

# Minnesota Council for HIV/AIDS Care and Prevention Application Form

This community planning group is essential for the ongoing provision of prevention and care services in Minnesota. Member duties include identifying communities to target for prevention interventions, prioritizing service areas and allocating Ryan White HIV/AIDS Treatment Extension Act of 2009 funding for HIV care services. Applications for the Council are accepted throughout the year and are kept on file for one year. New members are elected as needed. The Council is a public body. The names of Council members are public information. All Council and committee meetings are open to the public. Meeting minutes are available to the public and are posted on the Council website.

This volunteer position will require your attendance at the following:

1. Participate in a New Member Orientation Session (6-8 hours);
2. Serve a term of two (2) years; one (1) subsequent term is allowed contingent upon reappointment. Note half of the initial members will be appointed for a one-year term and half for a two-year term.
3. Attend monthly meetings and serve on at least one (1) standing committee;
4. Commit to a minimum of 8-10 hours per month to Council business; including attendance at Council meetings, committee meetings and preparation time;
5. Attend other training opportunities as appropriate.
6. Participate fully in all responsibilities as mandated by federal legislation.

Members requiring mileage reimbursement for meetings will need to provide their valid driver's license number and street mailing address.

Completing this form will help the Membership and Training Committee assess the qualifications of applicants, and aid in their ability to make nominations for membership. Once your application has been reviewed, a member of the committee will call you to explain the nominations process including representation gaps. Please recognize you will have an opportunity to expand upon your answers during a possible interview.

If you need assistance, including disability, completing this form contact Jeremy Stadelman, Minnesota Council for HIV/AIDS Care and Prevention,

525 Portland Ave S, MCL963, Minneapolis, MN 55415, <http://www.mnhivcouncil.org/>, Phone: 612-596-7894, 1-888-638-3224, [jeremy.stadelman@hennepin.us](mailto:jeremy.stadelman@hennepin.us).

## Required fields are indicated with \*

Your name\*

Agency name (if applicable)

Street address

City

State

ZIP

Work phone

Home phone

Cell phone

Email\*

Fax

Can this email address be used for Council correspondence?

Date of birth mm/dd/yyyy

Yes  No

Do you check your email at least two times a week?

Yes  No

## Please check all that apply:

### Gender

- Man
- Woman
- Transgender
- Non-binary
- Other:

### Ethnicity

- Hispanic/Latino

### Race

- Black/African American
- Asian/Pacific Islander
- Caucasian
- Hispanic/Latino
- Native American/Alaskan
- Black/African born
- Other:

### Sexual orientation

- Gay
- Bisexual
- Heterosexual
- Lesbian
- Man who has sex with men
- Woman who has sex with women
- Decline to share this information
- Other:

**HIV Status**

- I am living with HIV/AIDS ----->
- I am HIV negative (HIV-)
- I do not know my HIV status
- I do not wish to reveal my HIV status

**Consumer status**

- I currently receive, or in the past year have received HIV services
- I have not received HIV services in the past year
- I decline to share this information

**To the best of your knowledge, what was most likely your HIV exposure risk?**

- I am HIV negative (HIV -)
- MSM
- IDU
- MSM/IDU
- Heterosexual
- Hemophilia
- Blood Transfusion
- Perinatal
- Other:
- Unknown
- Decline to share this information

**Are you currently utilizing PrEP/PeP, or have you in the past?**

- Yes
- No
- Decline to share this information

**Have you been incarcerated in the past 3 years?**

- Yes
- No
- Decline to share this information

**Current or former injection drug user (IDU)**

- Yes
- No
- Decline to share this information

**Are you co-infected with HIV and hepatitis B or hepatitis C?**

- Yes
- No
- Decline to share this information

**Agency Affiliation**

**Are you currently employed by, doing consulting work for, or sit on the board of directors of an organization that provides HIV/AIDS services? (This does not include consumer boards or community advisory boards.)**

- Yes
- No

Employer

Position

**Do you have employer permission to attend Council and Committee meetings as part of your job?**

- Yes
- No
- N/A

**Have you attended MN Council for HIV/AIDS Care and Prevention meetings in the past?**

- Yes. Please describe your involvement:
- No

**Service Sector Affiliations (check all that apply; you can check Provider, Recipient, or both)**

- | <b>Provider</b>          | <b>Recipient</b>  |
|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> Health-care provider, including Federally Qualified Health Centers                         |
| <input type="checkbox"/> | <input type="checkbox"/> Community-based organization serving affected populations/AIDS Service Organization (ASOs) |
| <input type="checkbox"/> | <input type="checkbox"/> Social services, including housing and homeless services                                   |
| <input type="checkbox"/> | <input type="checkbox"/> Mental health services   |
| <input type="checkbox"/> | <input type="checkbox"/> Substance-abuse services   |
| <input type="checkbox"/> | <input type="checkbox"/> Local public health agency   |
| <input type="checkbox"/> | <input type="checkbox"/> Hospital planning agency or other health-care planning agency                              |
| <input type="checkbox"/> | <input type="checkbox"/> Affected community member (either HIV community or underserved population community)       |
| <input type="checkbox"/> | <input type="checkbox"/> State Medicaid Program   |
| <input type="checkbox"/> | <input type="checkbox"/> Ryan White Part B Program  |
| <input type="checkbox"/> | <input type="checkbox"/> Ryan White Part C Program  |
| <input type="checkbox"/> | <input type="checkbox"/> Ryan White Part D Program  |
| <input type="checkbox"/> | <input type="checkbox"/> Organizations addressing the needs of children, youth and families with HIV                |
| <input type="checkbox"/> | <input type="checkbox"/> Other Federal HIV Program, including HIV prevention programs                               |
| <input type="checkbox"/> | <input type="checkbox"/> Formerly-incarcerated person living with HIV/AIDS or representative of this group          |

**What special skills can you bring to the group? Check all that apply.**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Leadership                     | <input type="checkbox"/> Community organizing        | <input type="checkbox"/> Research or technical training in HIV/AIDS |
| <input type="checkbox"/> Program planning               | <input type="checkbox"/> Program evaluation          | <input type="checkbox"/> Quality management                         |
| <input type="checkbox"/> HIV medical care               | <input type="checkbox"/> Needs assessment            | <input type="checkbox"/> Other - please describe:                   |
| <input type="checkbox"/> Professional/technical writing | <input type="checkbox"/> Budget/financial management |   |

In 50 words or less, tell us why you are interested in joining the Minnesota Council for HIV/AIDS Care and Prevention. Please note: This information is shared with Council members at the time your name is considered for membership.

**By signing this application, you authorize the Council staff to provide this information to the Membership and Training Committee members for review.**

You are not legally required to provide any of the requested information. However, it generally is to your benefit to provide it. If you do not provide the information asked, the Council will be unable to determine if you meet eligibility criteria for Council membership and the Council may not be able to contact you. All data collected and stored may be shared with the Membership and Training Committee and Council staff, or only upon court order or the State Auditor as authorized by law.

Signature of applicant (required): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Applications are not complete until you have read and signed each of the Council policy pages.

Email your application to: [jeremy.stadelman@hennepin.us](mailto:jeremy.stadelman@hennepin.us).

**Questions?** Contact Jeremy Stadelman, Minnesota Council for HIV/AIDS Care and Prevention, 525 Portland Ave S, MCL963, Minneapolis, MN 55415, Phone: 612-596-7894, 1-888-638-3224, [jeremy.stadelman@hennepin.us](mailto:jeremy.stadelman@hennepin.us).

(Contact Jeremy for the fax number if you would like to fax your application.)

## **MN Council for HIV/AIDS Care and Prevention Conflict of Interest Policy**

A conflict of interest arises when a member of the MN Council for HIV/AIDS Care and Prevention is expected to participate in a decision making process in which that member must represent two potentially competing interests; the member's own interest in another entity and the member's responsibilities as a member of the MN Council for HIV/AIDS Care and Prevention. It is recognized that in this situation the member, in participating in decisions regarding a relationship between the entity and the MN Council for HIV/AIDS Care and Prevention, cannot appropriately meet his or her responsibilities to both the entity and the MN Council for HIV/AIDS Care and Prevention.

For purposes of this policy, the following definitions apply:

A member of the MN Council for HIV/AIDS Care and Prevention has an interest in a particular transaction or decision if he, she, or a member of his or her immediate family;

- a) is an employee or a director, trustee, or officer of, or has a significant financial or influential interest in an entity which is in a position to benefit from a decision of the MN Council for HIV/AIDS Care and Prevention, or
- b) is otherwise reasonably likely to gain a significant financial or other personal benefit as a result of a decision or action of the MN Council for HIV/AIDS Care and Prevention.

Members of the MN Council for HIV/AIDS Care and Prevention shall manage a potential conflict of interest as follows:

Members of the MN Council for HIV/AIDS Care and Prevention shall, upon appointment to the Body, disclose in writing all interests as defined previously. The member is obligated to update this report any time an additional interest is identified.

The MN Council for HIV/AIDS Care and Prevention member must recuse him or herself from voting and note a conflict of interest on any matter in which he or she has an interest. It is the duty of the member to identify the presence of that interest prior to abstaining from voting, without necessarily publicly specifying the interest.

If at any time the interest or interests of a MN Council for HIV/AIDS Care and Prevention member are so significantly in conflict with the mission of the MN Council for HIV/AIDS Care and Prevention so as to significantly limit participation, the appointing authority may remove the member from the MN Council for HIV/AIDS Care and Prevention.

Meeting facilitators shall ensure that ample discussion happens before a motion is made so that subject experts have the opportunity to contribute to the discussion. Members in conflict shall not participate in the discussion of specific motions or once a motion has been made. Members in conflict shall step out of the room during a vote that impacts their specific service areas. There is no conflict of interest when voting for an entire allocations plan. Members in conflict shall not vote on service area standards for which they provide services or serve on the board of agencies that provide these services. Providers shall provide feedback in provider meetings that are a part of the process of the development of standards of care, and shall also provide expert feedback during the discussion that happens prior to a motion at committee or full MN Council for HIV/AIDS Care and Prevention meetings.

### **Abstaining from Voting**

Individuals serving on the Council who have a financial interest in or are members of a public or private entity seeking Part A, Part B or Prevention funding, will not participate directly or in an advisory capacity, in the process of selecting entities to receive Part A, Part B or Prevention funding within that particular service category. This includes votes on carryover and re-allocation funding proposals. They will abstain from voting in the above circumstances.

### **Separation of Planning Council and Grant Selection**

The Council may not be directly involved in the administration of the Part A, Part B or Prevention grants (i.e., managing provider contracts). The Council may not designate particular entities as recipients of any amounts of Part A, Part B or Prevention funding (i.e. naming or approving particular entities to receive funding) other than Council support.

**Compensation**

None of the budget or income of the Council shall be distributed to, any member or officer, or any other private persons, except that the Council shall be authorized and empowered to pay reasonable compensation for services rendered and to authorize payments and distributions in furtherance of its stated purpose.

**Reimbursement of Expenses**

Nothing in the language of Section 10.4 of these by-laws is intended to prevent the Council from reimbursing members representing the affected community for their reasonable expenses involved in attending meetings of the Council and/or its Committees, per HRSA or CDC guidance. Nor shall this section prevent the Council from reimbursing members for reasonable expenses by attendance at functions directed by the Council to its membership. (See Addendum VI: Reimbursement Policy)

I have read and, if selected to be a member of the MN Council for HIV/AIDS Care and Prevention, I agree to follow the **conflict of interest policy**.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## MN Council for HIV/AIDS Care and Prevention Attendance Policy

Members are required to attend regularly scheduled meetings of the Council. In addition, members are required to attend regularly scheduled meetings of their assigned Standing or Ad Hoc Committee(s) at the same frequency as Council meetings or as scheduled.

### Removal for Non-Attendance

All Council members are allowed any combination of six total absences from Council meetings or their assigned committee meetings during the most recent twelve month period for which data is available. If a member accrues five total absences from Council or their assigned committee meetings during the most recent twelve month period, they will automatically receive a warning letter. If a member accrues six total absences from Council or their assigned committee meetings during the most recent twelve month period, they will automatically be removed from the Council and receive a letter thanking them for their service. In addition, members may also be removed for consecutive absences from meetings at either the Council or committee level. If a member accrues two consecutive absences at either the Council or committee level during the most recent twelve month period for which data is available, they will receive a warning letter. If a member accrues three consecutive absences at either the Council or committee level during the most recent twelve month period for which data is available, they will automatically be removed from the Council and receive a letter thanking them for their service. All letters regarding a member's attendance status will be copied to the Council Co-Chairs and the co-chairs of the member's appointed committee. The final decision rests with the appointing chief elected officials.

### Resignation

A Council member may resign by giving written notice to the Co-Chairs and/or the Council Support Staff.

I have read and, if selected to be a member of the MN Council for HIV/AIDS Care and Prevention, I agree to abide by the **attendance policy**.

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Signature of Applicant

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Date

## MN Council for HIV/AIDS Care and Prevention Code of Conduct

(The purpose for these policies is to:)

- Provide guidance for conduct while doing the Council's work,
- Define circumstances which might call a participant's conduct into question,
- Establish procedures for addressing poor conduct.

These policies apply to participants who are members and staff serving the Council and its committees as well as guests participating in meetings.

Participants are expected to:

- Abide by the Hennepin County Non-Discrimination & Respectful Workplace policy. A copy of the policy is available at <http://www.afscmelocal34.org/Non-discrimination%20and%20respectful%20workplace%20policy.docx>.
- Conduct business in ways that are honest, respectful of diversity, compassionate, hopeful and non-judgmental.
- Engage in the work of the Council by being attentive to matters before the group, and contributing information, ideas and observations in a manner that constructively advances the work of the group.
  - Take responsibility for his or her actions.
  - Refrain from using language that is threatening, offensive, biased, culturally insensitive, abusive or intended to be hurtful.
  - Refrain from acts of threat or violence directed at other participants.

If a participant engages in misconduct, which is behavior inconsistent with the Expectations of Conduct outlined in the Code of Conduct, the Council and/or committee co-chairs may:

- a) Provide written notification to a person detailing the offense and any potential action
- b) Request a person to leave a meeting
  - Further action may be taken by Executive Committee to address misconduct by a member of the Council. Membership on the Council or one of its committees may be suspended through immediate action or written notice as specified in the Code of Conduct policy. A recommendation to revoke membership shall be advanced to the appointing authorities subsequent to reporting the action to the Council.

I have read and, if selected to be a member of the MN Council for HIV/AIDS Care and Prevention, I agree to abide by the **code of conduct**.

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Signature of Applicant

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Date

## MN Council for HIV/AIDS Care and Prevention Member Responsibilities

Each member is expected to abide by the bylaws. The Council and its members shall comply with standards of conduct incorporated herein. In addition, each member will endeavor to be well informed about the Council's work, understand the Council's history, mission, structure and policies so that matters can be well discussed and voted upon in a thoughtful and objective manner; and consider the entire effort of the Council rather than just a specific interest. Finally, each member is expected to share relevant perspectives, skills and knowledge with fellow Council and committee members.

Each member is expected to:

- a) Serve a term of two (2) years: one (1) subsequent term is allowed contingent upon reappointment.
- b) Attend monthly Council meetings and serve on at least one (1) standing committee;
- c) Commit to a minimum of 6-8 hours per month to Council business including attendance at Council meetings, committee meetings and preparation time; and
- d) Attend new member orientation of 6-8 hours and other training opportunities as appropriate.
- e) Participate fully in all responsibilities as mandated by federal legislation, including but not limited to the following:
  - Fully participate in comprehensive planning and other planning processes and review relevant reports;
  - Fully participate in needs assessment activity and review relevant reports;
  - Fully participate in the prioritization process and complete the prioritization instrument;
  - Fully participate in the allocation and reallocation of resources; and,
  - Fully participate in the evaluation of the administrative mechanism.

Failure to fulfill these responsibilities could lead to recommended removal from the MN Council for HIV/AIDS Care and Prevention.

I have read and, if selected to be a member of the MN Council for HIV/AIDS Care and Prevention, I agree to fulfill the **Council member responsibilities detailed herein.**

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Signature of Applicant

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Date