

Oakland TGA Planning Council

Serving Alameda and Contra Costa Counties



The Oakland Transitional Grant Area Planning Council is an independent planning body that works collaboratively with the Alameda County Department of Public Health, Office of HIV Care and Prevention. Its purpose is to reduce suffering related to the HIV disease, and enhance the quality of life for persons affected by HIV/AIDS.

Mission

The Planning Council will provide comprehensive planning, prioritization, and education regarding HIV/AIDS services in Alameda and Contra Costa Counties that is inclusive, equitable, compassionate, and respectful of human rights.

Membership

The Planning Council is comprised of health care providers, public health officials, and community volunteers, including people living with HIV. No expertise in health care or policy is required to be a member. Federal regulations mandate that the Planning Council reflect the demographic trends of the epidemic in the Oakland TGA. Joining the Planning Council is a one-year commitment. Applications are accepted at any time and approved applicants are seated throughout the year except during Priority Setting and Resource Allocations process.

Meetings

Planning Council monthly meetings take place on the 4th Wednesday of every month from 1pm to 3pm. The Planning Council's three standing committees take place on various days of the week and last two hours. Members who are living with HIV are reimbursed for travel and child care expenses related to attending the meetings. All meetings are open to the public.

Application Requirements

All new applicants must submit an application and resume, complete two interviews with the Membership Committee and the Office of HIV Care and Prevention, and attend two Planning Council meetings prior to being seated as a member. Approved applicants must attend an orientation, Planning Council meetings, and one standing committee meeting each month.

Thank you for applying to the Oakland TGA Planning Council!

Website: <http://hivccpc.org/>

Oakland TGA Planning Council

Application for Membership

Part 1: Contact Information

To help us process your membership application, please provide all of the information requested and type or print clearly.

Name: _____

Home Address: _____

City/State: _____ Zip Code: _____

Home Phone: _____ Cellular/Mobile Phone: _____

Personal E-mail: _____ County: _____

Employer (if applicable): _____

Employer Address: _____

Employer City/State: _____ Employer Zip Code: _____

Title/Position: _____

Work Phone: _____ Work Fax: _____

Work E-mail: _____

Planning Council Staff will be contacting you via mail, e-mail, and/or telephone about meeting activities. Please tell us how you prefer to be contacted:

I prefer to receive calls and messages at Home Work Cell
I prefer to receive e-mail messages at Home Work

How did you hear about the Planning Council?

Part 2: Applicant Demographics

Please check the box for each category with which you most closely identify. Your response will be kept **CONFIDENTIAL** and available only to Planning Council staff and the members of the Membership Committee.

I am Male Female Transgender

My age range is 13-24 25-29 30-39 40-49 50-64 65+

I am a person living with HIV (PLWH) Yes No

I am a person living with Hepatitis B Yes No

I am a person living with Hepatitis C Yes No

Sexual Orientation: _____

If you are a person living with HIV, are you willing to disclose your HIV+ status for legal documents and Planning Council records? * Yes No

**Disclosure of HIV status is encouraged, but not required for membership. This information is collected to ensure that the federal mandated PLWHA membership requirements are met.*

Race/Ethnicity

Hispanic or Latino/a	Federal Race Categories
You MUST check one	Choose as many as applicable, but you MUST choose at least one
<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a <input type="checkbox"/> Unknown/Unreported	<input type="checkbox"/> White <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown/Unreported <input type="checkbox"/> Two or more (please specify: _____) <input type="checkbox"/> Other: _____

Do you have any special needs (e.g. accessibility)? _____

Part 3: Planning Council Membership

Why do you want to be a Planning Council member?

I am a former Planning Council member re-applying: Yes No

If yes, what years did you serve? _____

Please choose a committee:

If chosen as a member, I would like to serve on the following committee:

- Quality Data
- Membership and Community Involvement

Quality Data and Services Committee – The committee is responsible for the oversight of all the Planning Council’s data collection processes.

Membership and Community Involvement – The committee is responsible for recruiting, interviewing, and making recommendations for individuals to be appointed to the Planning Council. They also ensure that the best interest of PLWHA are met in the Oakland TGA.

Part 4: Special Skills and Program Involvement

What special skills or areas of expertise would you bring to the Planning Council?

- | | |
|--|---|
| <input type="checkbox"/> Advocacy/Awareness | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> Health Planning | <input type="checkbox"/> Evaluation of HIV or Health Services |
| <input type="checkbox"/> Public Health Administration | <input type="checkbox"/> Provider Perspective |
| <input type="checkbox"/> Dental Services and Needs | <input type="checkbox"/> Homelessness/Housing Services and Needs |
| <input type="checkbox"/> Substance Use/Abuse Services and Needs | <input type="checkbox"/> Mental Health Services and Needs |
| <input type="checkbox"/> PLWHA Nutritional Services and Needs | <input type="checkbox"/> PLWHA Legal and Financial Services and Needs |
| <input type="checkbox"/> Primary Medical Care: Ambulatory/Outpatient | <input type="checkbox"/> Primary Medical Care: Antiretroviral Therapies |
| <input type="checkbox"/> White MSM HIV Issues and Needs | <input type="checkbox"/> MSM of Color HIV Issues and Needs |
| <input type="checkbox"/> Women’s HIV Issues and Needs | <input type="checkbox"/> Children/Youth HIV Issues and Needs |
| <input type="checkbox"/> Transgender HIV Issues and Needs | <input type="checkbox"/> Ex-offender HIV Issues and Needs |
| <input type="checkbox"/> Immigrant/Migrant HIV Issues and Needs | <input type="checkbox"/> Other: _____ |

What special skills, educational background, perspectives, or life experiences do you think you will bring to the Planning Council? If you are a previous Planning Council member, what **new** experiences would you bring to the new Planning Council term?

What experiences (personal, volunteer, or professional) have you had, if any, with the HIV community?

Please check all that apply.

I am affiliated as an **employee**, **consultant**, or **board member** with the following types of organizations, agencies, or programs:

- I am not affiliated as an employee, consultant, or board member with any of the types of agencies listed**
- Health Care Providers (including federally qualified health centers)
- Community-Based Organizations (CBOs) serving affected populations/AIDS service organizations (ASOs)
- Social Service Providers (including housing and homeless service providers)
- Mental Health Providers
- Substance Abuse Providers
- Local Public Health Agencies
- Hospital Planning Agencies or Other Health Care Planning Agencies
- Affected communities, including PLWA and Historically Underserved Subpopulations
- Non-elected Community Leaders
- State Medicaid Agency
- Ryan White Act Part A Funded Agencies
- Ryan White Act Part B Funded Agencies
- Ryan White Act Part C Funded Agencies
- Ryan White Act Part D Funded Agencies
- Ryan White Act Part F Funded Dental Reimbursement Programs
- Ryan White Act Part F Funded Special Projects of National Significance (SPNS)
- Ryan White Act Part F Funded AIDS Education and Training Centers (AETC)
- Other Federal HIV Grantees
- Representatives of or Formerly Incarcerated PLWH
- Faith Based Affiliated Organization
- Salva Sida Representative
- African American Task Force Representative

The name(s) of the organization(s) that I've referred to above and my role(s) in those organizations are:

Part 5: Conflict of Interest

Conflict of Interest

All members must abide by the Conflict of Interest Policy and Procedure of the Oakland TGA 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.

Part 6: References

Please list two references that we may contact who have knowledge of your professional and volunteer experiences, or any activities related to HIV/AIDS.

Name: _____ Agency: _____

Telephone number: _____

Relationship: _____

Name: _____ Agency: _____

Telephone number: _____

Relationship: _____

Part 7: Statement of Member Commitment

I agree that as a member of the Oakland TGA Planning Council I shall:

1. Actively assist the Planning Council to meet its goals and the objectives set forth by the U.S. Department of Health and Human Services and the Health Resources and Services Administration (HRSA).
2. Attend all public meetings of the Planning Council and may be named and pictured in public documents produced as record of such meetings in accordance with all applicable federal and state regulations.
3. Devote time sufficient to fulfill my responsibilities (a minimum of 4 hours per month) and shall comply with Council attendance policies as set out in the Planning Council Bylaws.
4. Comply with the Conflict of Interest policies set forth in the Planning Council Bylaws.

Sign

Date

Additional information on the Planning Council processes is available on our website: <http://hivccpc.org/>. Once your application is received, a letter of receipt will be emailed to you within 30 days. The Planning Council Staff will contact you to schedule an interview.

Return your completed application via mail or email to:

Change Cadet
Attn: Akilah Cadet
357 Vernon Street Suite #206
Oakland, CA 94610
Email: Akilah@changecadet.com
Phone: 510.969.6120