



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140, Los Angeles, CA 90010 · TEL. (213) 738-2816 · FAX (213) 637-4748

Website: <http://hiv.lacounty.gov>

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COMMISSION MEMBERSHIP APPLICATION

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COMMISSION MEMBERSHIP APPLICATION

PART I: MEMBERSHIP APPLICATION INTRODUCTION

BACKGROUND

Consistent with federal Ryan White legislation, guidance from the Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC), and Los Angeles County Code, Title 3—Chapter 29 (Code 3.29), the Los Angeles County Commission on HIV advises LA County's Board of Supervisors (BOS) on a range of issues related to HIV and STDs and the delivery of HIV/STD services countywide. In accordance with legislative mandate, the Commission must prioritize various types of HIV and STD care, treatment and prevention services; allocate federal funding and recommend local funding for those purposes; evaluate service effectiveness; assess the administrative structure's ability to use and expedite the use of funding and other relevant system of care issues; develop, implement and monitor a countywide continuum of HIV/STD services and comprehensive HIV/STD plan; and many other responsibilities.

DESCRIPTION

This Commission Membership Application is divided into two parts, and is intended to be used for both "new member" and "renewal" membership applications:

- ▶ PART I: Membership Application Introduction—overview and background of the application and membership process/expectations; a roster of membership seats and accompanying seat-specific qualifications; and instructions for completing the application; and
- ▶ PART II: Membership Application Form—the actual, formal application sections that must be completed and submitted to the Commission by applicants for Commission membership.

COMMISSION MEMBERSHIP

There are 51 member seats on the Commission. Candidates must demonstrate that they are able to meet the qualifications of at least one seat in order to be eligible for membership. Members of the Commission represent the range and diversity of interests, opinions, knowledge and experiences of the HIV stakeholder community: from HIV care/prevention patients/clients ("consumers"), service and medical providers, government agencies, academia, and other stakeholders who contribute to and/or are affected by the County's overall HIV and STD service response. Guided by federal law and local policy, the membership is divided into four categories of representation: 17 "unaffiliated" consumers (someone with HIV who uses the services, but does not work for or is otherwise affiliated with any contracted agencies), providers (11), stakeholders (9), and institutional representatives (14). The Commission is also required to ensure that both its consumer and total membership reflect the gender and ethnic diversity of the local HIV epidemic.

TERMS of SERVICE

All member terms are two years long. Commission members are appointed to specific seats with terms of two years' duration. Membership terms are static, and are not determined nor shaped by the Commission member's appointment or its timing. Depending on when a member is appointed, s/he may be able to serve the full two years (if appointed before or as the term begins), or may serve in the seat for less than the full term if his/her service begins as the term is underway ("mid-term"). Appointments are renewable if the member is re-nominated—requiring members to apply for re-appointment in order to serve subsequent terms. Half of the membership terms expire in June of each year, the remainder the following year. There are no limits on the number of terms a Commission member may serve.

MEMBERSHIP EXPECTATIONS

Once appointed, Commission members are expected to, at a minimum, attend and participate in:

- ① regular monthly and special Commission (usually half-day) meetings,
- ② the all-day Annual Meeting and the half-day “Annual Report to the BOS” (both in the Fall/Winter),
- ③ monthly and special meetings of the committee to which the member has been assigned (“primary”)
- ④ one-time only Commission and County commission orientations, in addition to other, periodic trainings.

Members may also be asked to assume—or volunteer for—additional assignments and/or work. Failure to attend a combination of six regular Commission meetings and/or meetings of the committee(s) to which the member has been assigned during a one-year period may be cause for removal or failure to be re-appointed.

MEMBER COMMITMENT

Past experience indicates that members’ meeting attendance is a critical factor in their effectiveness on the Commission: regular meeting attendance exposes Commission members to an expansive array of HIV and STD issues and increases individual members’ comfort level and HIV/STD and health literacy and fluency. However, participation is also key: only with the active involvement and engagement from the entire spectrum of local, representative HIV voices can the Commission realize its full scope of responsibility and effectiveness, and can it ensure that it fully incorporates the collective wisdom of impacted stakeholders and communities in LA County’s HIV/STD community planning effort. Consistent with that purpose, members are expected to be prepared for and familiar with the information agenda and discussed at Commission, committee and other, related working group meetings. The amount of time members devote individually to study and preparation outside of meetings is difficult to estimate, but a consensus of members reports spending at least 5 -10 additional hours a month, on average, in content and meeting preparation, follow-up and/or travel to and from meetings and related activities.

OPEN NOMINATIONS PROCESS

The Commission conducts an annual “Open Nominations Process” during which Commission members are recruited, nominated and appointed to fill vacant or soon-to-become vacant seats on the Commission. The Membership Drive generally runs from March through June—in time for the Board of Supervisors (BOS) to appoint (new or returning) members in July—when half of the membership terms expire. For the remainder of the year—outside of the Membership Drive months—the Commission’s Operations Committee manages membership recruitment, evaluation and nomination activities at its monthly meetings. During those months, any stakeholder who would like to serve on the Commission may submit an application to fill a vacant seat for which s/he thinks s/he is qualified.

The Commission welcomes all perspectives and encourages anyone who is considering Commission membership to submit an application. Multiple candidates for multiple membership seats best serve the Commission and the community by ensuring a diverse representation of thought, opinion, and viewpoints concerning HIV/STD and related issues, and by providing the Commission with increased opportunity to identify and configure a varied membership that most accurately reflects LA County and its HIV stakeholder community. Both new member and renewal candidates are encouraged to apply during the Membership Drive, because it offers applicants the greatest chance that their membership applications will be favorably recommended for nomination by the Operations Committee.

Parity, Inclusion, and Representation (PIR): these principles seek to ensure that all Commission members can participate equally, that the planning process actively includes a diversity of views, perspectives and stakeholder inclusion & that members represent the ethnicities, gender, backgrounds and other characteristics of people affected by HIV.

GENERAL INFORMATION Part I provides basic information about membership on the Commission (e.g., terms of service, seats, application process); summarizes the Commission’s membership requirements and the Commission’s expectations of its members; briefly describes the Commission’s Open Nominations Process; and instructs applicants how to complete and submit a membership

application. Beyond the introductory information these sections offer, the applicant does not need to submit them with the final application nor keep a record of them, but may want to keep copies of them in case later questions arise.

APPLICATION FORM Part II comprises the forms of the application that candidates must complete and submit in order to be considered for Commission membership. Unless otherwise indicated [for example, as “optional,” or only need be answered by certain applicants (e.g., unaffiliated consumers)], applicants are expected to complete all relevant sections and answer all questions. Staff is required to contact any applicant who has not or does not appear to have answered a question(s), so neglecting to respond in full may delay or could preclude review of the application.

COMPLETING THE APPLICATION

Sections 1 - 4, along with Section 5 or 6 and any attachments, constitute the formal application that candidates must complete and submit in order to be considered for Commission membership.

- ▶ Sections 1 - 4 of the Application Form are those sections that every candidate—both “new member” and “renewal” applicants—must complete. These sections request contact, demographic, constituency/representative capacity, experience/ knowledge, and biographical information. Section 1 is used for internal organizational purposes only, and if an applicant is recommended for approval, it is omitted from the package.
- ▶ Section 5 or Section 6 should be completed by the applicant, consistent with the type of application s/he is submitting: as a “new member” (not a current Commission member) or a “renewal” (a current Commission member seeking a re-appointment to his/her seat) applicant. “Renewal” and “new member” applications are mutually exclusive; NO application can be labelled as both “new member” and “renewal,” so no applicant should complete both Sections 5 and 6. If an applicant is unclear if s/he should submit a renewal or new member application, s/he should contact the Commission office for clarification.

ATTACHMENTS

- ▶ All applicants are invited to include their resumes or curricula vitae (CVs) with their applications, although neither resumes nor CVs are required.
- ▶ Additionally, certificates of completion or other proofs of training, if available, requested in response to Section 3, #9 a) - c) may be included.
- ▶ Questions in Sections 5 and 6 instruct the applicants to attach additional pages, if necessary, to complete their responses.
- ▶ Letter(s) of reference or support may be attached, although they, like resumes, are not required.

TRANSPARENCY and PUBLIC DOCUMENTS

The Commission is a public entity that complies with the California’s transparency and public meeting laws and requirements. In particular, the Ralph M. Brown Act (“Brown Act”) dictates how public bodies, such as the Commission, must conduct themselves in prescribed ways to ensure openness, transparency and opportunities for public input. Since the Operations Committee and Commission meetings are open to the public, any information reviewed or provided during Commission or committee meetings is considered a “public document” (the public can see it, reference it, use it, and/or request copies). However, since applications are offered by individuals in their private capacity to become future member of the HIV Commission, the completed applications are not subject to the Brown Act.

However, if an applicant is recommended for approval, all sections of the application form excluding Section 4 will become a public document during the Open Nominations Process. Therefore, applicants are informed to not divulge any information on the application form that the applicant would not want to be known publicly.

APPLICATION SUBMISSION

This membership application (and the application form herein) is available in print or electronically. Potential candidates may request applications by contacting the Commission office at (213) 738-2816,

and it can be mailed, e-mailed or picked up at the office. Similarly, the application and is available online from the Commission's website at <http://hiv.lacounty.gov>. Submit your application by mailing it to or dropping it off at: 3530 Wilshire Blvd, Suite 1140, Los Angeles, CA 90010.

Applications may be emailed to hivcomm@lachiv.org. Staff will verify receipt of all applications via email. After receiving the application, staff will review it for accuracy and completeness, and contact the applicant if there are any possible errors, sections needing clarification, and/or if there are any questions that emerge from the application. Once the application has been deemed to be "complete" (either after revisions have been made, if necessary, or none are needed), staff will contact the applicants to schedule an interview with members of the Operations Committee. If you have questions or need assistance with the application, please contact the Commission office at (213) 738-2816.

PART II: MEMBERSHIP APPLICATION FORM

Section 1: Contact Information

1. Name: _____
(Please print name as you would like it to appear in communications)
 2. Organization: _____
(if applicable)
 3. Job Title: _____
 4. Mailing Address: _____
 5. City: _____ State: _____ Zip Code: _____
 6. Provide address of office and where services are provided (if different from above):
Mailing Address: _____
City: _____ State: _____ Zip Code: _____
-
7. Tel.: _____ Fax: _____
 8. Email: _____
(Most Commission communications are conducted through email)
 9. Mobile Phone #: _____
(optional): _____
-

My signature below indicates that I will make every effort to attend all of the meetings and activities of the Commission, the committee to which I am assigned and related caucuses, task forces and working groups that I have joined voluntarily or that I have been asked to support. I will comply with the Commission's expectations, rules and regulations, conflict of interest guidelines and its code of conduct, consistent with all relevant policies and procedures. As the undersigned, I understand that governing legislation and/or guidance may be altered in the future, necessitating revision, modification, or elimination of specific Commission processes or practices—necessitating change with which I will be expected to comply as well. I further understand that sections of this application will be distributed publicly, as required by the Commission's Open Nominations Process and consistent with California's Ralph M. Brown Act. I affirm that the information herein is accurate to the best of my knowledge.

Signature: _____

Date

Print Name

Section 2: Demographic Information

1. **Can you commit to the Commission's minimum expectations of active participation, regular attendance and sustained involvement?** ☐ Yes ☐ No

2. **In which Supervisorial District and SPA do you work?** Check all that apply.

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

3. **In which Supervisorial District and SPA do you live?**

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

4. **In which Supervisorial District and SPA do you receive HIV (care or prevention) services?** Check all that apply.

District 1	<input type="checkbox"/>	SPA 1	<input type="checkbox"/>	SPA 5	<input type="checkbox"/>
District 2	<input type="checkbox"/>	SPA 2	<input type="checkbox"/>	SPA 6	<input type="checkbox"/>
District 3	<input type="checkbox"/>	SPA 3	<input type="checkbox"/>	SPA 7	<input type="checkbox"/>
District 4	<input type="checkbox"/>	SPA 4	<input type="checkbox"/>	SPA 8	<input type="checkbox"/>
District 5	<input type="checkbox"/>				

5. **Demographic Reflectiveness and Representation:**

Federal funders require that the Commission report the following demographic information annually to ensure its conformity with reflection/representation rules.

- 5a. **Gender:** ☐ Male ☐ Female ☐ Trans (Male to Female) ☐ Trans (Female to Male) ☐ Unknown

- 5b. **Race/Ethnicity:** (Check all that apply)
- | | |
|---|---|
| <input type="checkbox"/> African- American/Black,not Hispanic | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Multi-Race |
| <input type="checkbox"/> Anglo/White, not Hispanic | <input type="checkbox"/> Other : _____ |
| <input type="checkbox"/> Asian/ Pacific Islander | <input type="checkbox"/> Decline to State/Not Specified |

- 5c. **Are you a parent/guardian/direct caregiver to a child with HIV under 19?** ☐ Yes ☐ No

6. **FOR APPLICANTS LIVING WITH HIV:**

- 6a. **Are you willing to publicly disclose your HIV status?** ☐ Yes* ☐ No

***DO NOT CHECK YES HERE if you do not want your HIV status known publicly. There is NO requirement that someone with HIV must disclose his/her status to the Commission or publicly.**

- 6b. **Age:**
- | | | |
|--|--|--|
| <input type="checkbox"/> 13 – 19 years old | <input type="checkbox"/> 20 – 29 years old | |
| <input type="checkbox"/> 30 – 39 years old | <input type="checkbox"/> 40 – 49 years old | <input type="checkbox"/> 50-59 years old |
| <input type="checkbox"/> 60+ years old | <input type="checkbox"/> Unknown | |

6c. **Are you a “consumer” (patient/client) of Ryan White Part A services?** ☐ Yes ☐ No

6d. **Are you “affiliated” with a Ryan White Part A-funded agency?** ☐ Yes ☐ No

By indicating “affiliated,” you are a: ☐ board member, ☐ employee, or ☐ consultant at the agency. A volunteer at an agency is considered an unaffiliated consumer.

Section 3: Experience/Knowledge

7. **Recommending Entities/Constituency(ies):** “Recommending Entities” are the individuals/ organizations who may have suggested or asked you to represent them on the Commission.

7a. **What organization/Who, if any/anyone, recommended you to the Commission?**

7b. **If recommended, what seat, if any, did he/she/they recommend you fill?**

8. **Please check all of the boxes that apply to you:**

- 1 ☐ I am willing to publicly disclose that I have Hepatitis B or C.
- 2 ☐ I am an HIV-negative user of HIV prevention services and who is a member of an identified high-risk, special or highly impacted population.
- 3 ☐ I am a member of a federally-recognized American Indian tribe or Native Alaskan village.
- 4 ☐ I am a behavioral or social scientist who is active in research from my respective field.
- 5 ☐ I am involved in HIV-related research in the following capacity(ies) (Check all that apply):
☐ scientist, lead researcher or PI, ☐ staff member, ☐ study participant, or ☐ IRB member.
- 6 ☐ A health or hospital planning agency has recommended that I fill that seat on the Commission.
- 7 ☐ I am an HIV specialty physician or an Infectious Disease (ID) doctor with HIV- positive patients.
- 8 ☐ The agency where I am employed provides mental health services.
- 9 ☐ The agency where I am employed provides substance abuse services.
- 10 ☐ The agency where I am employed is a provider of HIV care/treatment services.
- 11 ☐ The agency where I am employed is a provider of HIV prevention services.
- 12 ☐ The agency where I am employed is provider of ☐ housing and/or ☐ homeless services.
- 13 ☐ The agency where I am employed has HIV programs funded by Federal sources (other than Ryan White).
- 14 ☐ I work for or am otherwise affiliated with a health care provider that is a Federally Qualified Health Center (FQHC) or a Community Health Clinic (CHC).
- 15 ☐ As someone who is employed as an advocate for incarcerated PWLH and/or as a PWLH who has been incarcerated in the past three years, I can represent the interests of incarcerated PWLH.
- 16 ☐ I am able to represent the interests of Ryan White Part C grantees.
- 17 ☐ I am able to represent the interests of Ryan White Part D grantees.
- 18 ☐ I am able to represent the interests of Ryan White Part F grantees given my affiliation with:
☐ one of LA County’s AETC grantees/sub-grantees ☐ a HRSA SPNS grantee
☐ Part F dental reimbursement provider ☐ HRSA-contracted TA vendor
- 19 ☐ As an HIV community stakeholder, I have experience and knowledge given my affiliation with:
(Check all that apply)
☐ union or labor interests
☐ provider of employment or training services
☐ faith-based entity providing HIV services
☐ organization providing harm reduction services
☐ an organization engaged in HIV-related research
☐ the business community
☐ local elementary-/secondary-level education agency
☐ youth-serving agency, or as a youth.

9. **Training Requirements:** The Commission requires all members to complete the following trainings, which can be fulfilled if the trainings were provided by other institutions. Applicants will not be penalized for no prior training, but must take it once appointed.

9a. **Have you completed an “Introduction to HIV/STI,” “HIV/STI 101,” or a related basic informational HIV/STI training before? (If so, include Certificate of Completion; if not, the Commission provides the training)** ☐ Yes ☐ No

9b. **Have you completed a Health Insurance Portability and Accountability Act (HIPAA) training before? (If so, please include Certificate of Completion; if not, the Commission will provide the training)** ☐ Yes ☐ No

9c. **Have you completed a “Protection of Human Research Subjects” training before? (If so, please include Certificate of Completion; if not, the Commission will provide the training)** ☐ Yes ☐ No

Section 4: Biographical Information

10. **Personal Statement:** The “personal statement” is a snapshot of your goals of your Commission participation, against which you can measure your effectiveness as a Commission member. This statement may be included on the Commission’s website in the member section. Provide a short (50-word maximum) statement expressing why you want to be a Commission member:

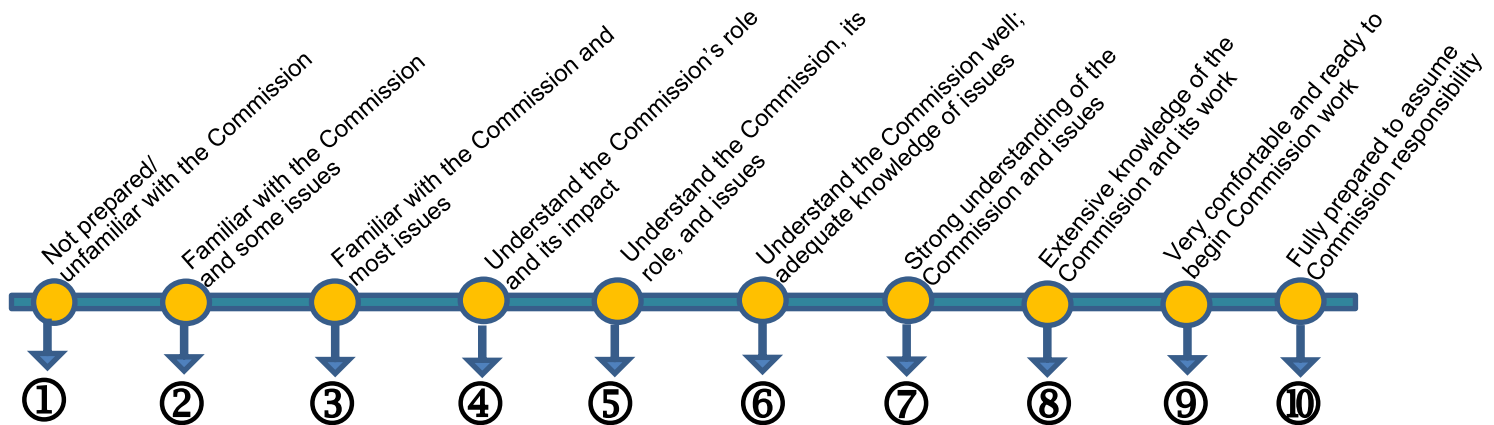
11. **Biography/Resume:** If you would like, you can indicate below that you are updating this section from your original or renewal application, or simply write a new paragraph. You may—but it is not required—attach a new/updated resume. You may continue on an additional page, if necessary. As you feel appropriate, please provide a short biography detailing your background, and how it has prepared you for service on the Commission:

12. **Additional Information:** In this section, please provide any additional information about yourself—or update information from your original or renewal application—that you feel will enhance the application review. If you choose not to include any additional information, indicate it here with “N/A”. Your additional information may continue on an additional page, if necessary:

Section 5: New Member Applicant (Only to be completed by new member applicant)

13. **How prepared do you feel you are to serve as a member of the Commission, if appointed?**

A candidate’s “preparedness” for Commission service is assessed—for this response—according to the 10-point scale located on the next page, which indicates that those who are the “least” prepared (“1” on the scale) are “not familiar” with the Commission and the issues that it reviews. The more prepared a candidate is—as indicated on the scale (moving towards “10” from “1”)—s/he should demonstrate increased familiarity with the Commission and its content, evolving into “understanding” and “comfort” with the role of the Commission and its practices, and “limited” to “extensive” knowledge about the topics it addresses. Mark the circle that represents where you feel you fall on this scale of “preparedness” (“1” is “not prepared” ➔ “10,” “fully prepared”)



14. **Describe any personal/professional experience that you believe has prepared you to perform effectively as a member of the Commission. Continue on an additional page if necessary.**

-
15. **What do you anticipate your greatest hurdles will be acclimating to your new role on the Commission? How do you think you will overcome them? Continue on an additional page if necessary.**

-
16. **How will your Commission membership benefit the lives of LA County residents with HIV/STDs and/or who are at high-risk of HIV-/STD-infection? Continue on an additional page if necessary.**

17. Which of your strengths do you feel will enhance your Commission performance? What skills will you need to develop further for optimal Commission performance? Continue on an additional page if necessary.

18. Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity? ☐ Yes ☐ No

Section 6: Renewal Applicant (Only to be completed by renewal applicant)

19. How effective do you feel you were during your most recent term on the Commission? Mark the circle that you feel is the best assessment of your Commission participation and engagement in the last term (1 is least effective ➡ 10 is most effective)



20. Explain why you rated yourself the way you did in Question #16. Continue on an additional page, if necessary.

21. **In your last term, what would you have done differently and what would you have improved, if anything (e.g., quality, communication skills, participation)?** Continue on an additional page, if necessary..

22. **In your last term, what, if any, barriers and/or obstacles prevented you from fully carrying out your Commission responsibilities as you would have liked?** Continue on an additional page, if necessary.

23. **What can the Commission do to help improve your effectiveness and/or level of contribution/accomplishment in your next term?** Continue on an additional page, if necessary.

24. **Candidates are also nominated to fill Alternate seats as well: if you were nominated for an Alternate seat, would you be willing to serve in that capacity?**

Name: _____

Nominee for: _____

Nominated by: _____

STATEMENT OF QUALIFICATIONS

Please Type or Print

Name _____ ☐ Female ☐ Male

Occupation _____ Employer _____

Former Business/Professional Experience

Organizational Affiliations (professional, business, homeowner, etc.)

Are you generally available for daytime or nighttime Commission meetings? ☐ Yes ☐ No
If no, please explain _____

Statement of Qualifications
Page 2

Are you registered to vote in Los Angeles County? ☐ Yes ☐ No

Have you ever been convicted, fined, imprisoned, placed on probation, received a suspended sentence or forfeited bail for any offense (except non-moving traffic violations) by any court (including convictions dismissed under Penal Code Section 1203.4)? ☐ Yes ☐ No

If yes, what offense or offenses:

At the present time, do you hold any position with any public entity? ☐ Yes ☐ No

If yes, what public entity or entities and what position or positions?

A statement of duties and qualifications of the position for which you are being considered is attached. Please read the statement and write below why you are particularly suited to serve the people of the County of Los Angeles in this position. You may attach additional sheets of paper for your response (optional).

Please indicate the names, addresses, and telephone numbers of references
(Optional):

CONSENT AND CERTIFICATION

I have reviewed the attached description of qualifications and duties for the position.

I am able to perform all duties. I am willing to serve.

I acknowledge that the County of Los Angeles may contact other entities or other persons to confirm information I have provided.

I certify that all statements and representations made in this Statement of Qualifications are true and correct.

Dated: _____

Signature

Name: _____

Nominee for: _____

Nominated by: _____

ACKNOWLEDGMENT OF CONFLICT OF INTEREST INFORMATION

I acknowledge that I have been advised that Los Angeles County has made advance disclosure of potential Conflicts of Interest applicable to all members of commissions, committees and boards.

This means among other things, that I will disqualify myself from participation in any governmental matters in which I have an economic interest. If I have any questions regarding the propriety of my participation in such governmental matters, I will consult with the County Counsel.

I have also received a copy of applicable definitions and explanation of the requirements.

Signature

Date

LOS ANGELES COUNTY COMMISSIONERS
COUNTY-RELATED FINANCIAL DISCLOSURE
QUESTIONNAIRE

The following questionnaire requests certain information with respect to the financial and other interests that may be connected with the County or with your duties as a commissioner, committee member, or board member. In the spirit of the purposes of such disclosure, your answers should be liberally construed to disclose any interests that might be reasonably expected to be particularly affected by commission/committee/board action or to be disclosed in the public interest. Before answering any of the questions, please read the definitions listed below carefully; they are intended to further your understanding of the types of information that should be disclosed.

NOTE: The information called for in the financial disclosure questionnaire relates only to income, real property, investments, or business interests which are the subject of business transactions with the County, or which are subject to the regulation, inspection, or enforcement authority of the County or of the commission, committee or board for which you are being considered for appointment. **YOU ARE NOT REQUIRED** to disclose this information if such is not the case.

When describing any investment of business interest, you need only describe it sufficiently to identify it. Thus, with respect to real property, the address or other precise identification of the location would be given. With respect to ownership interests in business entities the name of the business entity and a statement of the nature of your interest (e.g., common stock, partnership interest, director, trustee, etc.) is sufficient. With respect to disclosure of remuneration, the business entity that is the source should be described, but the nature of the income (e.g., dividends, salary, etc.) need not be described.

DEFINITIONS

"Interest in real property" includes any leasehold, beneficial or ownership interest or an option to acquire such an interest in real property if the fair market value of the interest is greater than two thousand dollars (\$2,000). Interests in real property of an individual include a pro rata share of interests in real property of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

"Investment" means any financial interest in or security issued by a business entity, including but not limited to common stock, preferred stock, rights, warrants, options, debt instruments and any partnership or other ownership interest, if the business entity or any parent, subsidiary or otherwise related business entity has an interest in real property in the County, or does business with the County, plans to do business with the County, or has done business with the County at any time during the last two years. No asset shall be deemed an investment unless its fair market value exceeds two thousand dollars (\$2,000). The term "investment" does not include a time or any insurance policy, interests in a diversified mutual fund registered with the Securities and Exchange Commission under the Investment Company Act of 1940 or a common trust fund which is created pursuant to Section 1564 of the Financial Code, or any bond or other debt instrument issued by any government or government agency.

Investments of an individual DO include a pro rata share of investments of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

"Income" means income of any nature from any source including, but not limited to, any salary, wage, advance, payment, dividend, interest, rent, capital gain, or return of capital. Income of an individual also includes a pro rata share of any income of any business entity or trust in which the individual or his immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

Name: _____

Nominee for: _____

Nominated by: _____

COUNTY-RELATED FINANCIAL DISCLOSURE QUESTIONNAIRE

(For reappointments, list income since last questionnaire)

1. List all contracts entered into, bid on, or negotiated with the County or any County board, commission, or committee either as an individual or by any business in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater.

2. List each source of income aggregating more than \$500 during the last 12 months derived from real property that you or your immediate family owns directly, indirectly or beneficially and is leased or rented by the County or is subject to regulation, inspection, or enforcement authority of the County or the board, commission, or committee for which you are being considered for appointment.

3. List any source of income (aggregating more than \$500 during the last 12 months) that has regular transactions with any County agency, board, committee or commission.

- 4 . List all investments worth more than \$2,000 in entities in which you or your immediate family owns directly, indirectly or beneficially, a ten percent interest or greater, and provides or sells services or supplies utilized by the County or are subject to regulation, inspection, or enforcement authority of the County or of the board, commission, or committee for which you are being considered for appointment.

- 5 . List the name of any business entity for which you were a director, officer, partner, trustee, or employee or for which you held any position of management that is the subject of any business transactions with the County or which is subject to regulation, inspection, or enforcement authority of any County agency or by the board, commission, or committee for which you are being considered for appointment.
