



Ending the HIV Epidemic
Shelby County

Application for End HIV 901 Advisory Board

About the Advisory Board

The End HIV 901 Advisory Board is coordinated by St. Jude Children’s Research Hospital through a partnership with the Tennessee Department of Health (TDH) to provide input for Ending the HIV Epidemic (EHE) efforts. A consistent team of stakeholders will directly provide/advise TDH and its partners on related EHE activities to ultimately eliminate the HIV epidemic in Shelby County. The advisory board will be representative of a diverse mix of stakeholders from various sectors in Shelby County, including (but not limited to) the health department, faith-based organizations, schools, civic and community groups, LGBTQ youth and young adults and health care organizations. Each member will share the common goal of optimizing HIV prevention and treatment by advising and working alongside one another in the development and implementation of a solid community-driven HIV prevention and treatment infrastructure in Shelby County. Members will collaborate to implement the community-driven End HIV 901 Plan for Shelby County. The Advisory Board includes community mobilization that is a continuous process of attaining buy-in and support from individuals not already involved in the planning and implementation processes.

Primary Role of the Advisory Board

- Advise TDH and its partners on EHE-related priorities and activities
- Ensure the End HIV 901 Plan remains relevant to Shelby County’s HIV prevention and treatment needs
- Provide insight to the lead agent and funded partners
- Evaluate grant proposals and assist with selecting grantees
- Advise partners on website and social media updates
- Recommend services to be funded

Subcommittees

Subcommittees may be formed to focus on specific tasks or areas of expertise. All subcommittees must be approved by TDH. Examples of a subcommittee could include allocations, cluster response, communications, outreach, etc.

Meeting Frequency

Meetings will initially be held monthly. The group will collectively decide on future meeting frequency, day of the week and the time of day. Routine educational opportunities will be made available for the board depending upon the needs of the members. Trainings can include Request For Proposals (RFP) process review, HIV 101, data interpretation, public speaking, etc. Currently the meetings are planned to be held for 90 minutes with breakout sessions to minimize the number of meetings per month.

What’s In It For You?

- End HIV 901 Incentive Box
- Community networking
- Educational opportunities
- Mileage reimbursement (for eligible participants)
- Conference scholarships (travel, registration & lodging)
- Food and beverage during the meeting
- Strong influence on End HIV 901 decision-making

The Application Process

Once your application is received:

- The EHE Core Team (representatives from TDH, St. Jude, University of Memphis) reviews all applications and selected applicants with a completed application may be scheduled for a brief interview.
- If your application is not selected, your information will be confidentially kept on file and considered if a vacancy becomes available.

If you have any questions or need more information, please contact Ashley Ross or Eddie Wiley.

Email: ashley.ross@stjude.org **Phone:** 901-581-3920

Email: eddie.wiley@tn.gov **Phone:** 629-237-0407

THANK YOU FOR YOUR INTEREST IN THE End HIV 901 Advisory Board

Application for End HIV 901 Membership

Statement of Confidentiality

To the greatest extent possible, all information that is provided in this application **will be kept confidential**. It will be viewed by the EHE Core Team during the selection process.

Directions: Please read this packet carefully and complete all information in its entirety.

If printed, please return the completed application and signed Statement of Commitment to:

End HIV 901
Attn: Ashley Ross, Manager, Community HIV Program
262 Danny Thomas Place | Mailstop 600
Memphis, TN 38105

Contact Information (please type or print)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

County: _____

Email: _____

Primary Phone () _____

Secondary Phone: () _____

Birthday: ____/____/____ Age: _____

May we add you to our mailing list? Yes _____ No _____

Employer: _____

Job Title: _____

Applicant Information

Check all that apply to you and for which you self-identify. The EHE Advisory Board will be comprised of a diverse set of individuals that represent one or multiple sectors identified as a priority population in the End HIV 901 Plan. Applicants should have familiarity with Shelby County. This includes those that live, work, or socialize in Shelby County.

Gender: Female Male Non-Binary/Gender Queer Agender Not listed _____

Do you identify as Transgender? Yes No

Race:

- | | |
|---|--|
| <input type="checkbox"/> White, not Hispanic | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Black/African American, not Hispanic | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other Race, Not Hispanic |
| <input type="checkbox"/> American Indian or Alaska Native | |

Are you currently an **EMPLOYEE, BOARD MEMBER, PAID CONSULTANT or UNPAID VOLUNTEER** at any Tennessee Department of Health funded providers?

Yes No

If YES, then please state the Agency(ies) name and nature of relationship: (ex. Board member, employee, volunteer, etc)

If applicable, please indicate your current affiliations below:

- Health care providers, including federally qualified health centers
 - Community Based Organizations serving HIV/AIDS populations
 - Social service providers (Housing, homeless, senior care)
 - Other Social Service Providers
 - Mental Health Provider
 - Substance Abuse Provider
 - Pharmacy/Pharmacist
 - Pharmaceutical Representative
 - Local Public Health Agencies
 - Hospital or other health care planning agencies
 - Person with lived experience (person living with HIV, PrEP user, formerly incarcerated individual, etc.)
 - Not listed _____
-

Please select any special assistance/accommodation (such as transportation, childcare, translation, wheelchair accessibility, etc.) that we might provide to help you to fully participate in the activities of the Planning Group.

- | | |
|---|--|
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Large print items |
| <input type="checkbox"/> Translation | <input type="checkbox"/> Other: _____ |

Special Skills/ Abilities: (ex. Grant writing/review, budgeting, community mobilization, social media, event planning, etc.) _____

Please describe why you would like to become a member of the End HIV 901 Advisory Board:

Do you have any work and/or volunteer experience in HIV/AIDS services? If yes, please describe:

STATEMENT OF COMMITMENT

Please read and sign this section:

If appointed as a member of the End HIV 901 Advisory Board, I commit to the following:

- I understand that I must complete a New Member Orientation as an Advisory Board member.
- I confirm that to the best of my ability, I will attend regularly scheduled Advisory Board meetings.
- I understand that in the event that I am unable to attend, I will notify the EHE team in advance.
- I understand that membership on the Advisory Board is a commitment.
- I have considered my other personal and professional time commitments and do not foresee them as a barrier to my full participation on the Advisory Board.
- I understand that I will need to prepare for meetings by carefully reading all pre-distributed materials.
- I agree to eliminate any and all professional and personal bias if approved to be an End HIV 901 Advisory Board member.
- When I make recommendations and/or decisions, I agree to consider the Shelby County HIV/AIDS community as a whole, 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 Board.
- I agree to excuse myself from making decisions that have a direct conflict with my affiliated organization or related matters.
- I agree to keep sensitive information obtained about other Board members, including HIV status, confidential, unless otherwise given permission.
- I certify that all statements and representations made in this application are true and correct.

Signature

Date (mm/dd/yy)