



**Community Planning Group
of Southern Nevada (CPG-SoN)**

**Northern Nevada HIV Prevention
Planning Group (NNHPPG)**

Membership Application

Name _____

Address _____

Phone _____

E-mail _____

If you are representing an agency please include the following information:

Organization Name _____

Position/Title _____

Please consider my application for the following:

Voting Member _____

Voting Member Alternate _____

Committees

Members must commit to serve on one committee and attend those meetings as scheduled.

Chairs of each committee are responsible to ensure meeting times meet the needs of committee members. Please indicate which of the following committees you would be interested in serving on:

Policy

The Policy Committee shall oversee and monitor the development and implementation of policies and procedures to govern all Council activities.

Membership

The membership Committee shall make recommendations for Council membership, monitor attendance of all members, and develop and implement all orientation and training activities.

Demographics

The following information will help ensure Planning Group voting members accurately reflects the current epidemic of HIV in Northern Nevada. Please select the categories with which you most closely identify, even if you don't use the identical language to describe yourself.

Gender

- Male
- Female
- Transgender

Status

- HIV+ and am open with disclosure of my status

Race/Ethnicity

- African American
- Asian
- Latino/Hispanic
- Native American/Alaska Native
- Pacific Islander
- White
- Multiracial/Multiethnic

*If you choose to disclose your HIV status, you have the option of public disclosure to the Community Planning Council, but if you wish to only disclose to the recipient of this Membership Application, please check this box. If you choose the latter, your information is 100% confidential and will only be used to report the involvement of people with HIV to the CDC.

Age

- Under 18
- 19-24
- 25-34
- 35-64
- 65+

Representation

Please write **1** in the box that indicates the first representation category with which you identify. (Note: All Planning Council members must have a primary representation). Please write **2** in the box that indicates the secondary representation category with which you identify after the primary category. Please only indicate a secondary representation category if one exists.

REPRESENTATION			
State Health Department		MSM Youth (24 and under)	
Local Health Department		MSM	
Funded CBO		MSM of Color	
Person Living With HIV/AIDS		Heterosexual Female (24 and under)	
STD		Substance Use	
Heterosexual Female of Color		IDU	
Latino/a		Youth (Ages 13-24)	



Asian Pacific Islander		Young Adult (Ages 25-34)	
African American Female		Transgender	
Native American		Incarcerated/Re-Entry Population	
African American MSM		Epidemiology Expert	



**Community Planning Group
of Southern Nevada (CPG-SoN)**

**Northern Nevada HIV Prevention
Planning Group (NNHPPG)**

Introduction

The Nevada legislature has not addressed ethical standards for members of a board that serves in advisory function such as the Community Planning Group of Southern Nevada (CPG-SoN) and the Northern Nevada HIV Prevention Planning Group (NNHPPG). NRS 281.505 provides that a board member may bid or enter into a contract with a State agency if the member has not taken part in the development of contract plans or specifications and was not personally involved in the opening, considering or acceptance of offers. Members provide significant insight and feedback for federal grant purposes, but have limited impact on the actual development and acceptance of state contracts. Further, all meetings are conducted in accordance with the Nevada open meeting law so anyone can participate and give input into the process.

Goals

The CPG-SoN and NNHPPG have the following goals as part of this conflict policy:

- To recognize that members represent interest of individuals and organizations who ultimately receive benefits of the State of Nevada HIV Comprehensive Plan.
- To ensure that individuals and organizations, who best serve the needs of the community, will not be prevented from receiving those funds because of their active participation.

- To confirm to the public that members serve the needs of the community and not the interest of any individual member.

Conflict of Interest Disclosure Form

I, _____ a current member hereby disclose I have interest in the following agency that receives or is eligible to receive funding. Conflict may occur when: (1) a voting member has a direct or pecuniary/fiduciary interest (which includes ownership) in an organization, with which the CPG-SoN and NNHPPG have a direct, financial and/or recognized relationship and (2) when a member knowingly takes action or makes a statement intended to influence the conduct of the CPG-SoN and NNHPPG in such a way as to confer any financial benefit on the member, family members(s) or on any organization in which he/she is an employee or has a significant interest.

NATURE OF INTEREST

AGENCY(IES)

1. Pecuniary Interest
(Receive money from employment of contract for services)

2. Community in Private Capacity
(Volunteer, Board Member, Service Recipient, Spouse, Family, Significant Other Employed, or serves as volunteer, Board member, etc.)

Signature _____

Date _____



**Community Planning Group
of Southern Nevada (CPG-SoN)**



**Northern Nevada HIV Prevention
Planning Group (NNHPPG)**

CPG-SoN/ NNHPPG CONFIDENTIALITY AGREEMENT

This agreement by and between the Community Planning Group of Southern Nevada, hereinafter referred to as “CPG-SoN,” and Northern Nevada HIV Prevention Planning Group (NNHPPG), hereinafter referred to as “NNHPPG” and _____, hereinafter referred to as “Member,” is made in view of the following circumstances:

- A. CPG-SoN/ NNHPPG and Member will enter into discussions regarding HIV infection, prevention, and education programs. During these discussions, highly sensitive and confidential information will be disclosed.
- B. Member recognized the confidential nature of said CPG-SoN/ NNHPPG discussions. Member has agreed to sign this agreement in order to protect CPG-SoN/ NNHPPG from improper disclosure of confidential information.

The Member hereto agrees as follows:

1. All information provided by CPG-SoN/ NNHPPG to Member is confidential and is intended for the sole use of the CPG-SoN/ NNHPPG and/or member in his/her evaluation regarding HIV infection, prevention, and education programs in confidence and to not directly, or indirectly reveal, report, publish, copy, disclose, or transfer any of the information to any other person or entity without prior written consent of the CPG-SoN/ NNHPPG:

Member Name:

Address: _____

County: _____

State: _____

2. Should the Member hereto not comply with the CPG-SoN/ NNHPPG's Confidentiality Agreement, the Member will promptly return all documents, reports, etc. to the CPG-SoN/NNPC and retain no copies.
3. This Confidentiality Agreement cannot be changed without prior written consent by the CPG-SoN/ NNHPPG

Accepted and agreed to this _____ day of _____, 20_____.

CPG Member (print your name):

CPG member (signature): _____