone	
		xnone	
	neetings and/or travel		
	nts planned, issued or	XNone	
pend	ding		
9 Parti	cipation on a Data	X None	
	ty Monitoring Board or		
	sory Board		
	ership or fiduciary role	XNone	
	her board, society, mittee or advocacy		
	p, paid or unpaid		
11 Stock	k or stock options	None	
12 Rece	ipt of equipment,	X None	
	erials, drugs, medical		
	ng, gifts or other		
servi	er financial or non-	X None	
	ncial interests		