

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS  
BOARD APPOINTMENT SUMMARY**

**Meeting Date:** December 19, 2006

**Department:** Community Services

**Advisory Board:** Palm Beach County HIV CARE Council

**I. EXECUTIVE BRIEF**

**Motion and Title:** **Staff recommends motion to approve:** Reappointment and Appointment of the following individuals to the Palm Beach County HIV Comprehensive AIDS Resources Emergency (CARE) Council for a term of two years, effective December 19, 2006.

<u>Seat No.</u>	<u>Reappointment</u>	<u>Seat Requirement</u>
7	Rose Joseph	Social Service Provider
22	Cecil Smith	Community
39	William Albury	State Medicaid Agency
25	Shirley Samples	Community
45	David Begley	Representative of Incarcerated Persons Living with HIV/AIDS

<u>Seat No.</u>	<u>Appointment</u>	<u>Seat Requirement</u>
1	Nicholas Potochny	Health Care Provider
2	Lorenzo Robertson	Community Based Organization serving affected populations
17	Stephanie Millken	Community
4	Yvette Martinez	Community
26	Jessica Beane	Community

**Summary:** The Palm Beach County HIV CARE Council Bylaws state that total membership shall be no more than 45 and no less than 21 members. Founding members were appointed for one and two (2) year terms with subsequent terms of two (2) years. The HIV CARE Council Nominations Process is an open process with publicized criteria and legislatively defined conflict of interest standards. The five (5) reappointments and five (5) new appointments successfully completed the HIV CARE Council Nominations process, and the HIV CARE Council has recommended their reappointment/appointment. (Ryan White) Countywide (TKF)

**Background and Justification:** In accordance with the Ryan White Comprehensive Aids Resources Emergency Act of 1990 (P.L.101-381), Palm Beach County was designated an eligible metropolitan area disproportionately affected by the HIV epidemic and having a demand for services exceeding the capacity of local resources to meet that demand. The federal government, through the Department of Health and Human Services has made funds available to Palm Beach County to meet such demand. In order to access these funds, it is legally mandated by Title I of the Ryan White Care Act that Palm Beach county designate a Title I HIV Services Planning Council. To that end, the Board established the Palm Beach County HIV CARE Council, Per Resolution No. R-93-1182, dated September 21, 1993, as amended by Resolution No.R-97-1067. The Ryan White CARE Act Amendments of 1996 mandate a nomination process for appointments to Title I planning councils. As vacancies occur on the CARE Council, replacements are selected in accordance with the HIV CARE Council Nominations Process that was adopted by the CARE Council and approved by the Board on September 2, 1997.

- Attachments:**
1. Board Appointment information forms (10)
  2. Current Board Listing
  3. HIV CARE Council Nominations Policy

**Recommended by:**  12-11-2006  
**Department Director** **Date**

**Legal Sufficiency:**  12-12-06  
**Assistant County Attorney** **Date**

**II. REVIEW COMMENTS**

**A. Other Department Review:**

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**Department Director**

**REVISED 06/92**

**ADM FORM 03**

**(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)**

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Community Based Organization Seat#7

\*Reappointment [ X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Rose Joseph

Occupation/Affiliation: Comprehensive AIDS Program

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Comprehensive AIDS Program

Business Address: 2001 W. Blue Heron Blvd.

City & State: Riviera Beach, FL

Zip Code: 33404

Home Phone:

Business Phone: 561-844-1266

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female-Haitian)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large  or District  Appointment

Seat requirements: Affected Community Seat#22

\*Reappointment  or New Appointment

or  to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Cecil Smith

Occupation/Affiliation: Affected Community

Mailing Address: 1500 N. Congress Avenue #A-305

Residence Address: same

City & State: West Palm Beach, FL

Zip Code: 33401

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF	(American Indian Female)	IM	(American Indian Male)
AF	(Asian-Female)	AM	(Asian Male)
BF	(Black Female)	<u>BM</u>	<u>(Black Male)</u>
HF	(Hispanic Female)	HM	(Hispanic Male)
WF	(White Female)	WM	(White Male)

**Part Three: COMMISSIONER COMMENTS**

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Number of previously disclosed voting conflicts.

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Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: State Medicaid Agency Seat#39

\*Reappointment [ X ] or New Appointment [ ]

or [ ] to complete the term of  
due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: William Albury

Occupation/Affiliation: State of Florida- Medicaid

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name:

Business Address: 1655 Palm Beach Lakes Blvd. Bldg.A-Suite 200

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 561-881-5080

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

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Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large  or District  Appointment

Seat requirements: Affected Community Seat#25

\*Reappointment  or New Appointment

or  to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Shirley Samples

Occupation/Affiliation: Affected Community

Mailing Address: 2415 Palm Glade Drive

Residence Address: same

City & State: Belle Glade, FL

Zip Code: 33430

Business Name:

Business Address:

City & State:

Zip Code

Home Phone:

Business Phone: 561-996-5004

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Representative of incarcerated PLWH Seat#45

\*Reappointment [ X] or New Appointment [ ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: David Begley

Occupation/Affiliation: Legal Aid of Palm Beach County

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: Legal Aid of Palm Beach County

Business Address: 423 Fern Street #200

City & State: West Palm Beach, FL

Zip Code: 33401

Home Phone:

Business Phone: 561-655-8944

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Health Care Provider Seat#1

\*Reappointment [ ] or New Appointment [ X ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Dr. Nicholas Potochny

Occupation/Affiliation: WPB Veterans Affairs Medical Center

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: WPB Veterans Affairs Medical Center

Business Address: 7305 Military Trail

City & State: West Palm Beach, FL

Zip Code: 33407

Home Phone:

Business Phone: 561-422-5732

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: CBO serving affected populations Seat#2

\*Reappointment [ ] or New Appointment [ X ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Lorenzo Robertson

Occupation/Affiliation: PBC Health Department

Mailing Address:

Residence Address:

City & State:

Zip Code:

Business Name: PBC Health Department

Business Address: 38754 State Road 80

City & State: Belle Glade

Zip Code: 33430

Home Phone:

Business Phone: 561-996-1600

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19,2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large [ ] or District [ ] Appointment

Seat requirements: Affected Community Seat#17

\*Reappointment [ ] or New Appointment [ X ]

or [ ] to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Stephanie Millken

Occupation/Affiliation: Affected Community

Mailing Address: 1010 Indian Trace #12

Residence Address:

City & State: Riviera Beach, FL Zip Code: 33407

Business Name: NA

Business Address:

City & State: Zip Code:

Home Phone: 561-506-1181 Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)	IM (American Indian Male)
AF (Asian-Female)	AM (Asian Male)
<u>BF (Black Female)</u>	BM (Black Male)
HF (Hispanic Female)	HM (Hispanic Male)
WF (White Female)	WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large  or District  Appointment

Seat requirements: Affected Community Seat#23

\*Reappointment  or New Appointment

or  to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Yvette Martinez

Occupation/Affiliation: Affected Community

Mailing Address: 5099 Palu Hill Drive #369

Residence Address: same

City & State: West Palm Beach, FL

Zip Code: 33415

Business Name:

Business Address:

City & State:

Zip Code:

Home Phone:

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female)

IM (American Indian Male)

AF (Asian-Female)

AM (Asian Male)

BF (Black Female)

BM (Black Male)

HF (Hispanic Female)

HM (Hispanic Male)

WF (White Female)

WM (White Male)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**BOARD APPOINTMENT**

**INFORMATION FORM**

**Part one: BOARD**

Board Name: Palm Beach County HIV CARE Council

At Large  or District  Appointment

Seat requirements: Affected Community Seat#25

Reappointment  or New Appointment

or  to complete the term of

due to

Term of appointment to end 12/19/08

**Part Two: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT**

Name: Jessica Beane

Occupation/Affiliation:

Mailing Address: 1850 N. congress Avenue, #F311

Residence Address:

City & State: West Palm Beach, FL

Zip Code: 33401

Business Name

Business Address:

City & State:

Zip Code:

Home Phone: 561-856-7503

Business Phone:

Minority Identification Code: (Underline one)

IF (American Indian Female) IM (American Indian Male)

AF (Asian-Female) AM (Asian Male)

BF (Black Female) BM (Black Male)

HF (Hispanic Female) HM (Hispanic Male)

WF (White Female) WM (White Male)

MR (MultiRacial Female)

**Part Three: COMMISSIONER COMMENTS**

Appointment to be made at BCC Meeting on: December 19, 2006

When a person is being considered for re-appointment the number and nature of the previously disclosed voting conflicts shall be considered by the Board of County Commissioners.

Number of previously disclosed voting conflicts.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Palm Beach County  
HIV CARE Council**

**Inventory of Seats**

November 2006

**Bold = In Process**

**Bold + Italicized = Approved by Council and Sent to Board of County Commissioners for Approval**

AAF= African American Female, AAM= African American Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HIF= Hispanic Female, HIF= Hispanic Male

Seat	Description	Occupant	Position/Organization	Term Expires	Demographic Info.
1	Health care provider, including federally qualified health centers	<b>Nicholas Potochny</b>	Health Care Provider- Veterans	12/19/08	WM
2	CBO's serving affected populations/ASOs	<b>Lorenzo Robertson</b>	CBO Serving Affected Populations	12/19/08	BM
3	CBO's serving affected populations/ASOs	Chris Lacharite	Compass	9/13/07	WM
4	Affected Communities, including PLWH and historically underserved subpopulations	<b>Yvette Martinez</b>			HF
5	CBO's serving affected populations/ASOs	<b>OPEN CHAIR</b>		9/14/06	
7	Social Service Providers, including housing and homeless service providers	<b>Rose Joseph</b>	Comprehensive AIDS Program	12/19/08-	HAIF
8	Social Service Providers, including housing and homeless service providers				
9	Social Service Providers, including housing and homeless service providers	Kimberly Rommel-Enright	Legal Aid Society of Palm Beach County, Inc.	7/14/07	WF
12	Social Service Providers, including housing and homeless service providers	<b>OPEN CHAIR</b>		7/14/05	
13	Mental Health and/or Substance Abuse Providers	Thomas McKissack	Oakwood Center	8/15/08	AAM
14	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude Guild	3/15/07	AAF
15	Local Public Health Agencies	Mary Piper Kannel	Palm Beach County Health Department	8/15/08	WF
16	Affected Communities, including PLWH and historically underserved subpopulations	Mary Jane Reynolds		9/25/07	AAF
17	Affected Communities, including PLWH and historically underserved subpopulations	<b>Stephanie Milliken</b>		12/19/08	AAF
18	Affected Communities, including PLWH and historically underserved subpopulations	Glenn Krabec, PhD		8/15/08	WM
19	Affected Communities, including PLWH and historically underserved subpopulations	Lorenza Jackson		3/15/07	AAM
22	Affected Communities, including PLWH and historically underserved subpopulations	<b>Cecil Smith</b>		12/19/08	AAM

23	Affected Communities, including PLWH and historically underserved subpopulations	Danielle Bowman	Treasure the Children	9/13/07	HISF
24	Affected Communities, including PLWH and historically underserved subpopulations	Kimberly McCall	Circle Of Hope	9/13/07	AAF
25	Affected Communities, including PLWH and historically underserved subpopulations	<b>Shirley Samples</b>		12/19/08	AAF
26	Affected Communities, including PLWH and historically underserved subpopulations	<b>OPEN CHAIR</b>		7/14/05	
27	Affected Communities, including PLWH and historically underserved subpopulations	Laurence Osband		8/15/08	WM
28	Affected Communities, including PLWH and historically underserved subpopulations	<b>OPEN CHAIR</b>		5/04/06	AAF
31	Non-Elected Community Leaders	<b>OPEN CHAIR</b>			
32	Non-Elected Community Leaders	Kathy Wall	Targeted Outreach for Pregnant Women with AIDS (TOPWA), Children's Case Management Org. (CCMO)	9/13/07	WF
35	Non-Elected Community Leaders	Charlene Kay Bowman	Treasure the Children	7/14/07	WF
37	Non-Elected Community Leader	<b>OPEN CHAIR</b>			
38	Hospital Planning Agencies or other health care planning agencies	Ronald Wiewora, MD	Health Care District	3/15/07	WM
39	State Medicaid Agency	<b>William Albury</b>	Program Administrator, FL Medicaid Program	12/19/08	AAM
40	State Title II Agency	Kymberly Lucas	Contract Administrator, Treasure Coast Health Council	8/15/08	WF
41	Hospital Planning Agencies or other health care planning agencies	Michael Greene	Palm Beach County Health Care District	8/15/08	AAM
42	Title IV, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	Marcia Bodden	Children's Medical Services	8/15/08	AAF
44	Other Federal HIV Programs, including HIV Prevention programs	Inez Williams	United Deliverance Community Resource Center	10/21/06	AAF
45	Representative of/or formerly incarcerated PLWH	<b>David Begley</b>	Legal Aid Society of Palm Beach County	12/19/08	WM

# **The Palm Beach County**

## **HIV CARE Council**

### **Policy**

#### *Nominations Process*

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**Palm Beach County  
HIV CARE Council**

**Policy**

*Nominations Process*

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of insuring there is an open and fair nominations process which will provide for a CARE Council membership which is reflective of the AIDS epidemic in Palm Beach County Florida. In addition, it is the intention of the CARE Council to maintain a nominations policy which complies with directives of the Division of HIV Services, Health Resources Services Administration (DHS) (HRSA) as those directives relate to the Ryan White CARE Act Amendments of 1996.

**I. Legislative Background**

Section 2602(b) of the reauthorized CARE Act states: "Nominations to the planning council (CARE Council) shall be identified through an open process and candidates shall be selected based upon locally delineated and published criteria. Such criteria shall include a conflict of interest standard for each nominee."

**II. Expectations**

An open nominations process, in combination with other legislative requirements and existing DHS policy on PLWH participation, shall result in broad and diverse community inclusion and culturally competent deliberations in CARE Council processes. The CARE Council will only approve and/or appoint members who have gone through the nominations process and shall appoint members on a timely basis to insure minimum disruption to CARE Council activities.

Nominations to the Council shall be sought from a wide spectrum of potential members. Recruitment shall be made through existing Council committees and through ongoing solicitation through existing council members, service providers, outreach through advertising, staff working with consumers of HIV/AIDS services. Special attention shall be given to certain populations such as (but not limited to) the homeless, substance abusers, dually infected, and those otherwise disenfranchised.

It shall be the responsibility of every member of the CARE Council to actively recruit members to fill gaps in Council membership, not just the Membership Committee's

responsibility. Council members should use their own network and seek key contacts in other communities to help identify potential members to fill gaps and to provide individuals to participate in CARE Council committee activities.

### **III. General Criteria**

The CARE Council shall:

Appoint a Membership Committee comprising regular members and a committee chair. Regular committee members shall reflect the composition of the CARE Council in that there shall be two members from each of the three membership categories, (Affected Community, Providers, Non-Elected Community Leaders); plus one representative from each of the funding sources the Council advises (i.e. Title I grantee, Title II lead agency, HOPWA, and AIDS Network). Members appointed to this committee shall be ratified by the full membership of the CARE Council and shall be as diverse as possible, with consideration being given to representation of a reflective mix of men, women, and people of color.

The Membership Committee shall:

- Identify gaps in membership related to demographic composition of the epidemic in Palm Beach County, and other needs identified by the CARE Council.
- Develop and maintain a standard information document outlining the purpose of the CARE Council, its mandated responsibilities, and vision.
- Develop and maintain a standard application for council membership which includes a conflict of interest statement to be executed with the initial application.
- Develop and maintain a specific list of steps in the application process, and include such steps and approximate time line in the application documentation provided to potential applicants.
- Use a variety of recruitment and outreach strategies including paid advertising, advertising in local HIV/AIDS publications, HIV/AIDS Services Provider publications, Palm Beach County public access stations, press releases, flyers, neighborhood and ethnic publications including Gay and Lesbian media.
- Publish an easy to understand brochure outlining the membership process.

Steps in the nominations process:

1. Advertising is placed in various publications countywide notifying the public of the

need for participation through membership on the CARE Council. Included in the advertising shall be notification of the need to fill membership positions based upon reflectiveness of the epidemic in Palm Beach County, and to insure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.

2. Potential applicants shall be mailed a nominations packet containing a letter describing rolls and responsibilities of the council, duties of membership, time expectations, gaps in representations, conflict of interest standards, HIV disclosure requirements, and an overview of the selection process and timeline; within three (3) business days of request. There shall also be an application form using open-ended questions to ask about relevant experience, expertise, skills, the persons interest in serving, the perspective he or she might bring to the CARE Council; how his or her peer group might relate to groups affected by HIV, and other related information.
3. Completed forms are returned and randomly assigned to at least two committee members for review, using a candidate profile summary sheet that allows each candidate to be assessed based on pre-determined selection criteria. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. After all application forms are reviewed, the Membership Committee shall meet to review each application, and recommend a list of persons for interviewing. The committee will interview at least two applicants for each slot. Interviews shall be conducted by at least two committee members according to a structured interview format. Open ended questions about past experience on boards, approach to controversial decision-making processes, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview.
5. After the interviews are complete, the Membership Committee meets again. The results of each interview are discussed and nominees are agreed upon. The final recommendations are forwarded to the CEO (Palm Beach County Board of County Commissioners) for appointment. In the event a recommended candidate is not acceptable to the CEO, a request for a replacement candidate will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the CEO for appointment.