

## Membership Application

Consistent with federal Ryan White legislation, guidance from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), the Council advises the San Francisco Department of Public Health on a range of issues related to HIV and the delivery of HIV services in the San Francisco Eligible Metropolitan Area (EMA). The San Francisco EMA includes the counties of San Francisco, San Mateo and Marin. In accordance with legislative mandate, the Council must prioritize various types of HIV care, treatment and prevention services; allocate federal funding and recommend local funding for those purposes; evaluate service effectiveness; assess the administrative structure's ability to use and expedite the use of funding and other relevant system of care issues; develop, implement and monitor a countywide continuum of HIV services and comprehensive integrated HIV plan; and many other responsibilities.

The primary responsibilities of Council members include:

- establishing priorities for the allocation of funds within the eligible area, including how best to meet each such priority;
- developing a comprehensive integrated plan compatible with existing state and local plans;
- assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need;
- participating in the development of a statewide coordinated statement of need; and
- establishing methods for obtaining input on community needs and priorities.

Members of the Council are required to attend an Orientation, as well as one Council meeting and one Committee meeting each month. In order to fully realize our mission and vision, we are committed at every organizational level of the Council, including Council support staff, to actively foster a culture of humility as a path to full inclusion and equity throughout our programmatic, development, and operational efforts. It is the shared commitment of all Council members to model and uphold the values of cultural humility in the way we work together, arrive at decisions, and resolve conflict.

To achieve the requirements set forth by our funders of inclusion, representation and parity, the Council strives to have a membership that represents the full range of communities affected by HIV. Therefore, candidates are asked to provide demographic and experience-related information to assist in the member selection process. In addition, the Ryan White Program mandates that the Council reflect the community it serves. Demonstrating that commitment, the Council has included in its

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bylaws a requirement that membership shall reflect the demographics of the population of individuals living with or at risk for HIV disease in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations. Membership shall include representatives from the list desired professional skills or experience detailed in the application form.

The Council's Membership Committee meets regularly to review applications and make recommendations to the Council for nominations as vacancies occur on the 40-member Council. The Council forwards nominations to the Mayor of San Francisco, who officially appoints individuals as members of the Council. Anyone interested in becoming involved in the work of the Council should attend at least one monthly meeting of the full Council ***within three (3) months prior to submitting an application*** to become familiar with what the Council is all about.

The completed application and any supporting materials may be submitted to:

David Jordan  
[djordan@shanti.org](mailto:djordan@shanti.org)  
730 Polk St. 3<sup>rd</sup> Floor  
San Francisco, CA 94109

## COUNCIL MEMBER JOB DESCRIPTION

### The Position

The mandated responsibilities of Council members include:

- establishing prioritization of service categories and the allocation of Ryan White funds within the EMA, including how best to meet each such priority
- reviewing the health department's Cooperative Agreement application to the CDC for federal HIV-prevention funds, including the proposed budget, and voting to send a letter of concurrence, concurrence with reservations, or non-concurrence;
- developing the Integrated HIV Prevention & Care Plan, compatible with existing state and local plans for HIV services;
- assessing the efficiency of the administrative mechanism in rapidly allocating funds to areas of greatest need;
- participating in the development of a statewide coordinated statement of need;

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- identifying priority populations to receive HIV services based on a thorough review of the epidemiologic, evaluation, behavioral, and other data on the San Francisco EMA's populations and communities; and
- establishing methods for obtaining input on community needs and priorities.

### **Additional responsibilities:**

1. Attend monthly Full Council meetings and assigned Committee meetings
2. Prepare for all Council meetings by reading the pre-meeting materials, including the minutes of the previous meeting
3. Communicate respectfully with fellow Council members, the public, health department staff, and all others involved in the community planning process
4. Attend all Orientation and training events (where mandated)
5. Remain informed about HIV policy issues pertaining to Subject Matter Jurisdiction of the Planning Council
6. Be able/willing to participate in discussions relevant to the needs of the EMA as opposed to interest group/category of representation
7. Willingness to participate in Council events in order to further the Council's mission and goals (e.g. attending community forums etc.)

### **Qualifications**

1. Inclusion/membership in a specified category per legislation and HRSA/CDC guidelines
2. Ability to communicate opinions freely, honestly and respectfully per the Rules of Respectful Engagement
3. Commitment to adhere to the By-laws and policies and procedures of the Council
4. Ability to operate/function collaboratively to contribute to and participate in Council activities.

### **Eligibility**

The membership of the Council shall be restricted to persons who currently reside in or work in the San Francisco EMA (San Francisco, San Mateo, & Marin counties).

### **Term Length**

The term of appointment for Council Members shall be two years beginning on the date of the mayoral appointment.

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## CONTACT INFORMATION:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** CA **ZIP:** \_\_\_\_\_

**Job Title (if any):** \_\_\_\_\_

**Agency or Affiliation (if any):** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

PLEASE NOTE THAT APPLICANTS ARE NOT OBLIGATED TO SHARE RESPONSES TO ANY OF THE ABOVE QUESTIONS. HOWEVER, IF INFORMATION IS DISCLOSED, PLEASE ALSO NOTE THAT THIS APPLICATION IS A PART OF PUBLIC RECORD AND CAN BE REQUESTED VIA FREEDOM OF INFORMATION ACT REQUEST OR THE SUNSHINE ORDINANCE.

## What is your gender? (check the one that best describes your current gender

**identity):**  Male  Female  Trans Female  Trans Male

Genderqueer/Gender non-binary  Not listed: \_\_\_\_\_

Decline to state

**Pronouns :**  he/him/his  she/her/hers  they/them/theirs

Not listed: \_\_\_\_\_

**HIV Status:**  HIV+  HIV-  Don't know  Decline to state  
(HIV positive) (HIV negative)

**Year of HIV Diagnosis:** \_\_\_\_\_

## How do you describe your sexual orientation or sexual identity?:

Gay/Lesbian/Same-gender loving  Bisexual  Straight/Heterosexual

Questioning/Unsure

Not listed: \_\_\_\_\_  Decline to state

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**Race/Ethnicity:**  African American/Black  Asian  Caucasian/White  
 Pacific Islander/ Native Hawaiian  Latino/a  
 Native American/Alaska Native  Other:  
 Decline to state

Please check all of the boxes that apply to your personal or professional skills or experience:

- I am willing to publicly disclose that I have HIV.
- I am willing to publicly disclose that I have Hepatitis B or C.
- I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
- I am a behavioral or social scientist who is active in research from my respective field.
- I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
  - a scientist, lead researcher or PI  a staff member
  - a study participant  an IRB member
- I am employed at a local health department. (Check all that apply)
  - San Francisco  San Mateo  Marin
- I am able to represent the interests of health or hospital planning agency.
- I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV-positive patients.
- I am able to represent the interests of private medical provider.
- I am an Epidemiologist.

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- I am an Evaluation Researcher.
- The agency where I am employed provides mental health services.
- The agency where I am employed provides substance abuse services.
- The agency where I am employed is a provider of HIV care/treatment services.
- The agency where I am employed is a provider of HIV prevention services.
- The agency where I am employed provides services for sexually transmitted diseases.
- The agency where I am employed is provider of:
  - housing and/or  homeless services.
- The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
- I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
- As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
- I am able to represent the interests of Ryan White Part B administrator.
- I am able to represent the interests of Ryan White Part C grantees.
- I am able to represent the interests of Ryan White Part D grantees.
- I am able to represent the interests of Ryan White Part F grantees given my affiliation with: (Check all that apply)
  - AETC grantees/sub-grantees       a HRSA SPNS grantee
  - a Part F dental reimbursement provider       a HRSA-contracted TA vendor
- As an HIV community stakeholder, I have experience and knowledge given my affiliation with: (Check all that apply)

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- union or labor interests
- a provider of employment or training services
- a faith-based entity providing HIV services
- an organization providing harm reduction services
- an organization engaged in HIV-related research
- the business community
- a local elementary-/secondary-level education agency
- a youth-serving agency, or as a youth

As an HIV community stakeholder, I can represent the following communities given my experience and knowledge with: (Check all that apply)

- commercial sex workers
- immigrants
- a faith-based community
- people who inject drugs
- substance users
- domestic violence
- Gay/Bisexual/Other MSM
- people of color
- Trans\* populations
- women
- youth

### **AFFILIATION STATUS:**

**I am a HIV+ consumer of Ryan White services**

If you have used any HIV services in the past year, please tell us what those services were:

**Bio- please provide a brief bio (1 paragraph) of your personal and professional experience as it relates to the Council:**

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## EXPERIENCE AND SKILLS RELEVANT TO COUNCIL WORK

### Why are you interested in joining the Council?

Using, providing or evaluating services for persons living with or at risk for HIV - Please describe:

Participation in community planning or health planning processes - Please describe:

Life experience - Please describe:

Other skills and expertise - Please describe:

Please describe any activities you are currently engaged in related to HIV/AIDS service providers or organizations (Boards of Directors, Advisory Boards, consultant, staff, or volunteer work).



## Membership Application

**Please provide 3 references and/or letter of support regarding your application to participate on the Council.**

### **Signature**

By signing this Membership Application Form I certify that all information contained herein is true and accurate to the best of my understanding. I also certify that I have read and understand the membership requirements outlined on Pages 1 and 2 of this form and, if accepted for membership, will fulfill all membership requirements as put forth in the Council's bylaws and Policies and Procedures.

**Date submitted:** \_\_\_\_\_

\_\_\_\_\_  
**Signature required**

***Additional pages, including a current resume, may also be submitted.***