

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 4th 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 childcare 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!

Oakland TGA Planning Council

Application for Membership

Part 1: Contact Information

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

Name: Click or tap here to enter text.

Home Address: Click or tap here to enter text.

City/State: Click or tap here to enter text. Zip Code: Click or tap here to enter text.

Home Phone: Click or tap here to enter text. Cellular/Mobile Phone: Click or tap here to enter text.

Personal E-mail: Click or tap here to enter text. County: Click or tap here to enter text.

Employer (if applicable): Click or tap here to enter text.

Employer Address: Click or tap here to enter text.

Employer City/State: Click or tap here to enter text. Employer Zip Code: Click or tap here to enter text.

Title/Position: Click or tap here to enter text.

Work Phone: Click or tap here to enter text. Work Fax: Click or tap here to enter text.

Work E-mail: Click or tap here to enter text.

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? Click or tap here to enter text.

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 18-24 25-29 30-39 40-49 50-64 65+

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: [Click or tap here to enter text.](#)

**Disclosure of HIV status is 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 MUST check one	Choose as many as applicable, but you MUST 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)? [Click or tap here to enter text.](#)

Part 3: Planning Council Membership

Why do you want to be a Planning Council member? [Click or tap here to enter text.](#)

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

If yes, what years did you serve? [Click or tap here to enter text.](#)

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

Membership

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.

Membership Committee: Is to recruit people living with HIV/AIDS (PLWHA) and community individuals with expert working knowledge of HIV/AIDS to join the Oakland Transitional Grant Area (TGA) Planning Council and recommend new applicants for appointment and former members for re-appointment.

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: Click or tap here to enter text. |

What special skills, educational background, perspectives, or life experiences do you think you will bring to the Planning Council? If you were a previous Planning Council member, what **new** experiences would you bring to the new Planning Council term? [Click or tap here to enter text.](#)

What experiences (personal, volunteer, or professional) have you had, if any, with the HIV community? [Click or tap here to enter text.](#)

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 have referred to above and my role(s) in those organizations are: [Click or tap here to enter text.](#)

Based on your experience and skills, which mandated category are you willing to fill?

- Health care providers, including federally qualified health centers.
- Community Based Originations (CBOs) serving affected populations and AIDS services organizations (ASOs).
- Social services providers, including housing and homeless services providers.
- Mental health providers.
- Substance abuse providers.
- Local public health agencies.
- Hospital planning agencies or other health care planning agencies.
- Affected communities, including people with HIV/AIDS, members of a Federally recognized Indian tribe as a represented in the population, individuals co-infected with hepatitis B or C, and historically underserved subpopulations (Includes unaligned consumers only).
- Non-elected Community leaders.

- State government (including the State Medicaid agency and the agency administering the program under part B).
- State Part B Agency.
- Grantees under subpart II of part C.
- Part D grantees, or if none are present, representative of organizations address the needs of children, youth, and families with HIV.
- Grantees of other Federal HIV programs, including HIV prevention programs, Part F (SPNS, AETCs, and Dental Programs), and HOPWA.
- Representative of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3 years and had HIV/AIDS as of the date on which the individuals were released.
- None

Part 5: Conflict of Interest

Conflict of Interest

- None that I know of.

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: Click or tap here to enter text. Agency: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. E-mail: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

Name: Click or tap here to enter text. Agency: Click or tap here to enter text.

Telephone number: Click or tap here to enter text. E-mail: Click or tap here to enter text.

Relationship: Click or tap here to enter text.

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 sufficient time 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

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.

Turn in your completed application and resume via email to:
Leah Jones, Community Staff for the Ryan White Planning Council
Email: otga@acgov.org or call (510) 208-1193