

Department: Community Services
Advisory Board: Palm Beach County HIV CARE Council

1. Board/Committee Applications
2. Proposed Inventory of Seats List
3. HIV CARE Council Nominations Policy No. 10
4. Proposed Demographic Matrix

Date _____

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION**

*The information provided on this form will be used by County Commissioners and/or the entire Board in considering your nomination. This form **MUST BE COMPLETED IN FULL**. Answer "none" or "not applicable" where appropriate. Further, please attach a biography or résumé to this form.*

Section I (Department): (Please Print)

Board Name: Palm Beach County HIV CARE Council Advisory ☒ Not Advisory ☐

☐ At Large Appointment or ☐ District Appointment /District #:

Term of Appointment: 3 Years. From: ~~4/01/2014~~ 5/6/14 To: ~~4/2017~~ 3/31/17 ^{PC} ^{5/5/17}

Seat Requirement: State Medicaid Agency Seat #: 28

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ resignation ☐ other

Completion of term to expire on: _____

***When a person is being considered for reappointment, the number of previous disclosed voting conflicts during the previous term shall be considered by the Board of County Commissioners: _____**

Section II (Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Martes Kelly
Last First Middle

Occupation/Affiliation: Senior Human Services Program Specialist
Owner ☐ Employee ☒ Officer ☐

Business Name: Agency for Healthcare

Business Address: 1655 Palm Beach Lakes Blvd

City & State: WPB, FL Zip Code: 33413

Residence Address: 688 Crescent Circle

City & State: WPB, FL Zip Code: 33413

Home Phone: _____ Business Phone: (561) 712-4342 Ext.

Cell Phone: () Fax: ()

Email Address: _____

Mailing Address Preference: ☒ Business ☐ Residence

Have you ever been convicted of a felony: Yes _____ No X

If Yes, state the court, nature of offense, disposition of case and date: _____

Minority Identification Code: ☐ Male ☒ Female
☐ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

CONTRACTUAL RELATIONSHIPS: Pursuant to Article XIII, Sec. 2-443 of the Palm Beach County Code of Ethics, advisory board members are prohibited from entering into any contract or other transaction for goods or services with Palm Beach County. Exceptions to this prohibition include awards made under sealed competitive bids, certain emergency and sole source purchases, and transactions that do not exceed \$500 per year in aggregate. These exemptions are described in the Code. This prohibition does not apply when the advisory board member's board provides no regulation, oversight, management, or policy-setting recommendations regarding the subject contract or transaction and the contract or transaction is disclosed at a public meeting of the Board of County Commissioners. **To determine compliance with this provision, it is necessary that you, as a board member applicant, identify all contractual relationships between Palm Beach County government and you as an individual, directly or indirectly, or your employer or business.** This information should be provided in the space below. If there are no contracts or transactions to report, please verify that none exist. Staff will review this information and determine if you are eligible to serve or if you may be eligible for an exception or waiver pursuant to the code.

<u>Contract/Transaction No.</u>	<u>Department/Division</u>	<u>Description of Services</u>	<u>Term</u>
Ex: (R#XX-XXXX/PO XXX)	Parks & Recreation	General Maintenance	10/01/11-09/30/12
_____	_____	_____	_____
_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR ☐ NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

☒ By signing below I acknowledge that I have read, understand, and agree to abide by Article XIII, the Palm Beach County Code of Ethics, and I have received the required Ethics training (in the manner checked below):

☒ By watching the training program on the Web, DVD or VHS
☒ By attending a live presentation given on _____, 20____

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

*Applicant's Signature: Shelly Martes Printed Name: Shelly Martes Date: 1/27/14

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website www.palmbeachcountyethics.com or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

Return this FORM to:
Samantha Freels, Health Council of Southeast Florida
600 Sandtree Drive, Suite 101 Palm Beach Gardens, FL 33403

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Revised 08/01/2011

Kelly Martes
688 Cresta Circle
West Palm Beach, Fla. 33413

Experience

Sr. Human Services Program Specialist

04/2008- Presently employed

Agency for Health Care Administration
1655 Palm Beach Lakes Blvd., W.P.B., Fla

Duties: Claims processing, provider training, Provider technical support, Fair Hearings, Transportation coordinator, PAC Waiver Coordinator, Provider enrollment specialist, provider monitoring and site visits. Attend Care Counsel meetings, Transportation LCB Board member.

Regulatory Specialist II

05/2001-4/2008

Health Quality Assurance
Delray Beach, Florida

Duties: Assistant to FOM, personnel liaison, purchasing liaison, human resource liaison, interviewing, involved with the hiring process, schedules, Headquarters liaison.

Certifications/Licensures

Certified Choice Counselor
Florida Driver's license

Education History

HS Diploma
Lakewood High School/ Lakewood, NJ

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARDS/COMMITTEES APPLICATION**

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☐ At Large Appointment or ☐ District Appointment /District #: _____

Term of Appointment: 3 Years. From: 5/6/14 PC To: 5/5/17 5/5/17

Seat Requirement: Affected Communities, including people living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C Seat #: 17

☐ *Reappointment or ☒ New Appointment

or ☐ to complete the term of _____ Due to: ☐ resignation ☐ other

Completion of term to expire on: _____

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Section II (Applicant): (Please Print)

APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT

Name: Rich Randall
Last First Middle

Occupation/Affiliation: Retired

Owner ☐ Employee ☐ Officer ☐

Business Name: None

Business Address: _____

City & State _____ Zip Code: _____

Residence Address: 4326 Bellewood St

City & State P.B.G. Fla Zip Code: 33410

Home Phone: 561-622-7568 Business Phone: () Ext. _____

Cell Phone: 561-578-1089 Fax: () _____

Email Address: randyrich46@gmail.com

Mailing Address Preference: ☐ Business ☒ Residence

Have you ever been convicted of a felony: Yes ☒ No ☐ wait talk with, discuss

If Yes, state the court, nature of offense, disposition of case and date: DUI, 1984. drugs 1994.

Minority Identification Code: ☒ Male ☐ Female
☒ Native-American ☐ Hispanic-American ☐ Asian-American ☐ African-American ☒ Caucasian

Section II Continued:

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_____	_____	_____	_____

(Attach Additional Sheet(s), if necessary)

OR ☐ NONE

All board members are required to read and complete training on Article XIII, the Palm Beach County Code of Ethics, and read the Guide to the Sunshine Amendment prior to appointment/reappointment. Article XIII, and the training requirement can be found on the web at: <http://www.palmbeachcountyethics.com/training.htm>. Keep in mind this requirement is on-going.

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- ☒ By watching the training program on the Web, DVD or VHS
☐ By attending a live presentation given on 2-5, 2014

AND

☒ By signing below I acknowledge that I have read, understand and agree to abide by the Guide to the Sunshine Amendment & State of Florida Code of Ethics:

*Applicant's Signature: Randall Rich Printed Name: RANDALL RICH Date: 2-5-2014

Any questions and/or concerns regarding Article XIII, the Palm Beach County Code of Ethics, please visit the Commission on Ethics website www.palmbeachcountyethics.com or contact us via email at ethics@palmbeachcountyethics.com or (561) 233-0724.

Return this FORM to:
Samantha Freels, Health Council of Southeast Florida
600 Sandtree Drive, Suite 101 Palm Beach Gardens, FL 33403

Section III (Commissioner, if applicable):

Appointment to be made at BCC Meeting on: _____

Commissioner's Signature: _____ Date: _____

Pat Cruzata A.

From: Samantha Freels [sfreels@HCSEF.org]
Sent: Wednesday, March 05, 2014 3:08 PM
To: Pat Cruzata A.
Cc: Leah Suarez
Subject: Randall Rich

Hi Pat,

I heard back from Randall. He called the clerk and they told him his file was expunged and that they do not have a copy of his records. Is there something else we will need? Please let me know.

Thanks,

Samantha Freels, MHE, CHES
Community Relations Coordinator

Health Council of Southeast Florida
600 Sandtree Drive, Suite 101
Palm Beach Gardens, FL 33403
T 561.844.4220 ext. 2700
F 561.844.3310
E sfreels@hcsef.org
www.hcsef.org



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This email may include confidential and/or proprietary information and may be used only by the person or entity to which it is addressed. If the reader of this email is not the intended recipient or his or her authorized agent, the reader is hereby notified that any dissemination, distribution or copying of this email is prohibited. If you have received this email in error, please reply to the sender and delete it immediately.

I was born and raised
in Palm Beach Gardens and graduated
from Palm Beach Gardens High School.
I volunteered at Trinity Church for
the past fifteen years, also for
the V.A. Hospital and the M.C.C.
food bank. I have served on the
Black HIV awareness and
testing council and the Ryan White's
finance council for the past
two years

Thank You

RANDALL RICH



OFFICE OF EXECUTIVE CLEMENCY

Tallahassee, Florida

CERTIFICATE OF RESTORATION OF CIVIL RIGHTS

WHEREAS, the Governor with the concurrence of the requisite members of the Cabinet of the State of Florida have filed an Executive Order on May 20, 2008 with the Secretary of the State, in compliance with Article IV, Section 8, Constitution of the State of Florida, which grants,

RANDALL RICH

restoration of civil rights, except the specific authority to possess or own a firearm for any and all felony convictions in the state of Florida and/or restoration of civil rights in the State of Florida for any and all felony convictions in any state other than Florida, or in any United States court or military court for which this person has been duly discharged from imprisonment and/or parole, adult community control or probation, and for which this person has not been heretofore granted clemency.

NOW, THEREFORE, I, the Coordinator of the Office of Executive Clemency, pursuant to said Order, and by virtue of the authority vested in me by the Governor with the concurrence of the requisite members of the Cabinet of the State of Florida, do hereby issue this certificate to

RANDALL RICH EO# 2008C-143 DOB: 06/25/1962

and the same shall be evidence to all persons that this person is restored to all civil rights in this State, except the specific authority to possess or own a firearm, lost by reason of any and all felonies this person may have been convicted of in the State of Florida and/or any felony conviction in another state, federal, or military court.

Dated this 20th day of May, 2008


COORDINATOR

Palm Beach County HIV CARE Council

Inventory of Seats

Updated 3/3/2014

Grey Shading = Federally Mandated Seat Pastel Shading = Federally Mandated Category **Bold = OPEN CHAIR**

[Recently approved by BCC - renewal member](#)

SEAT	PROVIDERS - SEATS 1-11	OCCUPANT	POSITION/ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
1	Health care provider, including federally qualified health centers	OPEN CHAIR			
2	Community-Based Organizations serving affected populations/AIDS Service Organizations	Vicki Ann Tucci	Legal AID Society of Palm Beach County, Inc.	4/15/2016	WF
3	Community-Based Organization serving affected populations/AIDS Service Organizations	Marsharee Chronicle	Compass	8/13/2014	BF
4	Community-Based Organizations serving affected population/AIDS Service Organizations	OPEN CHAIR			
5	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
6	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
7	Social Service Providers, including housing and homeless services providers	Kimberly Rommel-Enright	Legal AID Society of Palm Beach County, Inc.	11/17/2016	WF
8	Social Service Providers, including housing and homeless service providers	OPEN CHAIR			
9	Mental Health and/or Substance Abuse Provider	OPEN CHAIR			
10	Substance Abuse and/or Mental Health Providers	Rosalyn Collins	Gratitude House	11/17/2016	BF
11	Local Public Health Agencies	Mary Piper Kannel	PBC Health Department	4/15/2016	WF

Palm Beach County HIV CARE Council

Inventory of Seats

SEAT	AFFECTED COMMUNITIES, INCLUDING PLWH AND HISTORICALLY UNDER-SERVED SUBPOPULATIONS AND/OR INDIVIDUALS CO-INFECTED WITH HEPATITIS B/C – SEATS 12 - 22	OCCUPANT	POSITION/ ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
12	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Mary Jane Reynolds	Community Member	4/15/2016	BF
13	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Lavan Harper	Community Member	11/17/2016	BF
14	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Glenn Krabec, PhD	Community Member	4/15/2016	WM
15	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Quinton Dames	Community Member	11/17/2016	BM
16	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Cecil Smith	Community Member	4/15/2016	BM
17	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Randall Rich	Community Member	4/1/2017	WM
18	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Melissa McGee	Community Member	11/17/2016	BF
19	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Shirley Samples	Community Member	4/15/2016	BF
20	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Don Hilliard	Community Member	11/17/2016	WM
21	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	Laurence Osband	Community Member	4/15/2016	WM
22	Affected Communities, including People Living with HIV/AIDS and historically under-served subpopulations and/or individuals co-infected with Hepatitis B/C	OPEN CHAIR			

Palm Beach County HIV CARE Council

Inventory of Seats

SEAT	NON-ELECTED COMMUNITY LEADERS – SEATS 23 - 33	OCCUPANT	POSITION/ ORGANIZATION	TERM EXPIRES	DEMOGRAPHIC INFO.
23	Non-Elected Community Leaders	Cindy Barnes	Behavior Support Corp.- Medicaid Quality Assurance Specialist	11/17/2016	WF
24	Non-Elected Community Leaders	OPEN CHAIR			
25	Non-Elected Community Leaders	OPEN CHAIR			
26	Non-Elected Community Leaders	OPEN CHAIR			
27	Non-Elected Community Leaders	OPEN CHAIR			
28	State Medicaid Agency	Kelly Martes	Medicaid	4/1/2017	WF
29	State Part B Agency	Mitchell Durant	Florida Health, Palm Beach County	11/17/2016	WM
30	Hospital Planning Agencies or other health care planning agencies	Julie Graham	HCSEF	8/13/2014	WF
31	Part D, or if none present, representatives of organizations addressing the needs of children, youth, and families with HIV	OPEN CHAIR			
32	Other federal HIV Programs, including HIV Prevention Program	OPEN CHAIR			
33	Representative of/or formerly incarcerated People Living with HIV/AIDS	Thomas McKissack	Jerome Golden Center for Behavioral Health	4/15/2016	BM

Demographic Info Key: BF= Black Female, BM= Black Male, HAIF= Haitian Female, HAIM= Haitian Male, WF= White Female, WM= White Male, HISF= Hispanic Female, HISM= Hispanic Male, M= Multi-Race

Palm Beach County HIV CARE Council

Council Policy

Policy Number: **10**
Approved: **April 30, 2001**
Amended: **January 26, 2004**
Amended: **November 16, 2009**
Amended: **November 22, 2010**
Amended: **June 27, 2011**
Amended: **June 25, 2012**

Issue: **Nominations Process for CARE Council Membership**

This policy is adopted by the Palm Beach County HIV CARE Council (CARE Council), for the purpose of ensuring 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 (DHS) and the Health Resources Services Administration (HRSA) as those directives relate to the Ryan White Act.

I. Legislative Background

Section 2602(b) of the reauthorized Ryan White 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 ensure 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, and staff working with consumers of HIV/AIDS services. Particular consideration shall be given to disproportionately affected and historically underserved groups and sub-populations.

Every member of the CARE Council is encouraged to actively recruit members to fill gaps in Council membership. Recruitment is 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. Steps in the Nominations Process:

1. When necessary advertising may be 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 the demographics of the epidemic in Palm Beach County, and to ensure legislatively mandated positions are filled. A time limit for return of applications shall be included in the notification.
2. Potential applicants shall be provided a nominations packet containing a letter describing roles 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 used to gather information 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. Each returned application will be issued a document number, and receipt shall be logged in for tracking purposes.
4. CARE Council staff will review all application forms and will recommend a list of persons for the Membership Committee to interview per "Procedure for Applicant Interviews". When two or more persons apply for the same slot, the committee will interview at least two applicants for the slot. Interviews shall be conducted by at least two committee members-one of which must be the Chair or Vice Chair and a staff member, according to a structured interview format. Open ended questions about past experience on boards, ideas about significant HIV/AIDS issues and professional or affected community linkages shall be incorporated into the interview.
5. After the interviews are completed, the results of each interview are discussed at the next regularly scheduled Membership Committee meeting. When reviewing candidates for membership the committee will consider the following factors: attendance at CARE Council meetings, involvement at Membership

Development Sessions and involvement on committees. The Membership Committee may also consider activities as involvement in Membership Development Sessions. In addition, seat availability, the demographics of the board and candidate qualification will be taken into consideration. The final committee recommendations will be forwarded to the Executive Committee and if approved to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment. The candidate must document completion of the Palm Beach County ethics training prior to submission of their name to the Palm Beach County Board of County Commissioners. In the event a recommended candidate is not acceptable to the Palm Beach County Board of County Commissioners, a request for a replacement candidate, if available, will be forwarded to the Membership Committee and the Membership Committee will provide the name of another candidate to the Palm Beach County HIV CARE Council. If the recommendation is accepted by the CARE Council, the individual's name will then be forwarded to the Palm Beach County Board of County Commissioners for appointment.

Candidates must fulfill the following requirements prior to being forwarded for CARE Council Membership:

Candidates must join one (1) committee and attend at least three (3) meetings. one (1) of which must be either a CARE Council meeting, or CARE Council sponsored training (inclusive of annual retreat) within a one (1) year period.

Documented exceptions to these requirements may be made, based upon the need of the CARE Council or in an extenuating circumstance, at the discretion of the Membership Committee Chair with the approval of the Executive Committee.

EMA: Palm Beach County
PROPOSED DEMOGRAPHICS MATRIX

Total Members as of 02/20/2014:

20

Non-Aligned Consumers:

10 Total Consumers:

10

Percent Non-Aligned Consumers:

50% Percent Consumers:

50%

	HIV/AIDS Case Prevalence PLWHA excl. DOC as of 5/16/2012		Members of Planning Council		Non-Aligned Consumers on Planning Council	
Race/Ethnicity	Number	Percentage	Number	Percentage	Number	Percentage
White, not Hispanic	1,819	23%	11	55%	4	40%
Black, not Hispanic	4,898	63%	9	45%	6	60%
Hispanic	961	12%	-	0%	0	0%
Asian/Pacific Islander	22	0%	-	0%	0	0%
American Indian/Alaska Native	2	0%	-	0%	0	0%
Not Specified	87	1%	-	0%	0	0%
Total	7,789	100%	20	100%	10	100%
Gender	Number	Percentage	Number	Percentage	Number	Percentage
Male	4,801	62%	8	40%	6	60%
Female	2,988	38%	12	60%	4	40%
Total	7,789	100%	20	100%	10	100%
Age	Number	Percentage	Number	Percentage	Number	Percentage
< 13 years	26	0%	-	0%	0	0%
13-19 years	88	1%	-	0%	0	0%
20-44 years	2,956	38%	6	30%	3	30%
45+ years	4,719	61%	14	70%	7	70%
Total	7,789	100%	20	100%	10	100%
Co-Infection	Number	Percentage	Number	Percentage	Number	Percentage
Hepatitis B			1	5%	1	10%
Hepatitis C			1	5%	1	10%

Providers: 5 25%

Affected Communities: 10 50%

Non-Elected Community Leaders: 5 25%

TOTAL MEMBERS 20 100%