

# 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 select and prioritize HIV service categories and allocate 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, with the exception of Executive level 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.**

**Applications Are Accepted on a Rolling Basis**

**Please Note: Nominations are Made in June**

Planning Council Support  
Boston Public Health Commission  
1010 Massachusetts Ave, 2<sup>nd</sup> Floor  
Boston, MA 02118  
617-947-4299 | [pcs@bphc.org](mailto:pcs@bphc.org)  
[www.bostonplanningcouncil.org](http://www.bostonplanningcouncil.org)

## Boston EMA Ryan White Planning Council

Application for Membership 2021-2023

### Part 1: Contact Information

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

Name:

Address:

City/State:

Zip Code:

Home Phone:

Cell/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

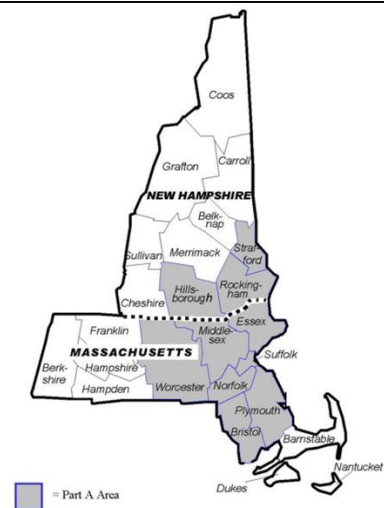
☐ Hillsborough County, NH

☐ 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 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 Phone ☐ Work Phone ☐ Cell Phone

I prefer to receive mail at ☐ Home Address ☐ Work Address

I prefer to receive e-mail messages at ☐ Personal Email ☐ Work Email

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	My pronouns are	My age range is
<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Gender Fluid/Nonbinary <input type="checkbox"/> Other _____	<input type="checkbox"/> He/Him/His <input type="checkbox"/> She/Her/Hers <input type="checkbox"/> They/Them/Theirs <input type="checkbox"/> Other _____	<input type="checkbox"/> 19 or under <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39 <input type="checkbox"/> 40-49 <input type="checkbox"/> 50-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 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 reporting requirements to HRSA (Health Resources and Services Administration)?\* ☐ Yes ☐ No

*\*Disclosure of HIV, and Hepatitis B and C status is encouraged, but not required. This information **will not** be shared without your permission.*

Do you receive services at any Part A funded program? ☐ Yes ☐ No  
 (List of Part A funded agencies can be found on page 7)

### Race/Ethnicity

Hispanic or Latino/a	Federal Race Categories	Other Racial or Ethnic Groups
You <b>MUST</b> check one	Choose as many as applicable, but you <b>MUST</b> choose at least one	You may choose one or more from the following.
<input type="checkbox"/> Hispanic or Latino/a <input type="checkbox"/> Not Hispanic or Latino/a <input type="checkbox"/> Other _____	<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: _____	<input type="checkbox"/> African <input type="checkbox"/> Cape Verdean <input type="checkbox"/> Haitian <input type="checkbox"/> Brazilian <input type="checkbox"/> Portuguese <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Other _____

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?

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The Planning Council meets once a month (currently on the 2<sup>nd</sup> Thursday of each month) for a two-hour meeting (from 4pm to 6pm) in Boston, while members are also required to attend their respective monthly committee meetings (also 2 hours) and set aside up to an additional couple of hours each month for meeting preparation (reviewing handouts, documents, slides, etc.). You can anticipate spending a minimum of **six hours a month** on Planning Council activities. Do you currently have or foresee in the next 2 years any conflicts that would affect your monthly participation?

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

If yes, what years did you serve? \_\_\_\_\_

If yes, on which committee(s) or work group did you serve?

☐ Executive ☐ Planning ☐ Policy ☐ Consumer ☐ Bylaws ☐ Evaluations (SPEC) ☐ Resources & Allocations (NRAC)

## MENTORING

Mentorship is an optional task for incumbent and former members to provide support for new members.

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

## SUBCOMMITTEE OVERVIEW – Members serve on *at least one (1) subcommittee*

**Services, Priorities & Evaluations Committee (SPEC)** – SPEC assesses gaps in care for people living with HIV (PLWH) in the Boston EMA and which services are needed to empower the PLWH community. SPEC looks at sociological and epidemiological data, while discussing any barriers to care and which service categories are needed to address them. The committee also provides guidance on prioritizing service categories and conducts an annual evaluation of how efficiently and rapidly the Boston Public Health Commission (the grantee) disburses money to agencies in the Boston EMA for the service categories SPEC had previously recommended in current and past council years.

**Needs, Resources & Allocations Committee (NRAC)** – NRAC is responsible for allocating money to HIV services in the Boston EMA after identifying current needs of PLWH through such tools as surveying the population and epidemiological data. The service categories recommended by SPEC are funded by NRAC's allocation recommendations, as NRAC dictates the amount each category receives.

### *Optional Committees*

**Membership & Nominations Committee (MNC)** – MNC is only open to incumbent members. This committee is the Planning Council internal and external outreach committee. MNC members attend events in the Boston EMA focused on PLWH, serve as representatives of the council and address member retention and satisfaction.

**Consumer Committee** – The Consumer Committee is open to all Planning Council members, regardless of HIV status, but focuses on topics germane to the PLWH experience. Past events include topic panels on immigrants living with HIV and transgender health & HIV, while other discussions on stigma, cure research, etc. have been held. The committee also leads the council's anti-stigma campaign, which seeks to educate the community and empower individuals living with HIV through positive messaging and unity.

**Executive Committee** – The Executive Committee is only open for members in leadership roles in Planning Council. Along with the Mayor's representative and the Director of Ryan White Services from the Boston Public Health Commission, council leadership addresses administrative responsibilities, member attendance, evaluations from all other committees and any amendments to core Planning Council documents, bylaws, etc.

## **Please Choose A Committee**

If chosen as a member of the Planning Council for 2021-2023, I would like to serve on the following Committee.

**Note:** *It is not guaranteed you will be appointed to your preferred Committee.*

☐ **Needs, Resources & Allocations Committee (NRAC)**

☐ **Services, Priorities & Evaluations Committee (SPEC)**

## 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"/> PLWH Nutritional Services and Needs         | <input type="checkbox"/> PLWH 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: _____                                   |

*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?

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

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*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)
- ☐ 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 identify **any or all agencies** for which you are currently an **employee, consultant, or board member**:

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

- |  |  |
|--|--|
| <input type="checkbox"/> AIDS Project Worcester                              | <input type="checkbox"/> Greater Lawrence Family Health Center                 |
| <input type="checkbox"/> AIDS Response Seacoast                              | <input type="checkbox"/> Harbor Care   |
| <input type="checkbox"/> Beth Israel Deaconess Medical Center, Plymouth      | <input type="checkbox"/> Harbor Health Services, Inc.                          |
| <input type="checkbox"/> Boston Medical Center, Pediatric AIDS Program       | <input type="checkbox"/> Justice Resource Institute                            |
| <input type="checkbox"/> Boston Health Care for the Homeless Program         | <input type="checkbox"/> Lynn Community Health Center                          |
| <input type="checkbox"/> Boston Children's Hospital                          | <input type="checkbox"/> Massachusetts Alliance of Portuguese Speakers         |
| <input type="checkbox"/> Boston Public Health Commission, HIV Dental Program | <input type="checkbox"/> Massachusetts General Hospital, Boston                |
| <input type="checkbox"/> Cambridge Health Alliance                           | <input type="checkbox"/> Massachusetts General Hospital, Chelsea               |
| <input type="checkbox"/> Casa Esperanza, Inc.                                | <input type="checkbox"/> Making Opportunities Count, Inc.                      |
| <input type="checkbox"/> Catholic Charitable Bureau of Archdiocese of Boston | <input type="checkbox"/> Multicultural AIDS Coalition                          |
| <input type="checkbox"/> Codman Square Health Center                         | <input type="checkbox"/> New Hampshire Department of Health and Human Services |
| <input type="checkbox"/> Community Research Initiative of New England        | <input type="checkbox"/> Uphams' Corner Health Center                          |
| <input type="checkbox"/> Community Servings, Inc.                            | <input type="checkbox"/> Victory Programs / Boston Living Center               |
| <input type="checkbox"/> Dimock Community Health Center                      | <input type="checkbox"/> Whittier Street Neighborhood Health Center            |
| <input type="checkbox"/> East Boston Neighborhood Health Center              |  |
| <input type="checkbox"/> Edward M. Kennedy Community Health Center           |  |
| <input type="checkbox"/> Father Bill's & MainSpring                          |  |
| <input type="checkbox"/> Fenway Community 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.*

If you are a person living with HIV, please identify **any or all agencies** for which you are currently receive services.

- |  |  |
|--|--|
| <input type="checkbox"/> AIDS Project Worcester                              | <input type="checkbox"/> Greater Lawrence Family Health Center                 |
| <input type="checkbox"/> AIDS Response Seacoast                              | <input type="checkbox"/> Harbor Care   |
| <input type="checkbox"/> Beth Israel Deaconess Medical Center, Plymouth      | <input type="checkbox"/> Harbor Health Services, Inc.                          |
| <input type="checkbox"/> Boston Medical Center, Pediatric AIDS Program       | <input type="checkbox"/> Justice Resource Institute                            |
| <input type="checkbox"/> Boston Health Care for the Homeless Program         | <input type="checkbox"/> Lynn Community Health Center                          |
| <input type="checkbox"/> Boston Children's Hospital                          | <input type="checkbox"/> Massachusetts Alliance of Portuguese Speakers         |
| <input type="checkbox"/> Boston Public Health Commission, HIV Dental Program | <input type="checkbox"/> Massachusetts General Hospital, Boston                |
| <input type="checkbox"/> Cambridge Health Alliance                           | <input type="checkbox"/> Massachusetts General Hospital, Chelsea               |
| <input type="checkbox"/> Casa Esperanza, Inc.                                | <input type="checkbox"/> Making Opportunities Count, Inc.                      |
| <input type="checkbox"/> Catholic Charitable Bureau of Archdiocese of Boston | <input type="checkbox"/> Multicultural AIDS Coalition                          |
| <input type="checkbox"/> Codman Square Health Center                         | <input type="checkbox"/> New Hampshire Department of Health and Human Services |
| <input type="checkbox"/> Community Research Initiative of New England        | <input type="checkbox"/> Uphams' Corner Health Center                          |
| <input type="checkbox"/> Community Servings, Inc.                            | <input type="checkbox"/> Victory Programs / Boston Living Center               |
| <input type="checkbox"/> Dimock Community Health Center                      | <input type="checkbox"/> Whittier Street Neighborhood Health Center            |
| <input type="checkbox"/> East Boston Neighborhood Health Center              |  |
| <input type="checkbox"/> Edward M. Kennedy Community Health Center           |  |
| <input type="checkbox"/> Father Bill's & MainSpring                          |  |
| <input type="checkbox"/> Fenway Community 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 6 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.*

- |   |   |
|---|---|
| <input type="checkbox"/> Part 1: Contact Information                    | <input type="checkbox"/> Part 5: Conflict of Interest           |
| <input type="checkbox"/> Part 2: Applicant Demographics                 | <input type="checkbox"/> Part 6: Letter of Recommendation       |
| <input type="checkbox"/> Part 3: Planning Council Membership            | <input type="checkbox"/> Part 7: Statement of Member Commitment |
| <input type="checkbox"/> Part 4: Special Skills and Program Involvement |   |

Additional information on the Planning Council processes is available on our website:

**[www.bostonplanningcouncil.org](http://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.

**Email to [pcs@bphc.org](mailto:pcs@bphc.org) or mail or your completed application to:**

Boston Public Health Commission Planning Council Support  
1010 Massachusetts Avenue, 2<sup>nd</sup> Floor  
Boston, MA 02118  
Phone: 617-947-4299 Fax: 617-419-1613