

Focus:

The goal of the BCHPPC is to plan and prioritize HIV prevention efforts for Broward County and provide guidance in the implementation of the Integrative HIV Prevention and Care Plan for Broward County.

BCHPPC

Broward County HIV Prevention Planning Council

Quasia Cowan
Government Co-Chair

Emilio Apontesierra-Paretti
Community Co-Chair

APPLICATION

Vision: Broward County HIV Prevention Planning Council is built on a model of partnership between the federal government, local and state health department and community participation. HIV prevention planning is a process that is based on the concept that the best way to respond to the HIV epidemic is through local decision making.

Prospective members must live or work in Broward County and should meet one or more of the following criteria:

- a. Affected communities, including people with HIV and historically underserved subpopulations
- b. Social service providers (including homelessness service providers)
- c. Mental health providers
- d. Substance use providers or people with lived experience with SUD/ODU
- e. Current or former sex workers
- f. Local public health agencies
- g. Hospital and/or healthcare agencies
- h. Elected/Non-elected community leaders
- i. Advanced training in behavioral or social sciences or epidemiology or in the categories listed under “expertise” in the membership application.

“Members of Racial Minority & Gender Minority Groups, People with Disabilities, Affected Elders are encouraged to apply.”

Additional criteria may be set by the newly established BCHPPC to guide new member recruitment to make the planning council as representative as possible, and to conduct the planning process as required in CDC's Guidance on HIV Planning.

BCHPPC APPLICATION

Full Name (*please print*):

Title (*if applicable*):

Organization (*if applicable*):

Mailing Address:

City: _____ **State:** _____ **Zip Code:** _____

Phone: _____ **Home** **Cell** **Work**

Email: _____

Please note that membership is a volunteer position with final appointment determined by the HIV Prevention Planner in conjunction with the BCHPPC Executive Committee.

As a BCHPPC member, you would be responsible for attending 4 full BCHPPC meeting annually and participate in one of the advisory workgroups monthly.

Are you able to devote at least 5 hours per month to the BCHPPC? _____ YES _____ NO

Demographics: Please mark an "X" next to the demographic group(s) with which you identify.

Age: _____

What is your gender?

- Female
- Male
- Non-binary/ third gender
- Prefer to self-describe _____
- Prefer not to say

Do you identify as transgender?

- Yes
- No
- Prefer not to say

Ethnicity/Race

- African American/Black
- American Indian/Alaska Native
- Asian
- Caucasian/White
- Latino/Latina/Hispanic
- Native Hawaiian/Hawaiian/Another Pacific
- Other (specify)

Affiliation(s), and Representation
Please fill in each column below by marking "X" for all that apply

Affiliation(s)	Expertise	At Risk Community Representation
<input type="checkbox"/> Individual Person <input type="checkbox"/> State/Local Health Department <small>please specify i.e. STD, HIV, Hep C, TB, etc.:</small> <input type="checkbox"/> Governmental Education Agency <input type="checkbox"/> Academic Institution <input type="checkbox"/> Research Center <input type="checkbox"/> Faith Based Community <input type="checkbox"/> Community Based Organization <small>please specify i.e. substance abuse, mental health, corrections, homeless, etc.:</small> <input type="checkbox"/> Non-governmental HIV Prevention Service Provider <input type="checkbox"/> Community Base Organization please specify or other social service provider	<input type="checkbox"/> Epidemiology <input type="checkbox"/> Behavioral/Social Sciences <input type="checkbox"/> Program Evaluation <input type="checkbox"/> Health Planning <input type="checkbox"/> Intervention Specialist <input type="checkbox"/> School & Educational Community <input type="checkbox"/> Health Care Provider <input type="checkbox"/> Research <input type="checkbox"/> Life Experience <input type="checkbox"/> Other (Please List):	<input type="checkbox"/> Men who have sex with men (MSM) <input type="checkbox"/> SUD/ODU <input type="checkbox"/> Injection Drug Users (IDU) <input type="checkbox"/> Mother with or at risk for HIV infection <input type="checkbox"/> Adolescents <input type="checkbox"/> People Living with HIV/AIDS <input type="checkbox"/> General Population <input type="checkbox"/> High Incidence Population

Member Experience

Please answer the following questions. If you need additional space, feel free to use additional paper.

Please explain why you are interested in becoming member of BCHPPC (250 words or less)

What contribution/skill set could you bring to the planning process?

From a local perspective, what key issues related to HIV prevention would you like to address through your work with BCHPPC? What recommendations would you make to address the issue and to help end the epidemic in Broward County?

Are you involved with any groups, agencies or organizations that provide HIV prevention services or services to people living with HIV/AIDS?

Name of Group or Agency	Dates	My Involvement:	Describe your assignment/participation/role
		<input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/> Attended	
		<input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/> Attended	
		<input type="checkbox"/> Worked <input type="checkbox"/> Volunteered <input type="checkbox"/> Attended	

Questions, comments, and completed applications are to be submitted to:

HIV Prevention Planner HIV/AIDS Program
 Florida Department of Health in Broward County
 780 S.W. 24th St.
 Ft. Lauderdale, FL 33315
 Office (954) 467-4700 Ext 5526

If you have a disability and require assistance, please inform the HIV Prevention Planner by attaching your requirements to participate to this form.

<p>DO NOT WRITE IN THIS SPACE-FOR HIV/AIDS Office USE ONLY</p>
Date Received: _____ By: _____ Via _____ Date Reviewed by _____ Panel _____ Recommendation: Y/N _____ Appointed: Y/N _____

EMPLOYER COMMITMENT

I support my employee, _____ becoming a member of the Broward County HIV Prevention Planning Council (BCHPPC) and understand the required commitment of my employee to attend meetings and additional committee meetings as necessary.

My organization will pay the employee's salary during their participation as a BCHPPC member.

My organization will not pay the employee's salary during their participation as a BCHPPC member.

My organization will allow the employee to utilize personal time during their participation as a BCHPPC member.

Original Employer Signature

Title

Date

*****Though not required, applicants may include a resume, cover letter, biographical sketch, or other statement explaining their interest to serve on BCHPPC and their knowledge of and/or experience with HIV prevention.***