

Dutchess County HIV Health Services Planning Council

29 North Hamilton Street #221

Poughkeepsie, NY 12601

Tel: 845.452.8805 / Fax: 845.452.8828

E-Mail: info@hivplanningdutchess.org

Website: www.hivplanningdutchess.org

Application Packet for Appointment to Planning Council

(All information is kept confidential according to NY State Confidentiality Law)

Please complete the following pages and attached a current copy of your resume and one letter of reference.

Applications may be returned by mail or in person.

Name:	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Miss	<input type="checkbox"/> Mrs.	_____	_____	_____
					(First)	(Middle)	(Last)
Home Address:	_____						
	(Street)						

	(City)	(State)	(Zip)				
Contact Info:	_____			_____			
	(Home Phone)			(Cell phone)			
	_____			_____			
	(Work Phone)			(E-mail)			
	_____			_____			
	(Fax)			(Pager)			
Mailing Address:	_____						
	(Street)						

	(City)	(State)	(Zip)				
Employer (if applicable):	_____						
Occupation/Position/Title:	_____						
What is your ethnicity?	<input type="checkbox"/> African American	<input type="checkbox"/> Hispanic	<input type="checkbox"/> White				
	<input type="checkbox"/> Other	_____					
What is your gender:	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Transgender				

**Dutchess County HIV Health Services Planning Council
Knowledge/Skills/Ability (KSA) Survey**

**This survey will help us learn about your knowledge and skills.
We appreciate your interest!**

- 1. Describe your personal motivation for wanting to be a member of the Planning Council:** _____

- 2. Tell us about the experiences / skills that you would bring to the Council:**

- 3. Please describe any current or previous volunteer / community service experience:**

- 4. Do you have any formal or informal training or education that you have received in relationship to HIV / AIDS?**
Yes No

If yes, please describe: _____

- 5. Describe any of your creative talents: (i.e. designing newsletters, web pages, writing grants, etc.):** _____

- 6. How many hours can you invest each week?** 1-3 3-5 5 or more
- 7. What languages do you speak?** English Spanish Other: _____
- 8. Do you understand the Conflict of Interest & Affiliation Disclosure forms that are part of your application package (pg. 5 & 6)? Yes / No**

Planning Council Membership

Full Membership: All Full Council members are expected to attend monthly Planning Council meetings, to serve on at least one committee and to attend any additional emergent scheduled Planning Council meetings. Planning Council members should plan to devote a minimum of five hours per month to Council activities.

Please check the following categories you feel you can represent. We encourage and welcome participation by people not represented by these categories.

- 1. Health care provider (including Federally Qualified Health Center, treatment, and planners).
- 2. Community based organizations serving affected populations and AIDS-service organizations.
- 3. Social-service providers, including housing and homeless-service providers.
- 4. Mental health providers.
- 5. Substance-abuse providers.
- 6. Local public health agencies.
- 7. Hospital planning agencies or health-care planning agencies.
- 8. Affected Communities, including people living with HIV-disease (PLWH), and historically under-served groups and subpopulations.
- 9. Non-elected community leaders.
- 10. State Medicaid agency.
- 11. State agency administering Ryan White Part B program.
- 12. Ryan White Part C program.
- 13. Organizations representing the needs of children, youth and families living with HIV.
- 14. Grantees under other Federal HIV programs, including HIV-prevention Programs.
- 15. Formerly-incarcerated PLWH or their representatives.
- 16. Dually affected-HIV/Hep.
- Other (Please specify): _____

Please check the committee you would like to join. If you would like additional information about a committee before choosing, please indicate by CIRCLING the appropriate box.

- Planning/Allocation Committee (plans for services, sets priorities, makes allocations)
- Evaluation Committee (evaluates service provision, grantee's administrative mechanism and handles special projects).
- Membership Committee (coordinates membership nominations, provides training and orientation of members).
- PLWH Advisory Committee (All PLWH are invited to attend the PLWH Advisory Committee. This committee is open to infected and affected community members only.)

-----If you prefer not to answer, simply skip this section -----

A person living with HIV does not have to disclose their HIV status.

Are you a person living with HIV disease? **Yes** **No**

Do you mind if this information is shared publicly? **Yes** **No**

Do you have any special needs that we should be aware of? _____
(i.e. access or transportation)

ATTENDANCE POLICY

The Council and Committees cannot take up business unless a certain number of members are present. Your consistent attendance is vital to our progress. Please be aware of the Council's attendance policy listed below.

A voting member of the Planning Council who is absent without excuse under any of the following circumstances, during any planning year (March 1-February 28), will be sent a written notice of absence by the Membership Committee. If the Membership Committee receives no reason of absence within one month, the membership status will then be decided by a majority vote of the Council:

1. Three consecutive regularly scheduled Planning Council meetings; or
2. One-half of regularly scheduled Planning Council meetings or standing committee meetings
3. Three consecutive meetings of a standing committee to which the member belongs.

The limits stated above shall not apply to absences due to illness or complications thereof as determined by the Planning Council Chair(s).

**THE INFORMATION YOU PROVIDE ON THIS APPLICATION IS SUBJECT TO THE
NEW YORK STATE OPEN RECORDS LAW (unless noted otherwise).**

Signature of Applicant

Date

LETTER OF REFERENCE AND RESUME

**Please attach a resume or vita and one written professional reference.
PLWH are asked to provide a brief note of reference from an associate who is familiar with your
experience or knowledge of HIV-related issues.**

Name of Reference

Phone #

Relationship

Planning Council Conflict of Interest Policy

In accordance with HRSA guidelines, a Planning Council member who serves as a director, trustee or salaried employee, or who derives a financial or economic benefit from association with any agency (see list on next page) that currently receives or is a current applicant for funds allocated by the Planning Council, is deemed to have an "Interest" in said agency. Conflict of interest does not refer to persons living with HIV or AIDS whose relationship to a grant funded service provider is as a client receiving services.

In order to prevent the existence, or the appearance of the existence, of a conflict of interest, a member so deemed to have an interest in an agency may not vote on matters that come before the Planning Council or committees of the Planning Council regarding the allocation of funds to serve categories in which the associated agency seeks from full participation in discussion and debate about community needs, service effectiveness. Rather, individual members are expected to draw upon their lay and professional experiences and knowledge of the HIV service delivery system and to disclose verbally any potential conflicts of interest at the beginning of such discussion. Every member shall provide the Council an updated conflict of interest disclosure statement once every twelve months.

1. As defined above, do you have a Conflict of Interest? Yes No

If yes, please describe: _____

2. Do you or your employer have any business dealings with a Ryan White-funded agency which might present a conflict of interest? Yes No

If yes, please describe: _____

3. Have you been a Lobbyist or worked for a lobbying firm in the last 3 years?

Yes No

If yes, please describe: _____

AFFILIATION DISCLOSURE

Whether you have a Conflict of Interest or not, please check the agencies with which you have been personally and/or professionally affiliated in the past twelve (12) months.

- AIDS Related Community Services
- Catharine Street Community Center
- Families First New York
- Dutchess Outreach, Inc
- Hudson River Health Care
- Institute for Family Health
- Saint Francis Hospital and its Health Centers
- Other (specify): _____

I have read the above conflict of interest statement and agree to abide by this policy if I am appointed as a member. I understand that all members of the Planning Council are expected to assist in keeping the Planning Council focused on directing funds to meet the needs of individuals affected by the HIV/AIDS epidemic in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs.

Signature _____

Date _____

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Leadership Principles and Statement of Commitment

1. Members will support and respect the Mission Statement and “Core Functions” of the Planning Council, which are:
 - Assess community needs
 - Select/identify service categories and set priorities
 - Allocate resources (funds) across service categories
 - Evaluate efficiency of administrative mechanism
 - Develop a Comprehensive Services Plan
2. Members will place the provision of basic services to the populations served ahead of individual agendas or interests.
3. Members will maintain respect for other individuals at all times. Disagreements will be kept substantive and be limited to the issue at hand.
4. Members will be forthcoming with information relevant to planning processes and other business of the Planning Council.
5. Members will prepare for meetings by having reviewed materials distributed in advance of the meeting and will follow through with promised actions and tasks assigned.
6. Members will familiarize themselves with Planning Council By-Laws, Policies and Procedures, Robert’s Rules of Order, and the fundamentals of parliamentary procedure.

I have read the above Leadership Principles and Statement of Commitment and agree to conduct myself accordingly. I understand that all members of the Planning Council are expected to assist in keeping the Planning Council focused on directing funds to meet the needs of individuals affected by the HIV/AIDS epidemic in the most expeditious manner possible without undue regard to the benefit to specific agencies or programs.

Name: _____

Date: _____