Submit Application

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 attached here and are available on our website.

Deadline for Applications: Friday, June 16th, 2023

Please Note: Nominations are made in July

Planning Council Support
Boston Public Health Commission
1010 Massachusetts Ave, 2nd Floor
Boston, MA 02118
617-947-4299 | pcs@bphc.org
www.bostonplanningcouncil.org

Boston EMA Ryan White Planning Council

Application for Membership Term 2023-2025

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 Email:

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

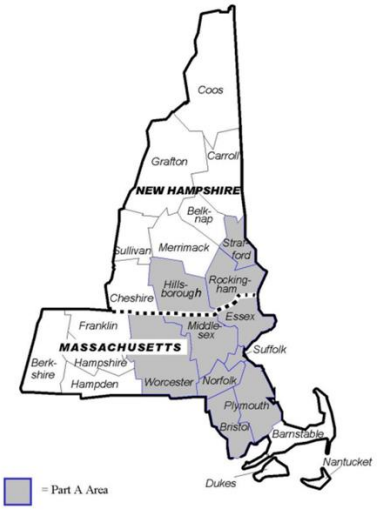
☐ Bristol County, MA ☐ Suffolk County, MA

☐ 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 Email:

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 texts at	☐ Home Phone	☐ Work Phone	☐ Cell Phone	☐ Do not call, text only.
I prefer to receive mail at	☐ Home Address	☐ Work Address		
I prefer to receive e-mail at	☐ Personal Email	☐ Work Email		☐ Do not text, call only.

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 identify as (select all that apply!)	My pronouns are	My age range is
☐ A man ☐ A woman ☐ A transgender man ☐ A transgender woman ☐ Gender Fluid/Nonbinary ☐ Other _____	☐ She/Her/Hers ☐ He/Him/His ☐ They/Them/Theirs ☐ Other _____	☐ 19 or under ☐ 20-29 ☐ 30-39 ☐ 40-44 ☐ 45-49 ☐ 50-59 ☐ 60-64 ☐ 65-69 ☐ 70 or over

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 **MUST** check one	Choose as many as applicable, but you **MUST** choose at least one	You may choose one or more from the following.
☐ Hispanic or Latino/a ☐ Not Hispanic or Latino/a ☐ Other _____	☐ White ☐ Black or African-American ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ American Indian/Alaskan Native ☐ Unknown/Unreported ☐ Two or more (please specify:_____) ☐ Other:	☐ African Diaspora ☐ Cape Verdean ☐ Haitian ☐ Brazilian ☐ Portuguese ☐ Puerto Rican ☐ 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?

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, 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?

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 related to the experiences of PLWH. 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 2022-2024, 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?

☐ 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
☐ MSM HIV Issues and Needs	☐ People of Color with 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 to your application (This is optional!).***

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)
☐ 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:

_____

_____

_____

Part 5: Conflict of Interest

Conflict of Interest Statement

Bylaws Article 4, Section 4.9

Pursuant to Section 2601(a) of the Ryan White Care Act, the Planning Council may not be directly involved in the administration of the grant. In order to comply with this part of the legislation, the Planning Council may not designate (or otherwise be involved in the selection of) particular entities as sub-recipients of a Part A award.

The Planning Council must ensure that decisions concerning service priorities and funding allocations are based upon community and client needs and not on the financial interests of individual service providers or the personal or professional interests of individual planning council members. For the purposes of the Priority Setting and Resource Allocations (PSRA) process:

- *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 to the other Planning Council Members in advance of any discussion on such matter(s).*
- *Planning Council Members shall abstain from voting on matters or for specific services if the member or close family members are employed by, serve as consultants for, or are Board members of, or has a financial interest in, or belongs to an organization seeking money for that specific service. However, members may freely share their insights and expertise at appropriate times in a non-voting context, such as during data presentations or community input sessions, since all members can benefit from hearing a variety of perspectives and expertise.*

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.

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

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

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

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 which can be found in our **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 2: Applicant Demographics
☐ Part 3: Planning Council Membership
☐ Part 4: Special Skills and Program Involvement
☐ Part 5: Conflict of Interest
☐ Part 6: Consumer Status
☐ Part 7: Letter of Recommendation
☐ Part 8: Statement of Member Commitment

Thank you for taking the time to complete this application!

Additional information on the Planning Council processes are 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 application. If you have any questions in the meantime, please reach out to Planning Council Support by emailing them at pcs@bphc.org.

Email your completed application to pcs@bphc.org *(Click the Submit Application button on the first page!)*

or mail it to:

Boston Public Health Commission, c/o Planning Council Support
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
Phone: 617-947-4299
Fax: 617-419-1629