

HEALTH SERVICES AND PREVENTION PLANNING COUNCIL
OAKLAND TGA COLLABORATIVE COMMUNITY PLANNING COUNCIL
Serving Alameda and Contra Costa Counties

MEMBERSHIP APPLICATION

New Membership Applications are accepted at any time. Once your application is received, a letter of receipt will be mailed to you within 30 days from the Membership and Community Involvement Committee (MCIC). A member of the CCPC support staff and/or from the Office of AIDS Administration (OAA) will contact you to schedule an interview(s). Interviews and orientation are scheduled up to three times a year. Approved applicants are seated throughout the year except during the Priority Setting and Resource Allocations process.

All new applicant(s) must:

- Complete an application in writing, applications may be obtained from the CCPC website, monthly Planning Council meetings, individuals on the council, support staff and other community outlets.
- Complete an interview with (MCIC)
- Complete and interview with the OAA Director or designee (Grantee)
- Submission of the application to the Board of Supervisors for final approval
- Attend a one-day orientation conducted by the (CCPC) support staff on behalf of (MCIC).
- Attend two Planning Council meetings the two meetings prior to the month of being seated as a CCPC member.

Planning Council Activities:

Attend the following meetings:

- A (3) hour monthly Planning Council meeting, retreats and special meetings as convened.
- Select a Standing Committee to serve and participate monthly (2) hours.
- Working retreats and allocation of funds and priority setting process meetings.

An applicant must have completed all of the required activities before being seated as a Collaborative Community Planning Council Member.

Thank you for your interest in the Oakland Transitional Grant Area (TGA) Collaborative Community Planning Council.

PLEASE READ THIS INFORMATION CAREFULLY.

1. Please be aware of the following:

- a) **Conflict of Interest:** All members must abide by the Conflict of Interest Policy and Procedure of the Oakland TGA Collaborative Community Planning Council. All conflicts of interest will be disclosed in a matrix and made available to all Planning Council members at each meeting. A Conflict of Interest is defined as an interest by a Planning Council member, which may result in personal, organizational, or professional gain.
- b) **HIV Disclosure:** Each member is encouraged to disclose their HIV status. The response to this information is confidentially reported to HRSA and is collected to ensure that the 33% HRSA mandated PLWH/A membership positions are filled.
- c) **Time Commitment:** The Oakland TGA Collaborative Community Planning Council is a working Council. Each member is expected to attend a three hour monthly Planning Council meeting as well as a two hour monthly Standing Committee meeting. Council members are also expected to attend all working retreats and additional meetings during the allocation of funds and priority setting process. Additionally, a minimum of five hours a month is spent on Planning Council activities. The total time commitment is a minimum of five hours per month for Council members. Failure to adhere to attendance requirement will lead to dismissal from the Council.

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d) Conduct and Communication: Each member should have the ability to interact and communicate in a positive manner with all stakeholders of the CCPC included but limited to: Planning Council Members, CCPC Support Staff, Office of AIDS/DCDCP staff, the Alameda County Board of Supervisors (CEO /President of the Board), HRSA representatives, agency staff and community members.

2. Please submit a current resume or bio with this application.

Mission:
 The mission of the Collaborative Community Planning Council is to create an integrated, effective system for all people affected by HIV/AIDS, based on their specific, personal needs.

Purpose:
 The purpose of that care is to reduce suffering related to the disease, and to enhance the quality of life for persons affected by HIV/AIDS. We are dedicated to representing the demographics of the affected community in the Oakland Transitional Grant Area (TGA).

Please **print or type** the following information.

DEMOGRAPHIC INFORMATION

Name (First, Middle and Last)			
Home Mailing Address	City	State	Zip Code
Business Mailing Address	City	State	Zip Code
Home Telephone	Work Telephone	Cell/Mobile Telephone	
Fax Number	Email Address		

Where would you like to receive mail: HOME Address or BUSINESS Address

Where do you live?

CONTRA COSTA COUNTY?

ALAMEDA COUNTY?

<input type="checkbox"/> East Contra Costa County	<input type="checkbox"/> Berkeley	<input type="checkbox"/> South County
<input type="checkbox"/> West Contra County	<input type="checkbox"/> North Alameda County	<input type="checkbox"/> East Alameda County
<input type="checkbox"/> Central Costa County	<input type="checkbox"/> Central Alameda County	<input type="checkbox"/> Other: _____

AGENCY YOU ARE AFFILIATED WITH:

Agency Name: _____

Please select the appropriate demographic information:

SELF IDENTIFIED HIV

POSITIVE *

SEXUAL ORIENTATION

ETHNICITY AND RACE

<input type="checkbox"/> Yes	<input type="checkbox"/> Bisexual	<input type="checkbox"/> African American	<input type="checkbox"/> Native American
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<input type="checkbox"/> No	<input type="checkbox"/> Heterosexual	<input type="checkbox"/> Pacific Islander American	<input type="checkbox"/> Asian American
SELF IDENTIFIED Hepatitis C*	<input type="checkbox"/> Lesbian	<input type="checkbox"/> European American	<input type="checkbox"/> Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Men having sex with men	<input type="checkbox"/> Hispanic/Latino American	_____

*If your response is yes, are you willing to disclose your HIV+ status for Council Records? Yes or No
 *If your response is yes to Hepatitis C status, are you willing to disclose your status for Council Records? Yes No
 Gender: Male Female Transgender

Which of the categories below do you think you represent? Please select only two categories.

- | | |
|--|---|
| <input type="checkbox"/> Health Care Provider or Federally Qualified Health Center | <input type="checkbox"/> State Medicaid Agency |
| <input type="checkbox"/> Community Based Organization serving affected Populations (ASOs) | <input type="checkbox"/> State Part "B" Agency |
| <input type="checkbox"/> Social Services provider (including housing and homeless Service providers) | <input type="checkbox"/> Part "B" Administration |
| <input type="checkbox"/> Mental Health | <input type="checkbox"/> Part "C" Administration |
| <input type="checkbox"/> Substance Abuse Provider | <input type="checkbox"/> Part "D" Administration |
| <input type="checkbox"/> Local Public Health Agency | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> Hospital or Health Care Planning Agencies | <input type="checkbox"/> CARE Act Grantees under section 2571 |
| <input type="checkbox"/> Affected Community* | <input type="checkbox"/> Salva Sida Representative |
| <input type="checkbox"/> Infected Community* | <input type="checkbox"/> Other Federal HIV Grantees |
| <input type="checkbox"/> Faith Based Affiliated Organization | <input type="checkbox"/> Representative of/or formerly Incarcerated PLWHA |
| <input type="checkbox"/> Men Having Sex with Men | <input type="checkbox"/> African American Task Force Representative |
| <input type="checkbox"/> Non-Elected Community Leaders | |
| <input type="checkbox"/> Other (please describe): _____ | |

*Disclosure is required to be considered affected/infected community. People living with HIV/AIDS who are affiliated with a Services Provider Agency cannot be considered affected community.

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Do you currently participate in any volunteer activities? { } Yes { } No

If Yes, Please list the activity, name of the Agency you volunteer, and the position you hold.

Agency Name	Position Held	Activity

3. Please list **two references** that we may contact who have knowledge of your activities related to HIV/AIDS.

NAME	TELEPHONE NUMBER
1. _____	()
2. _____	()

All members of the Collaborative Community Planning Council are required to serve on one of the Planning Council's Standing Committees. The Committees are listed below:

- **People Living with HIV/AIDS Committee (PLWH/A)** the committee is open to all HIV-infected individuals of Alameda & Contra Costa County and seeks to ensure that the best interest of PLWH/A are met in the Oakland TGA.
- **The Quality Data & Services Committee (QD&SC)** is responsible for the oversight of all Collaborative Community Planning Council (CCPC) data collection processes.
- **Membership & Community Involvement Committee (MCIC)** recruits, interviews and make recommendations for individuals to be appointed to the Planning Council.
- **The Policy and Education Committee (PERC)** functions as an educational and advocacy body to effect positive change, channel resources and appropriate services to the HIV/AIDS pandemic and provide quality services to impacted individuals.
- **The HIV Prevention Committee (Prevention)** supports broad-based community participation in HIV prevention planning and identifies priority HIV prevention needs.
- **The Contra Costa HIV/AIDS Consortium Committee (Consortium)** advocates and provides support for people impacted by HIV/AIDS, plans prevention and care services, develops recommendations and advises governments and community leaders.

The CCPC serving Alameda and Contra Costa Counties has the joint responsibility of establishing priorities and allocating Ryan White Part A funds and CARE funds.

Address: _____

Title: _____

Please Return Your Completed Application To:

Sweetwine Consulting Services
710 East 22nd Street, Suite #101, Oakland, California 94606

Signature: _____ **Date:** _____