Boston EMA  
Ryan White Planning Council  

Thank you for applying to the Boston Eligible Metropolitan Area (EMA) Ryan White Planning Council. The Planning Council is an independent planning body appointed by the Mayor of Boston. The Planning Council integrally works with the Boston Public Health Commission to organize, evaluate, and prioritize Ryan White Part A HIV funding in our region.

**Mission**  
The mission of the Planning Council is to improve the quality of the lives of persons with HIV/AIDS by responding to their existing and emerging needs. This is accomplished by supporting and encouraging a range of culturally appropriate health and social services. Moreover, the Council efficiently responds to the changing face of the epidemic with regards to all affected sub-populations and impacted regions within the Boston EMA.

**Membership**  
The Planning Council needs people like you! 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 health policy is required to be a Planning Council member. Federal regulations mandate that the Planning Council reflect the demographic trends of the epidemic in the Boston EMA. Joining the Planning Council is a two-year commitment.

**Meetings**  
Planning Council monthly meetings take place on the second Thursday of every month from September to June, and they are scheduled from 4pm to 6pm. The monthly meetings of the Planning Council’s sub-committees take place from October through May, and also last two hours. Planning Council members who are living with HIV are reimbursed for travel and child care expenses related to attending the meetings. All the Planning Council meetings are open to the public.

For further information on the Planning Council processes, please refer to our Bylaws, which are available on our website.

**We look forward to receiving your application!**

**Deadline: Friday, June 28, 2019**

Planning Council Support  
Boston Public Health Commission  
1010 Massachusetts Ave, 2nd floor  
Boston, MA 02118  
Phone: 617-947-4299  
pcs@bphc.org  
Website: www.bostonplanningcouncil.org
Boston EMA Ryan White Planning Council

Application for Membership 2019-2021

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: 

Within the Part A area in the map, I am a resident of (check one):

☐ Bristol County, MA ☐ Suffolk County, MA
☐ Essex County, MA ☐ Worcester County, MA
☐ Middlesex County, MA ☐ Hillsborough County, NH
☐ Norfolk County, MA ☐ Rockingham County, NH
☐ Plymouth County, MA ☐ Strafford County, NH

Employer (if applicable):

Employer Address: 

Employer City/State: Employer Zip Code: 

Title/Position: 

Work Phone: Work Fax: 

Work E-mail:

Planning Council Support 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
I prefer to receive mail at ☐ Home ☐ Work
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. Feel free to include any additional information that you use to describe yourself on the 'other' lines. Your response will be kept CONFIDENTIAL and available only to Planning Council Support staff and the members of the Nominating Committee.

I am □ Male □ Female □ Transgender

My age range is □ 19 and under □ 20-29 □ 30-39 □ 40-44
□ 45-49 □ 50-59 □ 60-69 □ 70+

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

If you are a person living with HIV, are you willing to self-identify as such for legal documents and Planning Council activities?* □ Yes □ No

Do you receive services at any of the agencies funded through Part A? □ Yes □ No

*Disclosure of HIV status is encouraged, but not required for membership.

Race/Ethnicity

<table>
<thead>
<tr>
<th>Hispanic or Latino/a</th>
<th>Federal Race Categories</th>
<th>Other Racial or Ethnic Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>You MUST check one</td>
<td>Choose as many as applicable, but you MUST choose at least one</td>
<td>You may choose one or more from the following.</td>
</tr>
<tr>
<td>□ Hispanic or Latino/a □ Not Hispanic or Latino/a □ Unknown/Unreported</td>
<td>☐ White ☐ Black or African-American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Unknown/Unreported ☐ Two or more (please specify:<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>) ☐ Other:</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></td>
<td>☐ African ☐ Cape Verdean ☐ Haitian ☐ Brazilian ☐ Portuguese ☐ Puerto Rican ☐ Other:________________________</td>
</tr>
</tbody>
</table>

What languages do you speak? ________________________________

What languages do you read and write? ________________________________

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

Part 3: Planning Council Membership

Why do you want to be a Planning Council member?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
The Planning Council meets once a month (currently on the 2nd Thursday of each month) for a two-hour meeting (from 4pm to 6pm) in Boston. The Planning Council’s committees will require an additional two-hour commitment. Can you commit to spending four (4) hours a month on Planning Council activities?

I am a former Planning Council member re-applying: ☐ Yes ☐ No
If yes, what years did you serve? _________________________________
If yes, which committee(s) did you serve? ☐ Executive ☐ Planning ☐ Policy ☐ Consumer
☐ Bylaws ☐ Evaluation ☐ Resources and Allocations

MENTORING: If you were a past Planning Council member and are seated this year, would you like to volunteer to be a Mentor for new Council members? ☐ Yes ☐ No

Please Choose A Committee:
Note: It is not guaranteed you will be appointed to your preferred Committee.
If chosen as a member of the Planning Council for 2019-2021, I would like to serve on the following Committee.

☐ Needs, Resources and Allocations Committee (NRAC) ☐ Services, Priorities and Evaluation Committee (SPEC)

NRAC – The committee is responsible for identifying current needs of people living with HIV, and allocating money to HIV services in the Boston EMA.

SPEC – The committee is responsible for recommending and providing guidance on prioritizing service categories. The committee also conducts an evaluation of how efficiently and rapidly the Boston Public Health Commission (the grantee) disburses money to agencies in the Boston EMA.

Part 4: Special Skills and Program Involvement
What special skills or areas of expertise would you bring to the Planning Council?

☐ Advocacy/Awareness ☐ Community Organizing
☐ Health Planning ☐ Evaluation of HIV or Health Services
☐ Public Health Administration ☐ Provider Perspective
☐ Dental Services and Needs ☐ Homelessness/Housing Services and Needs
☐ Substance Use/Abuse Services and Needs ☐ Mental Health Services and Needs
☐ PLWH Nutritional Services and Needs ☐ PLWH Legal and Financial Services and Needs
☐ Primary Medical Care: Ambulatory/Outpatient ☐ Primary Medical Care: Antiretroviral Therapies
☐ White MSM HIV Issues and Needs ☐ MSM of Color HIV Issues and Needs
☐ Women’s HIV Issues and Needs ☐ Children/Youth HIV Issues and Needs
☐ Transgender HIV Issues and Needs ☐ Ex-offender HIV Issues and Needs
☐ Immigrant/Migrant HIV Issues and Needs ☐ Other: ________________________________________
Please respond briefly to the questions below. If you need more space than provided, feel free to continue on a separate sheet of paper and attach it to this application. You may attach a current resume.

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:

☐ 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)
☐ CDC-Funded Prevention Providers
☐ Representatives of or Formerly Incarcerated PLWH

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

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Part 5: Conflict of Interest

Conflict of Interest Statement
Bylaws Article 3, Section 3.13

The Planning Council may not be directly involved in the administration of a grant as defined in section 2601(a) of the Ryan White HIV/AIDS Treatment Modernization Act of 2006. With respect to compliance with the preceding sentence, the Planning Council may not designate (or otherwise be involved in the selection of) particular entities as recipients of any amounts provided in the grant.

Members of the Planning Council will not be permitted to participate (directly or in an advisory capacity) in selecting entities or organizations to receive grant money for a specific purpose under section 2601(a) if the member has a financial interest in, is employed by, or belongs to an organization seeking money for that specific purpose.

If any member has a financial interest, either as an individual or as a fiduciary, in any matter(s), which comes before the Planning Council, he or she shall disclose such financial interest in advance of any discussion on such matter(s), and shall not vote on such matter(s) but may participate in the discussion(s).

Please check all that apply. Do not include any organizations for which you serve on a consumer advisory board or as a non-paid volunteer.

Please identify any or all agencies for which you are currently an employee, consultant, or board member:

- AIDS Project Worcester
- AIDS Response Seacoast
- Beth Israel Deaconess Hospital
- BMC/Pediatric AIDS Program
- Boston Health Care for the Homeless
- Boston Children's Hospital
- BPHC HIV Dental Ombudsperson
- Cambridge Health Alliance
- Casa Esperanza, Inc.
- Catholic Charitable Bureau of Archdiocese of Boston
- Codman Square Health Center
- Community Research Initiative of NE (CRI)
- Community Servings, Inc.
- Dimock Community Health Center
- East Boston Neighborhood Health Center
- Edward M. Kennedy Community Health Center
- Father Bill's Place / MainSpring
- Fenway Community Health Center
- Greater Lawrence Family Health Center
- Harbor Health Services, Inc.
- Justice Resource Institute (JRI)
- Lynn Community Health Center
- Mass. Alliance of Portuguese Speakers
- MGH Boston
- MGH Chelsea Health Care Center
- Montachusett Opportunity Council, Inc.
- Multicultural AIDS Coalition
- NH Department of Health and Human Services
- Southern New Hampshire HIV/AIDS Task Force
- Upham’s Corner
- Victory Programs / Boston Living Center
- Whittier Street Neighborhood Health Center
**Part 6: Consumer Status**

**Consumer Status**

At a minimum, 33% of members on the Planning Council must be unaligned consumers. There are three components to qualifying as an unaligned consumer:

1. You are living with HIV/AIDS
2. You receive services at one of the organizations listed below
3. You are not an employee of the same organization

The agencies listed below all receive funding through Ryan White Part A. If you do not go to an organization listed and are a person living with HIV, you may skip this question.

Please check all that apply. Do not include any organizations for which you receive services at.

| □ AIDS Project Worcester               | □ Greater Lawrence Family Health Center |
| □ AIDS Response Seacoast              | □ Harbor Health Services, Inc.          |
| □ Beth Israel Deaconess Hospital      | □ Justice Resource Institute (JRI)      |
| □ BMC/Pediatric AIDS Program          | □ Lynn Community Health Center          |
| □ Boston Health Care for the Homeless | □ Mass. Alliance of Portuguese Speakers |
| □ BPHC HIV Dental Ombudsperson        | □ MGH Boston                            |
| □ Cambridge Health Alliance           | □ MGH Chelsea Health Care Center        |
| □ Casa Esperanza, Inc.                | □ Montachusett Opportunity Council, Inc.|
| □ Catholic Charitable Bureau of Archdiocese of Boston | □ Multicultural AIDS Coalition |
| □ Codman Square Health Center         | □ NH Department of Health and Human Services |
| □ Community Research Initiative of NE (CRI) | □ Southern New Hampshire HIV/AIDS Task Force |
| □ Community Servings, Inc.            | □ Upham’s Corner                        |
| □ Dimock Community Health Center      | □ Victory Programs / Boston Living Center |
| □ East Boston Neighborhood Health Center | □ Whittier Street Neighborhood Health Center |
Part 7: Letter of Recommendation (Required)

Please ask a provider, an acquaintance or a colleague to write a letter of recommendation for you. The letter should explain how he/she knows you and describe your work with HIV and affected communities, your community participation, meeting skills, and other personal qualities or experiences that would be relevant to your membership on the Planning Council. The letter should be sent directly to Planning Council Support at the address on the last page of this application.

I have asked the following person to write a letter for me: __________________________________________
Telephone number: __________________________________________
Relationship: __________________________________________

Part 8: Statement of Member Commitment

I agree that as a member of the Boston EMA Ryan White Part A HIV Health Services 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 Section 3.12 of the Planning Council Bylaws.

4. Comply with the Conflict of Interest policies set forth in the Planning Council Bylaws.

5. Agree to the audio and photographic documentation of meetings for legal and recruitment purposes.

_________________________________________  ____________________________
Sign  Date

Part 9: Application Checklist

Please verify that you have completed each part of this application. Check all boxes.

☐ Part 1: Contact Information  ☐ Part 5: Conflict of Interest
☐ Part 2: Applicant Demographics  ☐ Part 6: Letter of Recommendation
☐ Part 3: Planning Council Membership  ☐ Part 7: Statement of Member Commitment
☐ Part 4: Special Skills and Program Involvement

Additional information on the Planning Council processes is available on our website: www.bostonplanningcouncil.org. Once your application is received, the Planning Council Support team will contact you by phone within a few weeks to go over your responses and to answer any questions.

The deadline for submission is Friday, June 28, 2019.

Mail or your completed application to:
Boston Public Health Commission
Planning Council Support
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
Phone: 617-534-7774
Fax: 617-419-1613