Cover Page

Name:

Home City/State:

Zip:

Information provided in this application is used to ensure that the Metro St. Louis HIV Health Services Planning Council meets membership composition requirements as set forth in the Ryan White HIV/AIDS Treatment Extension Act of 2009. All meetings are open to the public and you are encouraged to attend while your application is being processed.

Participation in PC committee meetings and activities are not limited to PC meetings. If you
are not appointed to the PC at this time, are you willing and able to participate PC committees
and other activities? $\Box$ Yes $\Box$ No

Have you ever served on the Metro St. Louis HIV Health Services Planning Council before?  $\Box_{\text{Yes}} \Box_{\text{No}}$ 

If yes, please indicate the years of your term:

Have you ever served on the Regional Prevention Advisory Group (RPAG) before?  $\Box$  Yes  $\Box$  No

Have you ever se	erved on the Commun	nity Prevention Pla	nning Group (CF	PPG) before?
Yes No		•		

If yes, please indicate the years of your term:

Mail completed application to:	PC Support Office Attn: James Burns
	Saint Louis University- Salus Center
	3545 Lafayette Ave, Room #381
	St. Louis, MO 63104
Email applications to:	

Email applications to:

james.burns.1@slu.edu

Consistent with Federal regulation, at least 33% of the PC membership must be persons living with HIV disease. This assures participation of people with HIV in all activities of the PC. All information provided to the PC will not be disclosed and will remain confidential.

If you are H	HV positive:		
	Are you willing to publicly identify as a person living with HIV/AIDS?	yes	no
	Are you an employee or consultant for an agency that receives Ryan White Title I funds?	yes	no
	Are you an Officer or on the Board of Directors of an agency that receives Ryan White Part A (formerly Title I) funds?	yes	no
	Do you receive healthcare or social services that are paid for by Ryan White Part A (formerly Title I)?	yes	no

community and professional representation.

- Choose which of the following describes your

Affected community including:

Living with HIV/AIDS, Members of a Federally recognized Indian tribe as represented in the population, Individuals co-infected with hepatitis B or C, and Historically underserved groups and subpopulations Hospital planning agencies or health care planning agencies State Medicaid Agency for: o Illinois o Missouri Representatives of/ or formerI D D r /

2. Please describe your personal or community involvement (HIV-related or otherwise). Describe your experiences and include volunteer activities, committee participation, board memberships, and other activities you feel have prepared you to be an active Metro St. Louis HIV Health Services Planning Council. Please provide details and examples.

3. Please describe a past or present project(s) in which you have been involved that demonstrates your ability to work as part of a team for a common goal or on a collaborative project. Please provide details and examples.

4. If you have resigned or have been asked to resign from Planning Council, please describe why you resigned or were asked to resign. If you have never resigned from Planning Council, please write N/A.

The Metro St. Louis HIV Health Services Planning Council has Committees to help assure mandated activities receive appropriate attention. PC members are assigned to a Committee, which typically meets once a month. We would like to know which Committees you may be interested in giving your skills and availability.

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<ul> <li>Meeting Time: 3<sup>rd</sup> Friday of the month at 10:00 a.m.</li> <li>Improve HIV health related outcomes.</li> <li>Reduce existing racial and health disparities.</li> <li>Address the disproportionate impact of HIV and to address the disparities in access, treatment, care, and outcomes for racial and ethnic minorities.</li> </ul>
Committee maintains a membership target of 33% PLWHA representation