

Part 1: Candidate Information Sheet

*Note: The information contained in Part 1 of this statement is considered public.
The information disclosed will be used for the purpose of voting by the members of
the NHCPC.*

The information below indicates my desire and willingness to be selected as a member in the Nebraska HIV CARE & Prevention Consortium (NHCPC).

Name: _____

City: _____

Employer: _____

Position Title: _____

Years with Employer: _____

Position Responsibilities: _____

Written Statement of Membership Interest/Qualifications to Fill Vacancy:

Part 2: Letter of Interest to Participate / Application for Membership

Note: The information contained in Part 2 of this application is considered confidential and will not be available to the public. The information will be used for the purpose of fulfilling consortium requirements outlined through Nebraska Health & Human Services Cooperative Agreements with the Centers for Disease Control & Prevention and the Health Resources Services Administration.

The information below indicates my desire and willingness to be selected as a member in the Nebraska HIV CARE & Prevention Consortium (NHPCP).

Name:		
Address:		
City:	Zip:	
Employer:		
The above mailing address is my	Home:	Office:

Day Phone:
Home Phone:
Fax:
Email:

Please put an **X** in the box next to your response on the items below.

Race / Ethnicity

<input type="checkbox"/>	White (non-Hispanic)	<input type="checkbox"/>	Hispanic / Latino/a
<input type="checkbox"/>	African American / Black	<input type="checkbox"/>	Middle Eastern
<input type="checkbox"/>	Asian / Pacific Islander	<input type="checkbox"/>	Other
<input type="checkbox"/>	Native American / American Indian		

Age

<input type="checkbox"/>	10 - 19
<input type="checkbox"/>	20 - 29
<input type="checkbox"/>	30 - 39
<input type="checkbox"/>	40 - 49
<input type="checkbox"/>	50 or above

Gender

<input type="checkbox"/>	Male
<input type="checkbox"/>	Female
<input type="checkbox"/>	Transgender

Group Representation Position Applying For

(No more than two. Please note 1st and 2nd choices.)

Refer to attached form for group representation definitions.

<input type="checkbox"/>	CTR / PCRS – HHS funded (Counseling / Testing)
<input type="checkbox"/>	Prevention Subgrantee – HHS funded
<input type="checkbox"/>	HIV Case Management – HHS funded
<input type="checkbox"/>	Minority Community Based Organization
<input type="checkbox"/>	Minority – HIV Impacted
<input type="checkbox"/>	City / County / District Health Department
<input type="checkbox"/>	MSM - Rural
<input type="checkbox"/>	MSM - Urban

<input type="checkbox"/>	MSM – Minority / Person of Color
<input type="checkbox"/>	Woman – HIV Impacted
<input type="checkbox"/>	Injecting Drug User
<input type="checkbox"/>	Person Living with HIV or AIDS
<input type="checkbox"/>	Mental Health / Substance Abuse Provider
<input type="checkbox"/>	Business
<input type="checkbox"/>	Native American / American Indian
<input type="checkbox"/>	Minority Faith-Based

I am qualified to represent these positions because:

Choice #1:
Choice #2:

I have been involved with HIV/AIDS issues in the following areas:

I am interested in becoming a member of the NHCPD because:

I am able to participate/commit up to 15 hours per quarter and travel to meetings in Lincoln for the NHCPD.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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I am willing to serve a three (3) year term with the NHCPD.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Disclosure of Conflict of Interest

Persons who may become members of the Nebraska HIV Care and Prevention Consortium (NHCPD) may be affiliated with organizations that have or may request funds for HIV prevention and/or care activities. Because of this potential for conflict of interest, this disclosure information is being requested.

I and/or a family member currently is, or has been within the past 12 months, a staff member, consultant, officer, board member, or in an advisory capacity with the following organizations:

1) Organization:

Title:	Period of Affiliation:
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2) Organization:

Title:	Period of Affiliation:
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Signature:

Date:

PLEASE PRINT AND MAIL TO:
Nancy Jo Hansen
NE Department of Health and Human Services
HIV Prevention Program
PO Box 95026
Lincoln NE 68509-5044

OR SAVE AND E-MAIL AS AN ATTACHMENT TO:
Nancyjo.hansen@nebraska.gov

Appendix: NHPCP APPLICATION FOR MEMBERSHIP

Group Representation Definitions

CTR/PCRS-HHS funded -- an agency or organization representative funded by the HHS HIV Prevention Program to provide counseling and testing services.

Prevention Subgrantee-HHS funded -- an agency or organization representative funded by the HHS HIV Prevention Program to provide health education/risk reduction services.

HIV Case Management-HHS funded -- an agency or organization representative funded by the HHS Ryan White Title II Program to provide case management services.

Minority Community Based Organization -- an agency or organization representative that primarily serves a minority based population with a board membership of at least 51% minorities/persons of color.

Minority HIV-Impacted -- a person who is HIV+ or a spouse, partner, significant other, or family member of an HIV+ person and who is a minority/person of color.

City/County/District Health Department - an agency or organization representative employed at a recognized health department established by Nebraska Statute.

MSM-Rural -- a man who has sex with other men and resides outside of Lincoln city limits and outside Omaha and surrounding suburbs.

MSM-Urban -- a man who has sex with other men and resides within Lincoln city limits and Omaha and surrounding suburbs.

MSM-Minority/Person of Color -- a man who is a minority/person of color who has sex with other men.

Woman-HIV Impacted -- a woman who is HIV+ or a spouse, partner, significant other, or family member of an HIV+ woman.

Injecting Drug User -- a person currently or formerly participating in injection drug use.

Person Living with HIV or AIDS -- a person currently living with HIV or AIDS.

Mental Health/Substance Abuse Provider -- an agency or organization representative who provides mental health and/or substance abuse services to the community.

Business -- a non-health, non-governmental agency or organization representative.

Native American/American Indian -- a person who is enrolled in a federally recognized tribe.

Minority Faith-Based -- an agency or organization representative that primarily serves a minority/person of color based population and includes any of the following:

- (1) a religious congregation (church, mosque, synagogue, temple, etc);
- (2) an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated);
- (3) a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name incorporation or mission statement that is a religiously-motivated institution; or
- (4) a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.