

Kansas City Transitional Grant Area (TGA) Comprehensive HIV Prevention & Care Planning Council

Thank you for taking time to consider membership and complete an application for the Kansas City Transitional Grant Area (TGA) Comprehensive HIV Prevention and Care Planning Council.

VISION - Promoting health in a diverse community through HIV prevention, planning, services and advocacy.

MISSION - To develop and coordinate an effective and comprehensive community-wide response in the Kansas City TGA to HIV/AIDS.

The Prevention and Care Planning Council is made up of Mayoral appointees who serve as the decision-making body for Ryan White Title I funds, Minority AIDS Initiative funds as well as the prevention planning body for HIV/AIDS services through the Centers for Disease Control and Prevention (CDC) in our fourteen (14) county TGA. The TGA includes ten (10) counties in Missouri (Bates, Benton, Henry, Jackson, Clay, Platte, Cass, Clinton, Lafayette and Ray) and four (4) counties in Kansas (Johnson, Wyandotte, Miami and Leavenworth). To be considered for a Planning Council seat, you must be a resident of one of the above mentioned counties, unless you are serving as a Federal or State Representative. If you are not a resident of these counties, you will be eligible for an Associate Membership on a Standing Committee.

Should you be appointed as a member, you will be involved in the following tasks:

- developing a Comprehensive Plan for the Kansas City TGA
- conducting needs assessments in the HIV/AIDS community
- developing a comprehensive regional prevention plan
- setting priorities for HIV/AIDS services in the TGA
- allocating funds for HIV/AIDS services in the TGA
- identifying prevention and education needs
- evaluate the effectiveness of the Grantee and the Planning Council

Planning Council Members are appointed by the Mayor to serve for (2) years and are required to attend a minimum of (2) monthly meetings: a (3) hour Business meeting which includes (1) hour of training, and a (2) hour Standing Committee meeting. **Associate Members** do not have a term limit, are required to attend a monthly (2) hour Standing Committee meeting and vote only at the Committee level. **State Level Representatives** are required to attend meetings of the Community Planning Group (CPG), Planning Council, Prevention Committee and the CPG workgroup, and vote only at the Committee level.

Please note, meetings are held during normal business hours at the Kansas City Missouri Health Department and are open to the public.



Contact Sherita Williams, Planning Council Support Administrative Assistant, at 816-513-6331 or via e-mail at sherita_williams@kcmo.org if you have any questions regarding the Planning Council application.

MEMBERSHIP APPLICATION

Please indicate if you are applying for: _____ Planning Council Membership
_____ Associate Membership _____ Former Planning Council member, reapplying
_____ State Level Representative _____ Alternate State Level Representative

Section 1: APPLICANT INFORMATION

Name: _____ County: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone No. (home) _____ (work) _____ (cell) _____

E-mail: _____ Fax: _____

Mailing Address (if different than above): _____

Preferred method of contact: Mail Phone (# _____) Email

How did you hear about the Planning Council? Advertisement Website
 Personally recruited Event booth Referral Radio
 Word of mouth Other (Describe): _____

Have you attended any general or committee meetings of the Planning Council? Yes No

Gender: Male Female Transgender

Age: Under 18 18-24 25-49 50 and above

Ethnicity/Race: White/Caucasian (non-Hispanic) Black/African American (non-Hispanic)
 American Indian/Alaskan Native Asian/Pacific Islander Hispanic/Latino
 Multiracial (describe): _____ Other (describe): _____

If you are a person with HIV/AIDS, are you willing to identify yourself to the Council as such?
 Yes No

Please check the box(es) that apply:

I live with an HIV positive child. I live with an HIV positive adult.

Optional: for individuals self-identifying as having HIV/AIDS or at-risk

The Prevention and Care Planning Council seeks to assure that at least 37% of the Council consists of individuals living with HIV/AIDS. Applicants are not required to disclose their status. The Prevention and Care Planning Council, however, is required to be representative of the demographics of the HIV/AIDS epidemic in the Kansas City TGA as well as include representation from a range of federally mandated categories. This information will be utilized for tracking purposes ONLY to ensure that we are meeting federal requirements. Please complete the information below regarding your status. To protect your confidentiality, this information will be utilized in a numerical data base ONLY and will NOT be used in consideration of your application nor will it be shown to the Selection Committee.

The federally authorized Ryan White CARE Act requires that the Planning Council be reflective of the local HIV/AIDS epidemic. For this purpose, please identify any or all of the following categories that apply to you. **Your responses will be kept CONFIDENTIAL** and will be available only to the members of the Planning Council, Council support staff, and members and staff of the Mayor's Nominating Committee.

Section 2: EXPERIENCE WITH HIV/AIDS

1. Why are you interested in serving on the Prevention and Care Planning Council?

2. Describe any experience you have had working with the community (PTA, Volunteer Organizations and Employment).

3. What skills or life experience would you bring to the Prevention and Care Planning Council?

Section 3: Affiliation & Conflict of Interest Disclosure

I am affiliated as an EMPLOYEE OR VOLUNTEER with the following types of organizations, agencies, or programs: (Check all that apply and list the specific organization and your role on the lines provided. If you are uncertain, please ask your employer).

- o I am not affiliated as an employee, volunteer or board member with any of the types of agencies listed below.
- o Health care providers that are not Federally Qualified Health Centers
- o Health care providers that are Federally Qualified Health Centers
- o Community-based organizations (CBOs) serving affected populations
- o AIDS service organizations (ASOs)
- o Social service providers
- o Mental health/Substance abuse providers
- o Local public health agencies
- o Hospital planning agencies or health care planning agencies
- o Infected or Affected communities
- o Non-elected community leaders
- o Representative of individuals who were formerly Federal, State or Local prisoners
- o State Medicaid agency
- o CARE Act – Part A funded agencies
- o CARE Act – Part B funded agencies
- o CARE Act – Part C (b) funded agencies
- o CARE Act – Part D funded agencies, or organizations operating in the area with a history of serving children, youth, and families with
- o HIV CARE Act – Part F funded AIDS Education & Training Centers (AETC) or Projects of National Significance (SPNS)
- o CARE Act – Part F funded Dental Reimbursement Programs
- o Housing Opportunities for Individuals with AIDS (HOPWA)
- o Other Federal categorical HIV programs in the Kansas City Eligible Metropolitan Area (EMA)
- o Prevention Provider, Specialist, or Representative
- o CVS Pro Care
- o Good Samaritan Project
- o Jackson County Health Department
- o Johnson County Health Department
- o Kansas City Free Health Clinic
- o Kansas City Health Department
- o Leavenworth County Health Department
- o Truman Medical Center
- o Guadalupe Center Inc.
- o Kansas Department of Health & Environment
- o University Of Missouri, Dental School
- o University of Missouri, Kansas City
- o Heartland AIDS Resource Corp
- o Metropolitan Lutheran Ministries
- o SAVE Foundation
- o Rodgers Health Center
- o Statscript Pharmacy
- o Swope Parkway Health Center
- o Other _____

Please list any organization(s) checked above and your role(s) at those organization(s):

Section 4: Committee Selection

Assessment & Comprehensive Planning Committee

The Assessment & Comprehensive Committee is responsible for the assessment and evaluative work of the Planning Council. The outcome of their work will lead to the production of a Needs Assessment, Assessment of the Administrative Mechanism, and an assessment of the work of the Planning Council. Review and revise the TGA Comprehensive Service Plan as needed for service category definitions. In order to accomplish this mission, it summarized exiting evaluation data and related this data to the overall goals and objectives of the Planning Council. The scope of the work Assessment & Comprehensive HIV Prevention and Care Bylaws.

Finance Committee

The Finance committee is responsible for recommending and coordinating the process by which the full Planning Council sets allocation of Ryan White Part A funds and recommendations for HIV/STD prevention and funding allocation. The Committee recommends a plan for the allocation of Part A funds among the service categories approved by the Planning Council. It assists the Planning Council in identifying services that are no longer necessary to fund or which may be funded more efficiently within another service category. It is responsible for determining the level of funding for HIV-related services in the TGA from other government agencies, private foundations, and programs and presenting these findings to the Council.

Prevention Committee

The HIV Prevention Committee is responsible for updating the goals and objectives for discrete services provided by CDC HIV Prevention funds. In conjunction with the other committees, (particularly the Assessment Committee), it identifies gaps in services as well as needs of discrete populations, helps to ensure that HIV+ individuals not in case management can be directed to care services, meets the needs of underserved populations, and develops plans for response.

Community Advocacy Committee

The Consumer Advocacy Committee is responsible for enhancing the full participation of people living with or affected by HIV in planning and implementing the Kansas City Transitional Grant Area Comprehensive HIV Prevention and Care Prevention/Planning Council programs by serving as a mechanism to ensure direct input from PLWH into all Prevention/Planning Council decision-making processes and serves as a link to other Prevention & Care Planning Council committees and the Grantee regarding issues and policies affecting PLWH (consumers) WITHIN THE Kansas City TGA.

My signature below indicates that I have read and understand the contents of this application form, and understand that the information I provide will be kept confidential. I further indicate that I understand and agree that my membership on the Planning Council will require a significant time commitment. The Prevention & Care Planning Council may not be directly involved in the administration of a grant as defined in section 2601(a) of the Ryan White CARE Act of 1990, as amended by the Ryan White CARE Act Amendments of 1996 and 2000. The Planning Council may not designate or otherwise be involved in the selection of particular entities as recipients of any funds 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 Prevention & Care 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).

Signature: _____ **Date:** _____

Thank you for your interest in the HIV Prevention & Care Planning Council and for taking time to complete the Membership Application. Please return the completed application via us mail to: KCMO Health Department, ATTN: Sherita Williams, 2400 Troost Avenue, Suite 1000, Kansas City, MO 64108; or via fax at (816) 513-6287.

**- Only Complete Page 6 If Applying for State Level Representative or
Alternate Representative -**

Section 5: State Level Representative/Alternate Representative

Part 1. Risk Factors (please check all that apply)

- | | |
|------------------------------------------------------------|-------------------------------------------------------|
| <input type="checkbox"/> Current High-Risk Sexual Behavior | <input type="checkbox"/> Former Sex Worker |
| <input type="checkbox"/> Former High-Risk Sexual Behavior | <input type="checkbox"/> Person Living with AIDS |
| <input type="checkbox"/> HIV+ Person | <input type="checkbox"/> Current Sex Worker |
| <input type="checkbox"/> Current Substance/Drug Abuser | <input type="checkbox"/> Former Substance/Drug Abuser |

Part 2. Areas of Expertise

Identify which of the following areas of expertise apply to you. (**Choose no more than five items**)

- | | |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Gay/bisexual men's HIV health needs | <input type="checkbox"/> Counseling and Testing |
| <input type="checkbox"/> Women's HIV health needs | <input type="checkbox"/> Women's Outreach |
| <input type="checkbox"/> Pediatric HIV health needs | <input type="checkbox"/> Pediatric Outreach |
| <input type="checkbox"/> Adolescent HIV health needs | <input type="checkbox"/> Adolescent Outreach |
| <input type="checkbox"/> General public health | <input type="checkbox"/> General public health prevention |
| <input type="checkbox"/> Substance use/abuse services, including injection drug users' health needs | <input type="checkbox"/> Substance use/abuse services, including injection drug users outreach |
| <input type="checkbox"/> Services to incarcerated or formerly incarcerated individuals | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Evaluation | <input type="checkbox"/> Social Marketing |
| <input type="checkbox"/> Health planning | <input type="checkbox"/> STD Prevention |
| <input type="checkbox"/> Primary care: antiretroviral therapies | <input type="checkbox"/> Prevention/Outreach |
| <input type="checkbox"/> Mental health services | <input type="checkbox"/> Quality Management |
| <input type="checkbox"/> Other non-medical support services | <input type="checkbox"/> Budgeting |
| | <input type="checkbox"/> Primary care: ambulatory outpatient treatment |

Section 6: Statements of Interest/Experience

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.

1. I am an active member on the following organizations: _____

2. I want to serve as a State Level Representative to the Statewide Community Planning Group because: _____

