

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL**

**Introduction and Membership Application Instructions**

Thank you for your interest in the Ryan White Planning Council. Please take a few minutes to read the information below as it is important to understand the work and responsibilities of all Planning Council members.

**WHAT IS THE PLANNING COUNCIL?**

The Newark Elegible Metropolitan Area (EMA) HIV Health Services Planning Council is responsible for prioritizing HIV/AIDS services based on community needs, allocating Ryan White Part A funding for these services, conducting an annual Needs Assessment, establishing standards of care based on best practices, developing and implementing a comprehensive health plan, evaluating service effectiveness, assessing the administrative functions of the grant, and other activities which maintain and improve the system of care in the Newark EMA.

The Planning Council has seats for up to 34 members who represent a variety of community agencies, consumers, state agencies, stakeholders, and individuals affected by HIV/AIDS in the counties of *Essex, Union, Morris, Sussex and Warren*. For more information, visit [www.nemaplanningcouncil.org/](http://www.nemaplanningcouncil.org/).

The NEMA Planning Council is supported by the United Way of Greater Union County known as the Office of Planning Council Support, and works in close collaboration with the Ryan White Unit of the Newark Department of Health & Community Wellness.

**PLANNING COUNCIL MEMBERSHIP**

The term for NEMA Planning Council members is two years with the possibility of reappointment. All members are expected to have the support of their employer (if employed) and to commit to the following:

* Participation in monthly Planning Council meetings (held the third Wednesday of the month) as well as monthly participation in at least one committee meeting
* Preparation for each meeting by reading any materials provided to you prior to the meeting
* Consideration of the needs of the community over individual or agency needs

**APPLICATION SUBMISSION**

Submit a completed application to the Planning Council Office Of Support

* **Mail to**: UWGUC: Newark EMA Planning Council Support Staff

33 West Grand Street Elizabeth, NJ 07202

* **Email**: Roberto Benoit at [roberto.benoit@unitedwayguc.org](mailto:roberto.benoit@unitedwayguc.org) OR Richell Garcia at [richell.garcia@unitedwayguc.org](mailto:richell.garcia@unitedwayguc.org)
* **Fax**: (908) 353-6310 ATTN: Newark EMA Planning Council Support Staff

**MEMBERSHIP APPLICATION FOR THE**

**NEWARK EMA HIV HEALTH SERVICES PLANNING COUNCIL**

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| **SECTION 1: CONTACT INFORMATION** |

**All fields containing (\*): The Mayor’s Office of the City of Newark requires all information on Section 1 for membership appointment.**

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| **\*Full Name:**  *(Please provide name as you would like it to appear in communications)* | | | | |
| **\*Home Address**: | | | | |
| **\*City:** | **\*State:** | | **\*County:** | **\*Zip Code:** |
| **Home Phone Number:** | | **Cell Phone Number:** | | |
| **Personal Email Address** (If available)**:** | | | | |

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| **SECTION 2: EMPLOYMENT INFORMATION** *(If Applicable)* | | | | |
| **Current Place of Employment and/or Community Role**: | | | | |
| **Current Place of Employment and/or Community Role**:  *(Leave blank if not applicable)* | | | | |
| **Work Address** *(Leave blank if not applicable)*: | | | | |
| **City:** | **State:** | | **County:** | **Zip Code:** |
| **Work Phone Number:**  *(Leave blank if not applicable)* | | **Fax Number**:  *(Leave blank if not applicable)* | | |
| **Work Email Address** *(Leave blank if not applicable)*: | | | | |

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| **SECTION 3: RESUME** |

**RESUME** – We highly encourage you to submit your resume with your application. Your resume can be emailed to the PC Support Team [Roberto.benoit@unitedwayguc.org](mailto:roberto.benoit@unitedwayguc.org) or [Richell.garcia@unitedwayguc.org](mailto:richell.garcia@unitedwayguc.org). **Newark requires a resume for working people. Community members are not required to submit this item.**

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| **SECTION 4: GENERAL INFORMATION** |
| Email communication is used frequently between the Office of Planning Council Support and Planning Council /committee members.  **Do you have access to a computer or tablet?** Yes  No |
| **If you do not have a computer or tablet, are you willing to work with our Support Staff to determine the best way for you to get information normally sent out by email?**(This could mean you receive information via mail, text, or meeting Staff in-person to pick up information).  Yes No |
| **Have you ever served on the NEMA Planning Council?**  Yes  No If Yes, in what years? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you ever served on any of the NEMA Planning Council committees?**  Yes  No If Yes, which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **If you are not appointed at this time, would you like to:**  Be considered for a future appointment as vacancies become available?  Yes  No  Continue receiving updates about Planning Council activities?  Yes  No |
| **Do you currently serve as a member of any other HIV or health-services-related planning body, advisory board, commission, or workgroup?**  Yes  No If Yes, which one(s)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 5: PERSONAL INFORMATION** | |
| The Planning Council Membership is required to (1) ensure that its membership is reflective of demographics (race, age, and gender/ethnicity) of the people living with HIV/AIDS in the EMA; (2) include representation from a range of federally mandated categories; and (3) include at least 33% of unaffiliated people living with HIV/AIDS [this refers to consumers who do not have a conflict of interest, meaning they are not staff, paid consultants or Board members of Part A-funded agency who receive Part A services in the Newark EMA.] **To help monitor and meet these legislative requirements, the following personal information is requested from you.** | |
| **Date of Birth: \_**\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_**  (mm / dd / yyyy) | **Please select all groups you may be affiliated with:**  Healthcare providers, including Federally Qualified Health Centers  CBOs serving affected populations/ AIDS service organizations (ASOs)  Social Service providers, including housing and homeless services  Mental Health Provider  Substance Abuse Providers  Local Public Health Agencies  Hospital planning agencies or other healthcare planning agencies  Affected communities, including Persons Living with HIV/AIDS, and historically underserved populations  Non-elected community leaders  State government (including the State Medicaid agency and the agency administering the program under part B)  Part C grantee  Part D grantee or representative of organizations addressing the needs of children, youth, women, and families living with HIV  Other federal HIV programs, including HIV Prevention programs  Representative of/ or formerly incarcerated person living with HIV/AIDS  I am NOT affiliated as an employee or board member with any of the types of agencies or programs listed above. |
| **Gender:**  Male  Female  Transgender (male-to-female)  Transgender (female-to-male)  Additional gender identity (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Race/Ethnicity** (Choose all that apply):  White, not Hispanic  Black/ African American, not Hispanic  Latin X /Hispanic  Asian/Pacific Islander  American Indian/ Alaska Native  Multi-Race  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **HIV Serostatus**  HIV-Positive  HIV-Negative  Unknown  Prefer not to answer |
| **Please select all that apply to you:**  Receive Ryan White/ HIV Care Services  Provide Ryan White / HIV Care Services  Receive HIV Prevention Services  Provide HIV Prevention Services  None of the Above  Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **SECTION 6: EXPERIENCE, SKILLS AND BACKGROUND** |
| **Please** **describe any areas of relevant expertise gained from personal or professional experience that you would bring to the Planning Council.** *(Required)*  LGBTQ+ health needs  Research  Non-medical support services  General Public Health  Priority Setting  Health planning  Personal experience with health issues related to HIV  Legal Services  Substance Use Disorder Services  Leadership  Needs of incarcerated or formerly incarcerated people  Housing Services  General experience with the Ryan White Part A program  Community-based health needs  Needs of people who Inject Drugs  Faith-Based Groups  Other (please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **SECTION 7: COMMITTEE SELECTION** |

The following are standing committees of the Newark EMA Planning Council. All members of the Council *are required, by its by-laws*, to serve on a minimum of one committee. Should you become a council member, which committee(s) would you be willing to actively participate in? **Please check all that apply.**

**Research & Evaluation (REC) –** The REC is responsible for gathering and analyzing data for the development, implementation, and continual improvement of the Ryan White Health Care System in the Newark EMA. The Committee designs and implements sound research methodology to identify HIV/AIDS-related needs and gaps in the current service delivery system. (*Meetings occur every third Monday at 10AM*)

**Comprehensive Planning Committee (CPC) –** The CPC works to develop recommendations for the prioritization and allocation of Ryan White funds in the Ryan White Part A funded HIV/AIDS care and treatment services within the Newark EMA (Priority Setting and Resource Allocation Plan). The committee also contributes to the update and monitoring of the five-year Integrated HIV/AIDS Prevention & Care Plan. (*Meetings occur every second Friday at 9:30AM)*

**Continuum of Care Committee (COC) –** The purpose of the COC is to develop and review service standards that promote quality care and treatment services for the HIV infected/affected communities within the Newark EMA. The committee also makes recommendations to the Planning Council and appropriate Council Committees regarding the development and implementation of effective strategies to address the HIV/AIDS epidemic. (*Meetings occur every second Thursday at 10AM)*

**Community Involvement Activities (CIA) –** The CIA is a community-led advocacy group that encourages community participation in the priority planning and fund allocation process. The committee includes various initiatives such as community conversations, educational programs for consumers, health fairs, and other pertinent workshops and symposiums that address the HIV/AIDS epidemic. (*Meetings occur every fourth Wednesday at 5PM)*

NOTE: There may be some restrictions on committee representation requirements as noted on their [Operating Policies and Procedures](https://www.nemaplanningcouncil.org/pc-forms-and-documents). Therefore, you might not always be able to serve on the committee of your choice.

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| **SECTION 8: STATEMENT OF COMMITMENT, SIGNATURE & DATE** |

If appointed as a member of the Planning Council, I can commit to the following minimum standards:

* A full membership term of two (2) years
* To the best of my ability, I will attend regularly scheduled Planning Council and committee meetings.
* When I make recommendations and/or decisions, I agree to consider the HIV/AIDS community, rather than just special interests or my personal perspectives.
* I agree to disclose any conflicts of interest I may have relative to issues that come before the Council and/ or Committees.
* I agree to keep all information obtained due to participation in any activity related to the Planning Council confidential, unless otherwise given permission.

I acknowledge all the information provided in this application is true and correct to the best of my knowledge. I have considered my other personal and professional obligations and do not foresee them as a barrier to my full participation on the Planning Council.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date: \_\_**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_**

**\*\*\*Please amend your membership application by contacting the Support Team whenever your contact, employment, or residence information changes. \*\*\***

***Administrative Use Only***

Application received on: \_\_\_\_\_\_\_\_\_\_\_\_\_ by \_\_\_\_ Email \_\_\_\_ U.S. Mail \_\_\_\_ Hand delivered \_\_\_\_ Fax

Executive Committee Approved on: \_\_\_\_\_\_\_\_\_\_\_\_\_

Last Updated on: 6/21/2022 9:28 AM