

# Oakland TGA Planning Council

*Serving Alameda and Contra Costa Counties*



The Oakland Transitional Grant Area (OTGA) 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 two-year commitment. Approved applicants are seated in February and September.

## **Meetings**

Planning Council meetings take place on the 4<sup>th</sup> Wednesday of every month from 1pm to 3pm. The Planning Council's four standing committees take place on various days of the week and meet for two hours per month. 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 one interview with the Membership Committee, and attend two meetings prior to being seated as a member (at least one of the two meetings must be a Planning Council meeting). 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: [www.otgaplanningcouncil.org](http://www.otgaplanningcouncil.org)**

**Application Deadline: July 22, 2020**

**Oakland TGA Planning Council**

***Application for Membership***

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**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  13-19  20-29  30-39  40-49  50-59  60+

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 <b>MUST</b> check one	Choose as many as applicable, but you <b>MUST</b> 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:

- Planning, Priorities, and Allocations     Quality Services     People Living with HIV/AIDS

**Planning, Priorities, and Allocations Committee (PPAC):** Conducts the Needs Assessment and Integrated Plan, oversees the Priority Setting and Resource Allocation processes, reviews fiscal reports and expenditures.

**Quality Services Committee (QSC):** Evaluates the effectiveness and quality of services, oversees care continuum from primary prevention through viral suppression, provides input on the Standards of Care, reviews service utilization data, conducts the Assessment of Administrative Mechanism.

**People Living with HIV/AIDS (PLWHA) Committee:** Ensures the best interests of PLWHA are met within the Planning Council and its committees, plans community outreach activities, discusses policy issues that impact PLWHA, hosts educational trainings for PLWHA and the greater community. You do not have to be living with HIV to join this committee.

**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?

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

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I am affiliated as an **employee, consultant, or board member** with the following types of organizations, agencies, or programs (Check all that apply):

- 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:

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### 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: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Agency: \_\_\_\_\_  
Telephone number: \_\_\_\_\_ E-mail: \_\_\_\_\_  
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 is available on our website: [www.otgaplanningcouncil.org](http://www.otgaplanningcouncil.org). Once your application and resume are received, a letter of receipt will be emailed to you within 14 days. The Planning Council Staff will contact you to schedule an interview.

**Return your completed application and resume via mail or email to:**

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