



LOS ANGELES COUNTY COMMISSION ON HIV

3530 Wilshire Boulevard, Suite 1140 • Los Angeles, CA 90010 • TEL (213) 738-2816 • FAX (213) 637-4748
www.hivcommission-la.info

COMMISSION MEMBER APPLICATION SECTION 1: INSTRUCTIONS

Background. Consistent with the federal Ryan White Treatment and Modernization Act and Los Angeles County Ordinance 3.29, the Los Angeles County Commission on HIV advises the County Board of Supervisors on a range of issues related to HIV/AIDS and services countywide. According to legislative mandate, the Commission must prioritize various types of HIV/AIDS services, allocate Ryan White Part A and B funds for those services, evaluate service effectiveness, assess the administrative mechanism, coordinate services, and many other responsibilities.

Membership. The Commission comprises 42 seats—three of which are non-voting—representing providers, consumers and other members of the community involved with HIV/AIDS service delivery. Members are nominated for Board of Supervisors appointment based on their knowledge, expertise, and skills regarding HIV/AIDS, community planning and other criteria.

Commitment. Applicants must be willing and able to dedicate a minimum of **10 hours every month** to Commission-related activities. Commissioners are expected to attend all Commission meetings (regular and special). All Commissioners are also assigned to a primary Committee, whose monthly meetings Commissioners are similarly expected to attend. All HIV+ Commissioners have a right to an Alternate who can fill in at the Commission for them during times when the Commissioner is incapacitated or unavailable. Commissioners are similarly expected to be prepared and familiar with the issues and information discussed at the Committees and the Commission. Failure to attend (an Alternate's attendance counts as attendance) any combination of six Commission and Committee meetings over the course of a year can be cause for removal.

Open Nominations Process. The Commission's membership nominations and approval process fully comply with the "Open Nominations Process" guidelines required by Ryan White legislation and concurrent with Health Resources and Services Administration (HRSA) guidelines. Applications are forwarded by "Recommending Entities". "Recommending Entities" are those bodies designated by Los Angeles County Ordinance 3.29 to forward applications of potential Commission members for specific seats. By Ordinance, the Commission and/or its delegated authorities (e.g., "Recommending Entities") must consider the applications of more than one candidate for each seat.

Application Preparations. You should review the application thoroughly before you respond to any particular items. We encourage you to consider what information you supply in response to individual questions. Redundant information will only obscure the significant points you are trying to make. The application is intended to identify those who would best serve on the Commission, not those who are most proficient at completing applications. It is, likewise, important for you to discuss and interact with the Recommending Entities of any seats for which you feel you would be qualified. Support and dialogue with current and former members of the Commission will help you better understand the responsibilities of the Commission and its work.

Evaluation. The Commission’s Operations Committee is responsible for reviewing all applications, evaluating and scoring those applications, and recommending Commission candidates to the full Commission.

More than half of the Commission seats are reserved for either providers or “unaffiliated/non-aligned” consumers:

- “Consumer” signifies that an individual is using Part A-funded services.
- “Unaffiliated” means that the individual does not have a decision-making role in a Part A-funded organization (e.g., Board of Directors, staff member, consultant, etc.). “Unaffiliated” should not be misconstrued as simply receiving a salary from an organization, because it, more broadly, refers to whether or not the individual impacts organizational decision-making.
- “Providers” are employees or other designated representatives of AIDS service organizations (ASOs), health care providers and/or other service agencies.

All candidates for Commission membership are evaluated according to Commission-approved criteria. Those criteria include:

- **Skills:** Candidates’ communication and planning skills are assessed.
- **Prior Effective Commission Experience:** Candidate’s experience on the Commission or other very similar planning body as an effective, participating, active and contributing member.
- **Background:** Candidates’ practical experience with HIV, public policy experience and experience as a volunteer are all considered as qualifications for Commission membership.
- **Effectively Represents Proposed Constituency:** All Commission seats are held accountable to and are responsible to specific constituencies. Candidates will be asked to demonstrate how they have represented their specific constituencies in the past, what positive outcomes resulted, and how they expect to represent them in the future.
- **Demographic Representation:** Various aspects of Commission membership are required to reflect the demographic impact of the local epidemic. According to HRSA guidelines, both the total Commission and the subset of unaffiliated consumer members must correspond proportionately with the ethnic and gender rates of the local epidemic. Targeted special population groups will be prioritized if they are not currently represented adequately on the Commission.
- **Recommendations:** Because all Commissioners are expected to report back to specific constituencies, those constituencies’ endorsements of specific candidates play an important role in assessment of the individual’s qualifications. Similarly, recommendations from other parties involved with the HIV/AIDS community planning process will help qualify candidacy for Commission membership. The Operations and Executive Committees reserve the right to request interviews with specific candidates, and the assessments of those interviews may be incorporated accordingly. Self-initiated interviews with the Los Angeles County Board of Supervisor offices are not discouraged.
- **HIV/AIDS Knowledge:** The Committee is expected to assess and rate the level of HIV/AIDS-related knowledge that a specific candidate has, and project how that knowledge will help the Commission in its planning processes.

Application Forms. The following application is divided into six sections with different purposes and forwarded to different destinations. Information in Sections 2 and 3 (Contact Information and References/Recommendations) is kept confidential by the Operations Committee and the office to the extent described and as you permit. Sections 4 and 5 are presented to the Operations Committee and the Commission, and Section 6 is forwarded to the Board of Supervisors. The Operations Committee, Commission and Board of Supervisors are all public forums, and the information provided in those sections is made available for public scrutiny (although Sections 2, 3 and 6 is not disseminated publicly).

Application Submission. This application is available on-line at:

www.hivcommission-la.info

and can be downloaded, or can be mailed/e-mailed to you if you call **(213) 738-2816**. If you are interested in becoming a Commissioner, please complete the documentation fully, and submit a hard copy with a copy of your resume to the Operations Committee at the following address:

Los Angeles County Commission on HIV
3530 Wilshire Boulevard, Suite 1140
Los Angeles, CA 90010

An original application with three original signatures (page 4 in Section 2, and pages 3 and 4 in Section 6 on the final page) is required.

Assistance. If you need any assistance, please do not hesitate to contact Commission staff at **(213) 639-6713**. They will help you walk through the completion of the application, or answer any questions you might have.

SECTION 2: CONTACT INFORMATION

- 1. Are you willing and able to commit to the minimum standards expected for Commission participation? Yes No
- 2. Name: _____
(Please print name as you would like it to appear in communications)
- 3. Organization *(if applicable)*: _____
- 4. Mailing Address: _____

- 5. City: _____ State: _____ ZIP: _____
- 6. TEL: () _____ FAX: () _____
- 7. E-Mail: _____
(Standard Commission contact and communication is done through e-mail)
- 8. Cell/Mobile Phone *(optional)*: () _____
- 9. Non-optional contact information listed above will be shared with staff and members of the Commission. Please check the boxes of those other constituencies with whom you will allow your primary contact information to be shared:
 Task Forces/SPNS/Providers Other Related Organizations

10. Other Contact Information *(optional)*:
 Type of Address: Home Work Other: _____
 Address: _____

 City: _____ State: _____ ZIP: _____
 TEL: () _____ FAX: () _____
 E-Mail: _____

My signature below indicates that I will endeavor to attend all Commission, special and assigned committee meetings, and agree to abide by minimum attendance standards. I will comply with all described duties and responsibilities, rules and regulations, conflict-of-interest guidelines, the Code of Conduct, and all relevant policies and procedures. By signing below, I understand that the Ryan White legislation and/or the County Ordinance may be altered in the future, therefore requiring modification to Commission procedures and policies to which I will adhere as needed. I further understand that sections of this application will be distributed publicly as required by law and the Commission’s Open Nominations Process. I affirm that the above and following information is accurate to the best of my knowledge.

Signature

Date

Printed Name

SECTION 3: REFERENCES/RECOMMENDATIONS

1. Following is the Recommending Entity that has nominated me for a Commission seat:

Name: _____

Organization (if applicable): _____

The organization is a: LAC Supervisor's Office Consumer Advisory Board (CAB)
Service Provider Network (SPN) Task Force Other: _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

TEL: () _____ FAX: () _____

E-Mail: _____

2. Following are two additional personal references:

a. Name: _____

Organization (if applicable): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

TEL: () _____ FAX: () _____

E-Mail: _____

b. Name: _____

Organization (if applicable): _____

Mailing Address: _____

City: _____ State: _____ ZIP: _____

TEL: () _____ FAX: () _____

E-Mail: _____

SECTION 4: DEMOGRAPHIC INFORMATION

1. **In which Supervisorial District do you live?**

<input type="checkbox"/> District #1 (Molina)	<input type="checkbox"/> District #3 (Yaroslavsky)
<input type="checkbox"/> District #2 (Ridley-Thomas)	<input type="checkbox"/> District #5 (Antonovich)
<input type="checkbox"/> District #4 (Knabe)	

2. **In which Service Planning Area (SPA) do you live?**

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

3. **Are you HIV-positive** (*do not check if you are not willing for it to be public information*)? Yes

4. **Consumer Membership:** Federal legislation mandates that a third of the Commission shall consist of “unaffiliated” consumers. “Unaffiliated” consumers, by definition, are people using Part A-funded services (providers can receive other Ryan White funding as long as it is not Part A). “Unaffiliated” is defined as someone who is not in a decision-making capacity at the organization, either as an employee, a consultant and/or on the Board of Directors/Trustees (non-Board volunteers are considered “unaffiliated”).
 - a. **Are you a consumer of Part A-funded services?** Yes No
 - b. **Are you affiliated with a Part A-funded provider?** Yes No
 - c. **If you are affiliated with a Part A-funded provider, please list which agency(ies) and in which ways you are affiliated:***

Provider: _____	Capacity: _____
Provider: _____	Capacity: _____
Provider: _____	Capacity: _____

**If there are additional affiliations, please add to extra page and list them.*

5. **Demographic Reflectiveness:**
 - a. Gender: *Male* *Female*
If transgender, please indicate here:
 - b. Race/Ethnicity: *White, not Hispanic* *African-American*
Latino/Hispanic *Asian/Pacific Islander*
American Indian/Alaskan Native *Not Specified*
 - c. Age at HIV Diagnosis (*for people with HIV*): *< 13 years* *13 – 19 years*
20 – 44 years *45+ years*
 - d. Are you the parent/guardian/direct caregiver to a child with HIV/AIDS < 19? Yes No

SECTION 5: RESUME/BIOGRAPHY

1. **Have you attached a resume/other biographical information?** Yes No

2. **Have you served on the HIV Commission before?** Yes No

If yes, please list your dates of service: _____

If yes, please list the Committees/Task _____

Forces you on which you served: _____

If yes, detail your most important accomplishment as Commissioner: _____

3. **Have you served on any other planning bodies before?** Yes No

(e.g., PPC, CAB, SPN, Board of Directors, other Commission, etc.)

If yes, please name the planning body: _____

If yes, please list your dates of service: _____

If yes, please list the Committees/Task _____

Forces you on which you served: _____

If yes, detail your most important accomplishment as a member: _____

4. **If recommended from a planning group, detail your involvement here:** _____

5. **Briefly describe your experience with the above group(s), extent of your experience, and detail the lessons you learned** *(add to extra page if necessary):*

6. **Please identify the skills/expertise that you feel qualify you to be an HIV Commissioner:**

- | | |
|---|---|
| <input type="checkbox"/> HIV/AIDS treatment/care programming | <input type="checkbox"/> Social marketing |
| <input type="checkbox"/> Behavioral and social research | <input type="checkbox"/> Epidemiology |
| <input type="checkbox"/> Program development | <input type="checkbox"/> Needs assessment |
| <input type="checkbox"/> Program evaluation | <input type="checkbox"/> Planning |
| <input type="checkbox"/> Community organization/mobilization | <input type="checkbox"/> Policy analysis |
| <input type="checkbox"/> Substance abuse treatment/prevention | <input type="checkbox"/> STD and TB prevention |
| <input type="checkbox"/> Teen pregnancy prevention | <input type="checkbox"/> Mental health services |
| <input type="checkbox"/> Economic development | <input type="checkbox"/> Education and training |
| <input type="checkbox"/> Curriculum development | <input type="checkbox"/> Youth services |
| <input type="checkbox"/> Public health | <input type="checkbox"/> Organizational development |
| <input type="checkbox"/> Other: _____ | |

7. **Please describe how your background, experience, and knowledge will benefit the Commission** *(add to extra page if necessary)*:

8. **Please identify if you are a member of any of the following groups [it's important to note that you must be able to represent the interests, needs, perspectives and opinions of the group(s)]:**

- | | |
|--|--|
| <input type="checkbox"/> African Americans | <input type="checkbox"/> Asian/Pacific Islanders |
| <input type="checkbox"/> Latinos/as | <input type="checkbox"/> American Indians/Alaskan Natives |
| <input type="checkbox"/> Anglos/Whites | <input type="checkbox"/> Non-Injection drug users |
| <input type="checkbox"/> Adolescents/youth | <input type="checkbox"/> Injection drug users (IDU) |
| <input type="checkbox"/> Transgenders | <input type="checkbox"/> Undocumented people |
| <input type="checkbox"/> Recent immigrants | <input type="checkbox"/> Women |
| <input type="checkbox"/> Gay men | <input type="checkbox"/> Lesbians |
| <input type="checkbox"/> Bisexual people | <input type="checkbox"/> Sex workers |
| <input type="checkbox"/> Incarcerated/post-incarcerated | <input type="checkbox"/> Homeless people |
| <input type="checkbox"/> People with physical disabilities | <input type="checkbox"/> Blind or partially sighted people |
| <input type="checkbox"/> People with severe mental illness | <input type="checkbox"/> Deaf or hearing impaired people |
| <input type="checkbox"/> Caregivers | <input type="checkbox"/> Hepatitis B, C/HIV co-infected |
| <input type="checkbox"/> Hemophiliacs | <input type="checkbox"/> Other: _____ |

9. **Are there additional special populations who you could adequately represent on the Commission, and whose perspectives are needed at the Commission table?**

10. **Please outline how you can represent the interests of specific special populations, and whether you count yourself as a member of those population(s). If not, please tell us how you have gained special knowledge understanding and representing their interests** *(add to extra page if necessary)*:

11. **Describe what “representation” means to you, and how you expect to fill your “representative” role effectively** *(add to extra page if necessary)*:

12. Please indicate the following category(ies) you best represent. If more than one is appropriate, please indicate in numerical order (“1” as the category you best represent):

<input type="checkbox"/>	<i>I work for or am otherwise affiliated with a health care provider (possibly a Federally Qualified Health Center).</i>
<input type="checkbox"/>	<i>I can represent the interests of Community-Based Organizations (CBOs) and/or AIDS Service Organizations (ASOs) serving affected populations.</i>
<input type="checkbox"/>	<i>I can represent the interests of social service providers (including housing and homeless service providers).</i>
<input type="checkbox"/>	<i>The agency I represent provides mental health services.</i>
<input type="checkbox"/>	<i>The agency I represent provides substance abuse services.</i>
<input type="checkbox"/>	<i>I work for or am otherwise affiliated with a local public health agency.</i>
<input type="checkbox"/>	<i>I work for or am otherwise affiliated with a hospital planning agency or another type of healthcare planning agency.</i>
<input type="checkbox"/>	<i>I am a community leader, albeit not elected.</i>
<input type="checkbox"/>	<i>I am an employee of Medi-Cal, or have been asked by Medi-Cal to represent them.</i>
<input type="checkbox"/>	<i>I have been asked to represent the local Part B consortium.</i>
<input type="checkbox"/>	<i>A local Part C grantee has selected me to represent Part C interests.</i>
<input type="checkbox"/>	<i>A local Part D grantee has selected me to represent Part D interests.</i>
<input type="checkbox"/>	<i>The agency I represent provides HIV programs funded by other Federal sources (which can mean HIV prevention programs as well).</i>
<input type="checkbox"/>	<i>I can represent the interests of the incarcerated PLWH population, or, as a PLWH myself, was formerly incarcerated.</i>
<input type="checkbox"/>	<i>I am willing to publicly disclose that I have Hepatitis B or C.</i>
<input type="checkbox"/>	<i>I am a member of a federally-recognized American Indian Tribe (or Native Alaskan Village).</i>

13. Detail the process(es) and mechanism(s) you would use to ensure that you are representing your constituencies effectively, and in what ways you expect to be held accountable as a representative (add to extra page if necessary):

14. Indicate your areas of primary interest. If more than one is appropriate, please indicate in numerical order (“1” as highest priority interest):

<input type="checkbox"/>	Women’s HIV health needs	<input type="checkbox"/>	Children’s HIV health needs
<input type="checkbox"/>	Youth HIV health needs	<input type="checkbox"/>	General public health
<input type="checkbox"/>	Mental health services	<input type="checkbox"/>	Health planning
<input type="checkbox"/>	Evaluation activities	<input type="checkbox"/>	Health needs of MSM
<input type="checkbox"/>	Health needs of MCSM	<input type="checkbox"/>	Antiretroviral therapies
<input type="checkbox"/>	Primary medical care, including IDU	<input type="checkbox"/>	Substance use and abuse
<input type="checkbox"/>	Treatment advocacy/education	<input type="checkbox"/>	Non-medical support services

Other: _____

15. Please indicate the seat* for which you have been recommended** (if more than one seat, please attach additional references as appropriate).

- Medi-Cal representative
- Part A Grantee/Los Angeles County Department of Public Health
- Part B Local Consortium/Fiscal Agent representative
- Part C grantee representative: Which provider? _____
- Part D grantee representative: Which provider? _____
- AIDS Education Training Center (AETC) representative: Which medical school? _____
- Pasadena Public Health representative
- Long Beach Department of Public Health representative
- City of West Hollywood representative
- City of Los Angeles representative
- State of California Office of AIDS representative
- Health care systems representative: Which health care system? _____
- Unaffiliated consumer from a Supervisorial District: Which District? _____
- Unaffiliated consumer from a Service Planning Area (SPA): Which SPA? _____
- Supervisorial Office representative: Which District? _____
- Provider representative from Service Planning Area (SPA): Which SPA? _____
- Health care provider representative: Are you an MD (required)? Yes No
- Prevention Planning Committee (PPC) representative
- Los Angeles County Office of Health Assessment representative
- Los Angeles County Office of AIDS Programs and Policy (OAPP) representative

* For more information about the available seats, the Commission website has job descriptions for each seat.

** The Recommending Entity must submit required forms verifying that it has considered multiple candidates.

16. Please state what you believe are the most pressing HIV needs of Los Angeles County (add to extra page if necessary):

17. Please describe what you believe to be some key elements to effective HIV/AIDS care, treatment, and prevention (add to extra page if necessary):

18. Please describe your current and past involvement in planning HIV services for treatment, care or prevention, including programs/agencies with which you are working or volunteering or have worked or volunteered. Please state position or title, and length of time in each *(add to extra page if necessary)*:

19. Please describe how your participation on the Commission will assist persons living with HIV/AIDS in Los Angeles County *(add to extra page if necessary)*:

20. Please discuss your public policy experience *(add to extra page if necessary)*:

21. Please discuss your practical HIV/AIDS experience *(add to extra page if necessary)*:

22. Have you completed Health Insurance Portability and Accountability Act (HIPAA) training before? Yes No
(if so, please include Certificate of Completion)

23. Have you completed Protection of Human Research Subjects training before? Yes No
(if so, please include Certificate of Completion)

24. Please give us one short sentence that best describes why you are interested in serving on the Commission *(what your goals for Commission participation might be; how HIV/AIDS has impacted your life; and/or how you would like to impact HIV/AIDS service delivery in Los Angeles County and/or more broadly)*. **The sentence should be no more than 25 words.** *If appointed to the Commission, this statement may be used on the Commission website.*
“ ”

25. **Please submit up to a one-paragraph biography detailing your background and experiences. If appointed to the Commission, this biography will be used on the Commission website** *(Commission reserves the right to edit the biography as needed for grammar, space and consistency issues):*

25. ADDITIONAL INFORMATION/COMMENTS IF NEEDED:

A large, empty rectangular box with a black border, intended for providing additional information or comments.

SECTION 6: STATEMENT OF QUALIFICATIONS

Name: _____
Please Type or Print

Nominee: Los Angeles County Commission on HIV

Nominated by: Los Angeles County Commission on HIV

Please Type or Print

Name: _____ **Female** **Male**

City where you reside:

Education:

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/or 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 phone number 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 consent to these contacts.

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

Dated: _____ (Signature)

Name: _____
Please Type or Print

Nominee For: Los Angeles County Commission on HIV

Nominated By: Los Angeles County Commission on HIV

**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 one thousand dollars (\$1,000). 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 one thousand dollars (\$1,000). 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 2040 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: _____
Please Type or Print

Nominee For: Los Angeles County Commission on HIV

Nominated By: Los Angeles County Commission on HIV

**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 \$250 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 \$250 during the last 12 months) that has regular transactions with any County agency, board, committee or commission.**

- 4. List all investments worth more than \$1,000 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.**
