FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Ad-Hoc By-laws and Memorandum of Understanding Committee Meeting

Thursday, June 9, 2022 - 3:00 PM
Location: Poverello
Chair: Brad Barnes • Vice Chair:

Join the meeting via phone: 1-408-418-9388 US Toll (access code: 2632 728 7530)

This meeting is audio and video recorded.

Quorum for this meeting is 4

DRAFT AGENDA

ORDER OF BUSINESS

1. Call to Order/Establishment of Quorum
2. Welcome from the Chair
    a. Meeting Ground Rules
    b. Statement of Sunshine
    c. Introductions & Abstentions
    d. Moment of Silence
3. Public Comment
4. **ACTION:** Approval of Agenda for June 8, 2022
5. **ACTION:** Approval of the Minutes for May 11, 2022
6. Standard Committee Items
    a. Review the prioritized timeline for completed recommendations for each By-Laws parking lot item and MOU Development. (Handout A)
    b. Review Data Requirements: Discuss the potential data needed to complete the revision of By-laws and Memorandum of Understanding within the approved timeline.
7. New Business
    a. Memorandum of Understanding Overview/Training (Handout B)
    b. Assign Responsibilities for MOU Development
    c. By-Laws Parking Lot Items: Review the list of By-Laws Parking Lot items and make recommendation for item #1, #2 and #3 (Handout C)
8. Public Comment
9. Agenda Items for Next Meeting

a. Next Meeting Date: TBA
b. Agenda Items for next meeting
    - Review proposals and make recommendations for parking lot items #4, #5 and #6
    - Review Initial MOU draft and make recommendations for changes.

10. Announcements
11. Adjournment

For a detailed discussion on any of the above items, please refer to the minutes available at:
HIV Planning Council Website

Please complete you meeting evaluation.
Three Guiding Principles of the Broward County HIV Health Services Planning Council
• Linkage to Care • Retention in Care • Viral Load Suppression •

Vision: To ensure the delivery of high quality, comprehensive HIV/AIDS services to low income and uninsured Broward County residents living with HIV, by providing a targeted, coordinated, cost-effective, sustainable, and client-centered system of care.

Mission: We direct and coordinate an effective response to the HIV epidemic in Broward County to ensure high quality, comprehensive care that positively impacts the health of individuals at all stages of illness. In so doing, we: (1) Foster the substantive involvement of the HIV affected communities in assuring consumer satisfaction, identifying priority needs, and planning a responsive system of care, (2) Support local control of planning and service delivery, and build partnerships among service providers, community organizations, and federal, state, and municipal governments, (3) Monitor and report progress within the HIV continuum of care to ensure fiscal responsibility and increase community support and commitment.

FORT LAUDERDALE/BROWARD EMA
BROWARD HIV HEALTH SERVICES PLANNING COUNCIL
AN ADVISORY BOARD OF THE BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS
200 OAKWOOD LANE, SUITE 100, HOLLYWOOD, FL 33020
(954) 561-9681 • FAX (954) 561-9685

Ad-Hoc Bylaws and MOU Committee

Wednesday, May 11, 2022 - 2**:00 PM**
Meeting via WebEx

DRAFT MINUTES

Ad-Hoc Bylaws and MOU Members Present: B. Barnes (Committee Chair), V. Biggs, V. Moreno Y. Arencibia, S. Tinsley

Members Excused: A. Ruffner

Ryan White Part A Recipient Staff Present: None

Planning Council Support Staff Present: G. Berkley-Martinez, W. Rolle, T. Williams

Guests Present: None

1. Call to Order, Welcome from the Chair & Public Record Requirements

   The Ad-Hoc Bylaws and MOU Committee Chair called the meeting to order at 2:15 p.m. The Ad-Hoc Nominating Committee Chair welcomed all meeting attendees that were present. Attendees were notified that the Ad-Hoc Nominating Committee meeting is based on Florida's "Government-in-the-Sunshine Law and meeting reporting requirements, including the recording of minutes. In addition, it was stated that the acknowledgment of HIV status is not required but is subject to public record if it is disclosed. Introductions were made by the Ad-Hoc Nominating Committee Chair, committee members, and PCS staff by roll call, and a moment of silence was observed.

2. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

3. Meeting Approvals

   The approval for the agenda of the May 11, 2022, Ad-Hoc Bylaws and MOU Committee meeting was proposed by V. Biggs, seconded by Y. Arencibia, and passed unanimously.

   Motion #1: Mr. Biggs, on behalf of Ad-Hoc Bylaws and MOU Committee, made a motion to approve the May 11, 2022, Ad-Hoc Bylaws and MOU Committee agenda as presented. The motion was adopted unanimously.

4. Standard Committee Items

   There were no standard committee items on the agenda for this meeting.

5. New Business

Committee members reviewed the purpose and the goals of the Ad-Hoc By-laws and MOU Committee. The MOU outlines the relationship and roles between HIVPC and the Recipient's office. An MOU was drafted in 2004 but was never signed and executed. The Bylaws is revised on an as-needed basis. The last revision was in October 2018.

Additionally, members discussed the timeline for revision of the Bylaws and MOU. The timeline aims to prioritize and complete the recommendations for each By-Laws parking lot items and MOU development. The ideal completion of both documents is planned for August. Members agreed that each standing committee should review their section of the By-laws, submitting issues or concerns to the Ad-hoc by July 13. Members scheduled future meetings for the 2nd Wednesday of the month at 3:00 PM. Once the Executive Committee and HIV Planning Council approves of both the Bylaws and MOU, the recipient's office will receive a copy to sign. Members changed the dates on the timeline to adequately reflect the timeline of the committees and HIV Planning Council meeting dates.

The Chair recommended that Emily Gantz Mckay present the development process and implementation of an MOU at a future meeting. Members requested to review other EMA's MOUs- New York, Atlanta, Miami-Dade, Chicago, Los Angeles, and Texas (Houston and Dallas). The motion to approve the 2022 Ad-Hoc By-laws and MOU Committee timeline with amendments was made by Y. Arencibia, seconded by V. Biggs, and passed unanimously

Motion #2: Ms. Arencibia on behalf of the Ad-Hoc By-laws and MOU Committee, made a motion to approve the 2022 Ad-Hoc By-laws and MOU Committee timeline with amendments. The motion was adopted unanimously.

Lastly, members reviewed the current By-Laws and By-Laws parking lot items (Handout A on file). PCS Staff created a list of recommendations for the committee to review for revision. Committee members briefly discussed the parking lot items and will review them in depth during the next meeting. Members discussed that the first parking lot item would need a revision in language to deter any confusion. At the next meeting, members will review parking lot item number two in detail regarding the policy that only an unaffiliated consumer can be the CEC Committee Chair. Parking lot item number three led members to recommend that HIVPC members should be required to attend and participate in a minimum of one outreach event for the year. Parking lot item number four briefly discussed the reconsideration of the need for the System of Care (SOC) Committee. Members discussed that SOC was first designed as a committee that tracked the implementation of the Broward EMA Integrated Plan. SOC did not meet for five consecutive months last fiscal year due to not establishing quorum. Parking lot item five will be discussed in greater detail next meeting.

Committee members decided to table the last two items under new business- Assign Responsibilities for MOU Development and Review Data Requirements.

6. Recipient's Report

   There was no Recipient report for this meeting.

7. Public Comment

   The Public Comment portion of the meeting is intended to give the public a chance to express opinions about items on the meeting agenda or to raise other matters pertaining to HIV/AIDS and services in Broward County. There were no public comments.

8. Agenda Items for Next Meeting

   There are no agenda items for next meeting.

9. Announcements

   The CEC will be hosting its Community Conversations Series to uplift community voices on May 17, 2022, at 6 pm at the AHF Healthcare Center on 3rd Avenue on April 12. This session will be concerned with HIV Vaccine Awareness Day. A representative from ViiV Healthcare will present on Cabenuva, an injectable long-acting treatment for HIV.

10. Adjournment

There being no further business, the meeting was adjourned at 3:42 p.m.

Ad-Hoc Bylaws and MOU Committee Attendance for CY 2022

Consumer	PLWHA	Absences	Meeting Month	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Attendance Letters
			Meeting Date					11								
0	0	0	Arencibia, Y.					X								
0	0	0	Moreno, V.					X								
0	1	0	Biggs, V.					X								
0	1	0	Tinsley, Shawn					**X**								
0	0	0	Ruffner, A					**E**								
0	0	0	Barnes, B Chair					X								
			Quorum = 4	0	0	0	0	5	0	0	0	0	0	0	0	

Legend:

X - present	**N - newly appointed**
A - absent	**Z - resigned**
E - excused	**C - cancelled**
NQA - no quorum absent	**W - warning letter**
NQX - no quorum present	**R - removal letter**
CX - meeting canceled for quorum	

Ad-Hoc Nominating Bylaws and MOU Meeting Minutes – May 11, 2022
Minutes prepared by PCS Staff

HANDOUT A

2022 AD-HOC BY-LAWS AND MOU COMMITTEE TIMELINE

ACTIVITY	DUE DATE
Review Ad-Hoc By-laws/MOU Committee purpose, current By-laws, and By-Laws Parking Lot Items	May 11, 2022
Review and approve timeline	
Review proposals and make recommendations for parking lot items #1, #2 & #3	June 9, 2022
Memorandum of Understanding Overview/Training – Emily Gantts McKay	
Assign responsibilities for MOU Development	
Review proposals and make recommendations for parking lot items #4, #5, &#6	July 2022
Request Standing Committee recommendations for additional By-Laws changes.	
Review Initial MOU draft and make recommendations for changes.	
Review proposals and make recommendations for parking lot items #7, as well as additional recommendations from Standing Committees (if proposed).	September 2022
Review MOU second draft including recommendations and revisions.	
Recommendations for By-Laws changes forwarded to HIV Planning Council	September 15, 2022
Recommendations for MOU revisions forwarded to the Executive Committee	
HIV Planning Council votes on recommended By-Laws changes and MOU.	September 22, 2022
Obtain Signatures once the MOU is approved	September 23, 2022

Note: Based on revised By-Laws/MOU, Staff will update the HIVPC Local Procedures Manual which has to be approved by the HIVPC.

HANDOUT B

Preparing and Using a Memorandum of Understanding (MOU) between the Planning Council and Recipient

Ad Hoc MOU Committee

Broward County HIV Health Services Planning Council (HIVPC)

Presentation by Emily Gantz McKay
for JSI Planning CHATT Project

June 2022

Topics

- What is an MOU?
- HRSA HAB Advice
- Typical Components & Outline
- Tips for the Committee
- Questions and Comments

What is a Memorandum of Understanding (MOU)?

A written document agreed to and signed by the Planning Council and recipient that:

- Clearly states the roles and responsibilities of each entity
- Identifies and provides a timeline for information (data and reports) to be shared regularly by each party
- Lays out a plan for communications and interaction between the two entities
- Provides a source of “institutional memory” when changes occur in recipient or Planning Council staff or leadership

HRSA HAB Advice on MOUs

- HRSA HAB encourages use of an MOU by all Ryan White HIV/AIDS Program Part A programs to support a positive relationship
- Begin by reviewing the latest Sample MOU (on the TargetHIV website*) or a recent MOU from another Part A program
- Develop the MOU early on, to maximize collaboration and prevent or minimize tension and conflict—don't wait until serious conflict develops
- Have a committee including recipient and Planning Council leadership jointly develop and negotiate MOU
- Include provisions for regular review and updates

* See https://targethiv.org/library/memorandum-understanding-mou-between-ryan-white-hivaids-program-rwhap-part-planning-council

Typical MOU Components and Outline*

I. **Purpose Statement**
II. **Roles and Responsibilities**
   A. Planning Council
   B. Recipient
   C. Shared
   D. Administrative Duties/Operations
III. **Communications**
IV. **Information/Document Sharing**
   A. Overview
   B. Planning Council to Recipient
   C. Recipient to Planning Council *[Chart]*
   D. Documents/Info Not Shared
V. **Settling Disputes or Conflicts**
VI. **Responsible Parties & Contact Information**
VII. **MOU Duration and Review**
   A. Effective Date
   B. Duration
   C. Process for Review/Revisions
VIII. **Signatures**

*** See** https://targethiv.org/library/memorandum-understanding-mou-between-ryan-white-hivaids-program-rwhap-part-planning-council

Tips for the Committee

- If there is confusion about the process, ask your Project Officer for advice
- Be sure the MOU is very clear about information and reports to be provided by each party, including their content, frequency, and timing – for example:
  - The various data reports the PC/PB needs for its priority setting and resource allocations decisions each year
  - The decisions the recipient needs to include in reports to HRSA HAB
- Resolve areas of potential disagreement during MOU development – avoid vague language that could cause problems later
- Ensure that the MOU is approved and signed by both parties (including senior municipal officials where appropriate) and shared with the entire Planning Council and recipient staff
  - Present to the full Planning Council for understanding, approval, and buy-in

Questions and Comments

MODEL MEMORANDUM OF UNDERSTANDING (MOU)

I. Purpose Statement

This Memorandum of Understanding (MOU) between the *[name of]* Planning Council and Recipient *[name of agency]* is designed to:

- Create a shared understanding of the relationship between the Part A Recipient and the Planning Council;
- Specify the legislatively mandated and locally defined roles and responsibilities of each entity;
- Establish shared expectations for how the two entities will work together to share information and implement these roles and responsibilities; and
- Support a mutually beneficial relationship between these important partners.

II. Roles and Responsibilities

The roles and duties of the CEO, Recipient, and Planning Council as specified in the legislation (Title XXVI of the Public Health Service Act) and in guidance from the Health Resources and Services Administration' HIV-AIDS Bureau (HRSA HAB) are summarized below, as provided in the *Planning Council Primer*:

ROLE/DUTY	RESPONSIBILITY		
	CEO	Recipient	Planning Council
Establishment of Planning Council/Planning Body	X		
Appointment of Planning Council/Planning Body Members	X		
Needs Assessment		X	X
Integrated/Comprehensive Planning		X	X
Priority Setting			X
Resource Allocations			X
Directives			X
Procurement of Services		X	
Contract Monitoring		X	
Coordination of Services		X	X
Evaluation of Services: Performance, Outcomes, and Cost-Effectiveness		X	*Optional*
Development of Service Standards		X	X
Clinical Quality Management		X	*Contributes but not responsible*
Assessment of the Efficiency of the Administrative Mechanism			X
Planning Council Operations and Support		X	X

A. Roles and Responsibilities of the Planning Council

The Planning Council is solely responsible for the following legislatively mandated responsibilities:

1. **Priority setting and resource allocation:** Set priorities among service categories, allocate funds to those service categories, and provide directives to the Recipient on how best to meet these priorities. This includes reallocation of funds as required during the program year and allocation of carryover funds.
2. **Assessment of the administrative mechanism:** Assess the Recipient's process for procurement of services and timely disbursement of funds to the areas of greatest need within the service area *[EMA/TGA]*.

B. Roles and Responsibilities of the Recipient

The Recipient is solely responsible for meeting the following legislatively mandated responsibilities:

1. **Procurement:** Manage the process for awarding contracts to specific service providers.
2. **Contracting:** Distribute funds according to the priorities, allocations, and directives of the Planning Council.
3. **Contract monitoring:** Monitor contracts to be sure that subrecipients are meeting their contractual responsibilities and are in compliance with federal requirements and locally established service standards. Recommend re-allocations to the Planning Council during the grant year based on service category performance and expenditures and/or emerging needs.
4. **Technical Assistance to Service Providers:** Provide technical assistance to subrecipients on as needed to build capacity and improve contract compliance and service delivery.
5. **Clinical Quality Management:** Maintain a clinical quality management program to measure subrecipient performance based on established performance measures and service standards. Includes quality improvement activities to improve patient care, health outcomes, and patient satisfaction.

C. Shared Responsibilities

The Recipient and Planning Council share the following legislatively mandated responsibilities, with one entity having the lead role for each, as stated below:

1. **Needs Assessment:** Determine the size and demographics of the population of individuals with HIV in the EMA/TGA, and their service needs, barriers, and gaps. The Planning Council has primary responsibility for needs assessment, with the Recipient assisting with the process and providing an epidemiologic profile, estimate of unmet need, and information such as service utilization data and expenditures by service category.
2. **Integrated/Comprehensive Planning:** Develop an Integrated HIV Prevention and Care Plan for the organization and delivery of health and support services within the EMA/TGA. The Plan may be developed independently or in collaboration with the State Department of Health and/or other RWHAP Part A programs in the state. The Planning Council takes the lead in developing the Plan, with the Recipient providing information, input, and review. The Plan is developed every five years or as specified by HRSA HAB. The Planning Council and Recipient work together to implement the Plan, monitor progress and evaluate results, and meet reporting requirements.
3. **Service Standards:** Develop and regularly review and update service standards for all funded service categories. The Planning Council typically takes the lead in this effort, with extensive Recipient involvement. The Recipient has ultimate responsibility for ensuring the development, distribution, and use of service standards.
4. **Evaluation:** Evaluate the effectiveness of services in meeting identified needs of people with HIV, through use of special studies or aggregate data provided by the Recipient. The Recipient takes the lead on evaluation based on HRSA-specified performance measures. As stated in the legislation, the Planning Council has the option of evaluating service effectiveness.

D. Administrative Duties/Operations

In addition to their legislatively specified roles, the Recipient and Planning Council share the following administrative duties related to RWHAP Part A planning and management:

If the Planning Council Support is managed through the City or County:

1. **Fiscal Management of Planning Council Support Funds:** The Recipient provides fiscal management of Planning Council Support funds. The annual Planning Council Support budget is part of the Recipient's administrative budget. The amount to be used for Planning Council Support is negotiated between the Recipient and Planning Council each year. The Planning Council Support Manager *[title]* works with the *[name of]* Committee to develop the Planning Council budget, which is reviewed by the Recipient to ensure proposed use of funds meets federal and municipal requirements. The Planning Council Support Manager *[title]* works with the *[name of}* Committee to monitor Planning Council expenditures, based on monthly reports provided by the Recipient through Planning Council Support staff. The Recipient is responsible for ensuring that all expenditures meet RWHAP guidelines as well as local financial management regulations.
2. **Contracting for Planning Council Consultants or Contract Services:** The Recipient provides contracting services when the Planning Council needs to hire consultants or other contractors, with Planning Council Support staff helping to manage the process. This contracting must meet both local procurement requirements and RWHAP and other federal guidelines. The Planning Council helps to develop the scope of work and participates in selection of consultants and other contractors that are paid with Planning Council Support funds. Planning Council Support staff ensure ongoing oversight and monitoring of consultants and other contractors.
3. **Office and Meeting Space:** The Recipient and Planning Council maintain separate and distinct offices within the same building where feasible. The Recipient arranges appropriate office space for both entities. Office space for the Planning Council should meet all Americans with Disabilities Act (ADA) requirements. If ADA-compliant and readily accessible meeting space for the Planning Council and its committees is not available in the building where office space is located, the Planning Council arranges meeting space in the community that is accessible and appropriate for encouraging member and community attendance.

4. **Planning Council Support Staff**: *[Describe staff supervision and hiring for Planning Council and relation to Recipient staff. Here is an example for an EMA where both Planning Council and Recipient are located in the Department of Health.]* Both Recipient and Planning Council Support staff are employees of the Department of Health, but are hired and supervised by different units to maintain the independence of the two entities with their complementary but different legislative responsibilities. The Recipient Manager is supervised by the Director of the *[HIV/STD Division]*. The Planning Council Support Manager is supervised by the Director of the *[Community Health Division]* When the Planning Council Manager is hired, at least one member of the Executive Committee who is not a local government employee participates on the panel on behalf of the Planning Council and is consulted throughout the hiring process. This is generally the Planning Council Chair or a Co-Chair. The Planning Council Support Manager has primary responsibility for selecting other Planning Council Support staff, within the local personnel system. The Planning Council Support staff is responsible for supporting the work of the Planning Council and its committees, to enable the Council to meet its legislative duties. The Planning Council guides the work of the Planning Council Support Manager through the Chair/Co-Chairs. The Planning Council Chair or Co-Chairs participate in evaluation of the performance of the Planning Council Support Manager, which follows local procedures. Where questions or concerns arise regarding the roles and responsibilities of Planning Council Support staff, the ultimate decision maker is *[supervisor title and unit]*. However, the Planning Council Chair/Co-Chairs are consulted and the Recipient RWHAP Part A Manager is kept informed about major Planning Council Support staff issues or staffing changes.

If Planning Council Support is contracted out:

1. **Contracting for Planning Council Consultants or Contract Services:** The Recipient provides procurement services in the hiring of a Planning Council Support contractor and ensures that it meets both local procurement requirements and RWHAP and other federal guidelines. The Planning Council helps to develop the scope of work and participates in selection of the Planning Council Support contractor, which is paid with Planning Council Support funds. If the Planning Council requires other consultants or subcontractors to meet its legislative responsibilities and funding is available through the Planning Council Support budget, hiring and supervision is done by the Planning Council Support contractor. The Planning Council participates in development of the statement of work and selection of the consultant or subcontractor through its Chair/Co-Chairs or the appropriate committee Chair/Co-Chairs.

2. **Fiscal Management of Planning Council Support funds:** The Planning Council Support Contractor provides fiscal management of Planning Council Support funds. The annual Planning Council Support budget is part of the Recipient's administrative budget. The amount to be used for Planning Council Support is negotiated between

the Recipient, Planning Council, and contractor. The contractor's Planning Council Support Manager *[title]* works with the *[name of]* Committee to determine how available funds will be used, and to ensure that proposed use of funds meets federal and municipal requirements and is consistent with the terms of its contract. The Planning Council Support Manager *[title]* works with the *[name of]* Committee to monitor Planning Council expenditures, based on monthly reports provided by the contractor. The contractor is responsible for ensuring that all expenditures meet RWHAP guidelines as well as local financial management regulations.

3. **Office and Meeting Space:** The contractor is responsible for arranging office and meeting space for the Planning Council. This space should meet all Americans with Disabilities Act (ADA) requirements and be safe and readily accessible at meeting times. If ADA-compliant and readily accessible meeting space for the Planning Council and its committees is not available in the building where office space is located, the contractor works with the Planning Council to select and arrange meeting space in the community that is accessible and appropriate for encouraging member and community attendance.
4. **Planning Council Support Staff**: Planning Council Support staff are assigned by the contractor. Either as part of the contractor selection process or separately, Planning Council leadership has the opportunity to review the qualifications of the proposed Planning Council Support Manager and has the right of disapproval. Planning Council Support staff is responsible for supporting the work of the Planning Council and its committees, to enable the Council to meet its legislative duties. The contractor selects and assigns other Planning Council Support staff, within the local personnel system. The Planning Council Support Manager is supervised by the contractor, but the Planning Council guides that individual's work through the Chair/Co-Chairs. The Planning Council Chair or Co-Chairs also participate in evaluation of the performance of the Planning Council Support Manager. Where questions or concerns arise regarding the roles or performance of Planning Council Support staff, Planning Council Chair or Co-Chairs contact the responsible contractor official. If the situation cannot be resolved at this level, the ultimate decision maker is *[city or county official who oversees the contract]*. Both the Recipient RWHAP Part A Manager and the Planning Council are kept informed about Planning Council Support personnel issues or changes. If a new Planning Council Support Manager is hired during the contract period, the Planning Council participates in the hiring process and has the right of disapproval.

For all MOUs:

1. **RWHAP Part A Application Process:** The Recipient has responsibility for preparation and submission of the RWHAP Part A application. Planning Council Support staff provides information for the application sections related to Planning Council membership and duties and a list of priorities and allocations as established by the Planning Council. [*Optional: To the maximum extent possible given time constraints, the Planning Council Chair or Co-Chairs and the Executive Committee have an*

opportunity to review the application before submission and make suggestions for its improvement.] The Planning Council approves a letter of assurance to be signed by the Planning Council Chair or Co-Chairs that must accompany the application. The letter describes whether the Recipient has expended formula, supplemental, and Minority AIDS Initiative (MAI) funds in accordance with Planning Council priorities and allocations and provides other information from the Planning Council as specified in the RWHAP Part A Notice of Funding Opportunity (NOFO).

2. **Subrecipient RFP for Part A Services:** Procurement is the Recipient's responsibility. The recipient may allow up to two members of the Planning Council who have no actual or perceived conflict of interest to review in draft either the entire narrative or the portions of the Request for Proposals (RFP) that address service standards and current Planning Council directives.

III. Communications

Both Recipient and Planning Council recognize the importance of regular and open communications and timely sharing of information. If issues or problems arise, both parties agree to work together to clarify and address the situation. Communications will meet the following guidelines:

1. **Most Planning Council standing committees will have a Recipient staff member with appropriate skills who is assigned to it and attends meetings regularly.** That staff member will serve as liaison to the Recipient for that committee and will be responsible for all regular communications and information requests related to that committee; the committee Chair/Co-Chairs and the Planning Council Support Manager will initiate or be cc'ed on all Planning Council requests.

2. **The Recipient and Planning Council will each have a designated liaison responsible for sharing and receiving information to meet other requests, and for disseminating information within their entity.** For the Planning Council, the designated liaison will be *[title – usually the Planning Council Support Manager]*. For the Recipient, it will be the *[title – usually the RWHAP Part A Manager]*. Requests will be made in writing through the liaison; requests from the Planning Council that are not initiated by the Chair/Co-Chairs will cc them. When questions or concerns arise about a request, the designated liaison will ensure that they are addressed in a timely manner.
3. **Both entities will use designated liaisons and channels of communication.** For information beyond normal reports and information, it is the responsibility of the designated liaisons to determine whether the Recipient is the appropriate source for this information and whether the information is available and can be provided within the Recipient's resources. Where the Recipient feels it cannot meet the request, the liaison will consult with the Planning Council liaison and the Planning Council or Committee Chair or Co-Chairs.
4. **Staff of both entities and Planning Council members will avoid inappropriate communication requests or channels.** This means not asking for information from individuals other than those designated, not bypassing established communication channels, and maintaining the confidentiality of information that should not be shared outside the RWHAP Part A program.
5. **Requests for information will be handled as quickly as possible.** Both parties will provide the other party as much lead time as possible when making a request and share requested information as quickly as possible.
6. **Information received by one entity but important to both will normally be shared within 3-5 business days.** This includes Conditions of Award, new or revised HRSA HAB regulations or expectations, and the RWHAP Part A Notice of Funding Opportunity (NOFO), as well as new or updated Policy Clarification Notices (PCNs). Both parties commit themselves to responding rapidly to requests that involve satisfying HRSA HAB requirements or requests or addressing other matters that may affect the funding or reputation of the EMA/TGA's RWHAP Part A program.
7. **When policies or procedures appear problematic, the parties will work together to clarify and, if appropriate, refine them –** while adhering to legislative requirements, HRSA/HAB guidance and expectations as stated in RWHAP Part A-related manuals, policy statements, and guidance, and state and local statutes and policies.
8. **The Planning Council will not request or receive data about the performance or expenditures of individual providers; it will receive information only by service category.** In cases where there is only one service provider for a service category,

the Planning Council will have access to this information, but without identifying information.

9. **Planning Council members will not discuss or use in decision making any information about individual providers.** Members will refrain from requesting such information in their capacity as Planning Council members, even if it is available to members as individuals through public records or freedom of information laws or policies.
10. **The Planning Council will not become involved in individual consumer complaints about services.** Individuals with complaints will be informed about the subrecipient complaints process. Broader, systemic complaints or concerns about services will be referred by the Planning Council to the Recipient.

IV. Information/Document Sharing

A. Overview

It is the intent of this MOU to encourage regular sharing of information and materials throughout the year. This section specifies a set of materials to be provided and information to be shared. Parties to the MOU may request and receive additional materials or information, except for those that should not be shared for reasons of sensitivity or confidentiality.

B. Information to be Provided by the Planning Council to the Recipient

The Planning Council will provide the Recipient RWHAP Part A Program Director with the following information and materials:

1. A dated **list of Planning Council members and their terms of office**, with primary affiliations as appropriate, to be provided annually and updated as needed throughout the year, in accordance with Conditions of Award or other HRSA HAB requirements.
2. **Notification of the Planning Council's monthly meetings, retreats, orientation and training sessions, and other Council events,** at the same time such notification goes to Planning Council members.
3. The **meeting notice, agenda, and information package for each Planning Council meeting**, to be provided at the same time they are provided to Council members.
4. **The Council's approved service priorities and resource allocations**, along with the process used to establish them and directives to the Recipient on how best to meet these priorities. This information will be provided within five business days after the Planning Council has made these decisions.

5. **Copies of final planning documents prepared by the Planning Council**, such as needs assessment reports, within five business days after their completion and approval by the Planning Council.
6. **Information or documents needed by the Recipient to complete Planning Council-related sections of the Part A application**, on a mutually agreed-upon schedule.

C. Information to be Provided by the Recipient to the Planning Council

The RWHAP Part A Program Director will provide the Planning Council Support Manager the following reports and information. These will be the minimum requirements. Additional or different information needs will be discussed and agreed upon at the beginning of each year and at quarterly meetings of the parties to this MOU. *[Use list or chart specifying data or document to be provided, frequency, and timing for providing the information to the Planning Council.]*

1. A **copy of the annual Notice of Grant Award (NGA)** including Conditions of Award, a copy of any approved carryover request, and a copy of other official communications from HRSA HAB that directly involve the Planning Council, within three business days after they are received.
2. A written **monthly expenditures report by service category**, including comparisons between projected and actual expenditures, provided in writing at least *[five]* business days before the meeting of the appropriate committee.
3. A report to the Planning Council summarizing and explaining **over- and under-expenditures by service category and any suggested reallocations**, to be provided *[quarterly]*, at least *[five]* business days before the meeting of the Allocations *[or related]* Committee.
4. **Utilization data by service category**, including client numbers and demographics for each service category and for mutually determined special populations requiring additional analysis, to be provided *[monthly, quarterly]*, including end-of-year data consistent with the Ryan White Services Report (RSR). Annual data will be provided within 30 days after the RSR is submitted; due dates for more complex analyses will be mutually determined annually based on the schedule for priority setting and resource allocation.
5. **Performance and clinical outcomes data including measures specified by HRSA HAB**,, collected by the Recipient, to be provided at least annually.
6. **Other information and recommendations to assist the Planning Council** in carrying out its responsibility to set priorities among service categories, allocate funds to those service categories, and prepare directives to the Recipient on how best to meet these priorities. The content and format for this information will be mutually agreed upon each year, but will typically include epidemiologic data, additional cost and utilization data, HIV Care Continuum (HCC) data, and an estimate of unmet need for primary health care among people who know their status but are not in care. If

some of these data are obtained from the State, the Recipient will arrange for the state to ensure timely sharing of these data. If the Planning Council Chair/Co-Chairs and/or Support Manager do not participate in the monthly calls with the HRSA HAB Project Officer, information relevant to Planning Council decision making will be shared at the next Planning Council meeting, as part of the Recipient's report.

7. **Information requested by the Planning Council to meet its responsibility for assessing the efficiency of the administrative mechanism**. The content and format for this information will be mutually agreed upon each year.
8. **The Final Financial Report (FFR)** submitted to HRSA following the end of each program year, to be provided within five business days after the report is submitted to HRSA HAB.
9. **Carryover information** as it becomes available. This includes the estimated carryover as submitted to HRSA HAB at the end of the calendar year, the actual carryover from the Financial Status Report, the carryover plan submitted to HRSA HAB, and the approved carryover plan. Each document will be provided to the Planning Council within five business days after it is submitted or received.
10. **The Financial Status Report (FSR) and other end-of-year reports including the Final Implementation Plan and Final Allocations Report**, as submitted to HRSA/HAB in the final progress report each year, providing information on the number of individuals served and costs per client for each service category. The Planning Council will receive this information within ten business days after the Recipient submits the final progress report to HRSA/HAB, based on the Conditions of Award, in time for use in priority setting and resource allocation.

When the Planning Council or a Committee requests special or additional information from the Recipient, the request will always be listed in the summary minutes of the meeting. In addition, Planning Council Support staff will provide a list of requests in a follow-up e-mail within two business days, with a copy to the Committee Chair and Planning Council Chair *[or Co-Chairs]*.

D. Documents and Information that will Not be Shared

To maintain the confidentiality of sensitive information, the following will not be shared:

1. Information on the HIV status of members of the Planning Council who are not publicly disclosed as people with HIV.
2. Information about individual applicants for service subrecipient contracts or about the performance of individual subrecipients.
3. Information about the individual salaries of Recipient and Planning Council Support staff. Except for the Chair *[or Co-Chairs]*, the Planning Council will receive staff salary data on Planning Council Support staff only as submitted in the RWHAP Part A application or in the aggregate. The Planning Council will not have access to the Recipient's detailed operational budget; a summary version may be shared.

V. Settling Disputes or Conflicts

If conflicts or disputes arise with regard to the roles and responsibilities specified in Section II of this Memorandum of Understanding, the parties will use the following procedures to resolve them:

1. Begin with a face-to-face meeting between the parties to attempt to resolve the situation, within five working days after either party identifies an issue.
2. If the situation cannot be resolved by these parties, hold a meeting of representatives of both parties, within ten working days after the initial meeting, to discuss the issue and reach resolution if possible.
3. If the situation still cannot be resolved, hold a meeting that includes representatives of the Recipient and Planning Council and the Chief Elected Official or designee [*and the HRSA HAB Project Officer]*. The decision of the CEO or designee will be final.

VI. Responsible Parties and Contact Information

Following are the responsible parties to this MOU, along with the names of the individuals in these positions at the time the MOU was adopted, and their contact information, including the individual within their office who should receive all communications related to this MOU and the RWHAP Part A program.

The MOU will continue in effect regardless of changes in the individuals who hold these positions. Their successors will be expected to follow the MOU pending the annual review.

For the CEO:

- CEO or designee

For the Recipient:

- Supervisor of RWHAP Part A Program Director
- RWHAP Part A Program Director (Principal Contact)

For the Planning Council:

- Planning Council Chair or Co-Chairs
- Planning Council Support Manager (Principal Contact)

VII. MOU Duration and Review

1. Effective Date

The MOU will become effective once all the authorized individuals sign it.

B. Duration

The MOU will remain in effect unless or until the parties act to end it or the Recipient is no longer the recipient of RWHAP Part A funding for the EMA/TGA.

C. Process for Reviewing and Revising the MOU

The MOU will be reviewed and revised regularly, with the involvement and approval of all parties. Reviews will occur:

1. Following each reauthorization or legislative revision of the Ryan White HIV/AIDS Program legislation by the U.S. Congress, to ensure that the MOU remains fully appropriate, updated, and reflective of the Act.
2. Once every two years, at least one month before the new funding year begins.

When the MOU has been reviewed and revised, the amended version will be signed and dated by all parties. The revised version will become effective once signed.

VIII. Signatures

CEO or Designee

Recipient

Planning Council Chair or Co-Chairs

Planning Council Support Manager

Links to RWHAP Part A MOUs

Following are links to recently adopted or updated MOUs that are available on local websites.

1. **New Haven-Fairfield County TGA –** signed August 2020; available at http://nhffryanwhitehivaidscare.org/assets/resources/nhff_FinalMOU_08-2020.pdf
2. **New York EMA** – Updated MOU signed May 2019; available at: https://nyhiv.org/wp-content/uploads/2019/12/Memorandum-of-Understanding_Approved-Final-2019.pdf
3. **Minneapolis-St. Paul TGA** – MOU between the Minnesota HIV Services Planning Council Planning Council, which does planning for both RWHAP Part A and Part B, and the Recipient, Hennepin County Human Services and Public Health Department, which manages both Part A and Part B services in the area; available at: http://www.mnhivcouncil.org/uploads/3/4/7/5/34759483/part_a_mou_2010_signed.pdf
4. **Charlotte TGA** – MOU between the Recipient and the Planning Body. Signed May 2019; available at: https://www.mecknc.gov/HealthDepartment/RyanWhite/Documents/Memorandum%20of%20Understanding%20-%20Recipient%20and%20Planning%20Body%202019.pdf

This resource was prepared by JSI Research & Training Institute, Inc. and EGM Consulting, LLC, and supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number U69HA30795: Ryan White HIV/AIDS Program Planning Council and Transitional Grant Area Planning Body Technical Assistance Cooperative Agreement. This information or content and conclusions are those of the author(s) and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.

HANDOUT C

BY-LAWS PARKING LOT ITEMS			
#	**Proposal**	**By-Laws Location**	**Stated Reason**
1	Committee Chair/Vice Chair Qualifications: Policy for leadership affiliation with provider agencies	Article VIII, Section 1, B	Reconsider guideline for standing committee chairs' affiliation with Part A funded provider.
2	Committee Chair/Vice Chair Qualifications: Policy for CEC Committee Chair to be an unaffiliated consumer.	Article VIII, Section 5, B	Reconsider guideline for CEC committee chair to be an unaffiliated individual. Unaffiliated consumer membership is currently below HRSA 33% mandate however there are several affiliated PWH serving on the council. Additionally, history has shown where a person's unaffiliated status may change as they begin networking within the HIVPC/RWHAP
3	Include language for members to be required to participate in outreach activities/tabling.	Article IV	The HIVPC has several opportunities to table at community event as a means of member recruitment and community education. However, in some instances the same few persons are volunteering or no one volunteers. This allows for missed opportunities to recruit new members and/or ineffective to recruitment of new members.
4	Review the purpose of all HIVPC's Committees	Article VIII	The HIVPC has six standing committees, each with their own purpose and work plans. There appears to be a need to review the purpose of each committee to ensure that there is clarity and efforts are not being duplicated across Committees.
5	Include a standard list of accepted excused absences.		Members are allowed excused absences from scheduled HIVPC and Committee meetings throughout the Calendar year. There appears to be a need to create a standardized list of excused absences.
6	Review the removal/resignation process for HIVPC members who have a change in qualifications such as unaffiliated members who later come affiliated, and members who sit on the council by virtue of their employment.	MCDC Policies and Procedures	Currently, when unaffiliated member become affiliated, they must resign and reapply. The same goes for members who sit in job-based seats once they are no longer employed with their current agency. The process for appointment by the County Commissioners is very lengthy and can deter persons who wish to reapply, negatively impacting member retention. As such a need has arisen to reconsider the need for members to be removed/resigned versus the Council voting on a seat change to retain valuable members where possible.
7	Review the number of required meetings for the Council during the fiscal year.	Article VI, Section 1	The Council is currently required to meet at least nine times for the fiscal year. Members have suggested a review of the number of required meetings, as well as the time and location of meetings.

expectations, and voting rights as Commission members, with regard to that specific committee but not with regard to the full Commission.

v. A named member's failure to attend standing committee meetings per the standards of section 3.17 of these bylaws may result in removal from the committee.

vi. Named members may be required to sign the forms delineated in section 3.3M of these bylaws.

B. Representation. All committees must include members who are PLWH, and should strive for representation from multiple jurisdictions. Individual committees may have different minimum and maximum sizes and committee membership requirements based on their responsibilities and the extent to which they deal with confidential information.

6.8 **Leadership.** Each standing committee other than Executive Operations shall have a Chair and a Co-Chair. The Chair must be a Commission member, since the Chair serves and votes on the Executive Operations Committee. Co-Chairs are selected by consent of the committee members and may be either Commission members or "Named Members" in accordance with section 6.7 of these bylaws.

6.9 **Staff support.** The Commission staff shall provide meeting coordination and support to the committees. Support staff shall also provide technical support and advice to the committees, and help ensure ongoing recipient/grantee and administrative agent participation in committee meetings so that committees have the information, expertise, and resources to carry out their legislative responsibilities.

ARTICLE 7: CONFLICTS OF INTEREST

7.1 **General.** The Commission shall develop and publish procedures to guard against conflicts of interest for its members. These procedures shall guarantee that no members of the Commission shall participate in any way in consideration of, or making decisions on, grants to their own organizations or to any organization offering the same or similar services. This prohibition extends to any member of the Commission having a family member who is an officer or employee in an organization being considered for a grant. The conflict of interest procedures of the Commission shall also ensure compliance with section 2602(b)(5)(A) and (B) of the Public Health Service Act (42 U.S.C. § 300ff-12(b)(5)(A) and (B)).

7.2 **Statements.** All members of the Commission shall sign a conflict of interest statement delineating their economic or other relationships (for example, contracts, employment, grants, etc.) with entities that may be affected or benefit by Commission decisions. If a conflict of interest arises for any Commission members, those members shall immediately

minutes by action of the HIV Planning Group.

ARTICLE 7: SUBCOMMITTEES

Section A: The HIV Planning Group has the authority to establish and to disband, as appropriate, standing and ad hoc subcommittees/task forces as necessary to conduct its business. The actions and recommendations of committees shall not be deemed the action of the HIV Planning Group or its members. ~~A~~ Standing and ad hoc committees may bring an action item to the HIV Planning Group for approval.

Section B: All standing and ad hoc subcommittee meetings shall be chaired by a member of the HIV Planning Group, shall consist of no fewer than three HIV Planning Group members, at least one of whom must be a consumer. Standing subcommittees and ad hoc committees may elect to establish a co-chair who does not have to be a member of the HIV Planning Group. The committee co-chairperson shall assume the role of the committee chairperson should the chairperson become unable to fulfill the role of committee chairperson for three (3) consecutive meetings. If the co-chairperson is not a member of the HIV Planning Group the co-chairperson may assume the role of committee chairperson and may attend the Steering Committee, but may not vote. If the committee chairperson is unable to attend three (3) consecutive meetings, a new committee chairperson ~~will~~ may be appointed per Article 5, Section C of these bylaws.

Section C: Members of the HIV Planning Group are appointed to a subcommittee by the HIV Planning Group chairperson, after review and recommendation from the Membership Committee, which will include a discussion of member's preference, availability, and needs of the HIV Planning Group.

Section D: All subcommittees shall operate under the bylaws of the HIV Planning Group. Each subcommittee may adopt/establish ground rules and operating procedures, subject to review and approval by the Steering Committee.

Section E: The HIV Planning Group shall establish a Steering Committee, led by the chairperson, to set the agenda for HIV Planning Group meetings and to address issues of HIV Planning Group governance. The Steering Committee shall be comprised of the HIV Planning Group chairperson, elected vice chairperson(s) and chairs of all standing committees. In the absence of a subcommittee chairperson, a committee co-chairperson can attend to establish quorum. When the co-chairperson is not a member of the HIV Planning Group, they must abstain from voting. A quorum will be a simple majority of the number of current members of the Steering Committee. Non-HIV Planning Group member committee co-chairpersons who attend the Steering Committee in place of the committee chairperson count towards establishing a quorum, but do not vote at the Steering Committee.

D. A representative of an agency that receives or is eligible to receive Ryan White Act funds may not serve as a Chair but may serve as a Vice-Chair.

E. To be nominated as an officer of the Council, the member must be in good standing with the Council membership policy and has served at least six months on the Council.

F. Whenever the officer deems it appropriate, the Chair or a presiding Vice-Chair may, but is not required to, appoint another member to act as Sergeant at Arms for one or more Council meetings. When a Sergeant at Arms is appointed, officers shall assist in maintaining order and parliamentary proceedings while Council meetings are in session.

Section 2. Nominations and Elections.

A. Nominations of Officers shall be initiated a month prior to elections, generally on or before the regular December meeting of the Council.

B. Nominations shall be made directly by Council members.

C. Elections generally shall be held on or before the first regular meeting of the new calendar year.

Section 3. Officer Terms.

A. Officers shall serve in elected office for terms of one calendar year or until their successors are elected.

B. No officer shall be eligible to serve more than three consecutive terms in the same office.

Section 4. Powers of the Officers.

A. The Chair shall be the chief executive officer of the Council and shall have the general powers and duties of management usually invested in the office of Chair, and shall have other powers and duties as may be prescribed by the Council.

B. The Chair shall preside at all meetings of the Council and be the Chair of Executive Committee.

C. In the absence of the Chair, one of the Vice-Chairs shall preside. Should the Vice-Chairs also not be available, the Council may select a member to preside by consensus or vote as necessary.

ARTICLE VI – COMMITTEES AND SUBCOMMITTEES

Section 1. Standing Committees, Subcommittees, and Task Forces. There shall be such standing committees, subcommittees, task forces, and special committees established as the Council shall deem necessary to accomplish the purposes set forth in Article II of these bylaws.

Section 2. Committee Policies and Procedures. Each committee is responsible for developing and conforming to its own policies and procedures. The Council shall approve all revisions to the policies and procedures adopted by its committees. Committees of the Council shall have a minimum of two officers.

These officers may be either Chair and Vice-Chair or Co-Chairs.

ARTICLE VII – PLANNING COUNCIL SUPPORT

Section 1. Planning Council Support. Planning Council support is one or more designated staff that assist the Council in carrying out its legislative functions as outlined in the Planning Council Support policies and procedures.

ARTICLE VIII – COMPENSATION

Section 1. Compensation for Time. With the exception of County employees serving on the Council as part of their County employment, persons serving as Council members shall not receive salary or other compensation by the County for their attendance and services at Council meetings or in conjunction with any Council activities.

Section 2. Compensation for Expenses. Council members, and members of Council committees, designated as "unaligned consumers" and other members with financial need may be compensated for expenses incurred in connection with their duties to the extent allowed by Ryan White Act funding, HIV Planning Council policies, and other County policies. For purposes of travel expenses, any Council or committee member traveling outside of the region for County business purposes may be compensated for travel and training costs consistent with HIV Planning Council policies and County policies governing "registered volunteers."

ARTICLE IX – CONTRACTS

Section 1. Contracts. Council members shall not have the power or authority to bind the County of Orange by any contract or agreement.

ARTICLE X – CONFLICT OF INTEREST

Section 1. County Ordinances for Conflict of Interest. All Members of the Council are subject to all County ordinances, including but not limited to, the Council Gift Ban Ordinance, Code of Ethics, and Sexual Harassment Policy.

Section 2. Conflict of Interest. In addition to the conflict of interest rules set forth herein, County conflict of interest ordinances and FPPC regulations, members are also subject to a separate set of HRSA-approved conflict of interest policies and procedures, which include: Members shall not involve themselves in official Council actions that could materially benefit them personally, their business interests, or the interests of organizations that they represent. Should a material conflict of interest arise, the member must abstain from voting, and the abstention will be recorded in the meeting minutes as outlined in the Conflict of Interest policies and procedures.

A. Council members shall biannually disclose any conflict they may have.

Section 3. Conflict of Interest and Committees.

A. Committees of the Council that make funding recommendations to the Council shall operate with the highest standards of integrity and openness. Therefore, no such committee may have, as its sole presiding officer(s), an individual who is an employee or board member of an agency with a

Section 4.2 – Special Committees

Such special committees as may be appropriate may be created by action of the Chairperson of the Ryan White Planning Council of the Dallas Area or by the CEO. Any such committee shall have such powers and duties, and its membership shall be constituted, as the Chairperson of the Ryan White Planning Council of the Dallas Area or the CEO may determine.

Section 4.3– Meetings; Quorums for Committees

Each committee shall meet at such time as it may determine and may act by a majority of those present at any meeting at which a quorum is present. A quorum is a simple majority (51 percent) of the voting members. The Chair or Vice Chair of the Ryan White Planning Council are considered to be ex-officio members of all other standing committees' and therefore may step in and chair a standing committee for the purposes of establishing quorum, but their ability to vote must be consistent with the bylaws.

Section 4.4 – Committee Membership

4.4.1 Each standing or special committee shall have a Chairperson and Vice-Chairperson recommended by the Executive Committee of the Ryan White Planning Council of the Dallas Area through an open nominations process and appointed by the CEO. All Chairs and Vice-Chairs shall be appointed for a one (1) year term. At the end of such time, Chairs and Vice-Chairs will be reviewed by the Executive Committee for reappointment. The Chairperson AND Vice Chairperson of each standing committee shall be a duly appointed member of the Council.

4.4.2 The Executive committee shall make appointments to each standing committee of the Council. This will include a review of the application and an interview if the interviewee is not currently sitting on a Ryan White Planning Council standing committee. The appointments shall be made from the membership of the Council, and other interested citizens who have expressed an interest in serving on the committees of the Council. The standing committees shall consist of no more than fifteen (15) members, except for the Consumer Council Committee, which shall consist of no more than twenty (20) members. There are no non-voting member positions. Committee membership shall reflect in its composition the demographics of the epidemic of the Dallas EMA, in accordance with Section 3.1. All committee members shall be appointed for a one (1) year term. At the end of such time, membership will be reviewed by the Executive Committee for reappointment.

4.4.3 The Ryan White Planning Council of the Dallas Area staff shall ensure that accurate records are kept of the work of the committees.

4.4.4 All committee members shall comply with the conflict of interest standards set out in Section VII below, including the completion of a disclosure statement listing any and all affiliations with agencies which may receive or pursue funding. The Allocations Committee and the Planning and Priorities Committee may not include representation from any service provider currently receiving funds from grants involved in the community planning efforts of the Ryan White Planning Council of the Dallas Area. No member shall dually serve on the Allocations Committee and the Planning & Priorities Committee.

2. Work with Planning Body Support to ensure that the Planning Body Facebook page and website are up to date.
3. Outreach to engage PLWH subpopulations and affected communities.
4. Public information and education efforts.
5. Support of testing and other community events and activities.
6. Input from and information exchange with the "Ryan White PLWH Community Meeting" and any other "Community Meetings" established by the Planning Body.

Section 7.3 **Standing Committee Chairs and Vice Chairs**

Each Standing Committee shall elect a Chair and a Vice Chair from among its members at the first meeting following the Annual Meeting in September. Chairs and Vice Chairs must be Planning Body members. They shall serve a one-year term but may be re-elected for a second term by a two-thirds vote of the committee members present at this meeting. Committee Chairs are members of the Executive Committee; Vice Chairs attend and vote in the Executive Committee when their Committee Chair is unable to attend.

Section 7.3.1 **Standing Committee Chairs**

The Committee Chair's duties and responsibilities shall include, but not be limited to, the following:

1. Direct the affairs of the committee as its administrative officer, chairing meetings, reviewing minutes, and working with Planning Body Support staff to ensure that the committee has the data and materials to carry out its work successfully.
2. Develop an annual work plan for the committee based on legislative responsibilities and the Integrated/Comprehensive Plan.
3. Identify the committee's training needs and work with the Membership Committee and Planning Body Support staff to meet these needs.
4. Propose the agenda for each meeting in conjunction with the Committee Vice Chair.
5. Provide reports of committee activities and recommendations to the Executive Committee.
6. Obtain Executive Committee approval of work plans and any needed revisions.

Section 7.3.2 **Standing Committee Vice Chairs**

Standing Committee Vice Chairs shall serve a one-year term. The Vice Chair shall automatically ascend to the Chair position upon resignation or removal of the Committee Chair, to complete the former Chair's term of office. Vacancies shall be filled via election at the next regular Committee meeting, to complete the term of office. The Committee Vice Chair's duties and responsibilities shall include, but not be limited to, the following:

1. Fulfill the duties of the Chair at any meeting in the absence of the

The Chair of the Planning Council shall appoint the chairs of all committees except for the Consumer Committee, which shall select its own leadership.

If the chair of a committee is unable to fulfill the role, the individual should submit a letter of resignation to the Planning Council Chair. Committees Chairs who fail to meet their responsibilities may be removed from their position by the Chair of the Planning Council.

With the exception of the Executive Committee, all committee membership assignments are made by the Chair, Chair-Elect in consultation with Planning Council Support Staff, and the Committee Roster is created. If any committee requires more members, the Chair may make assignments if an insufficient number of members volunteer.

Standing committees shall meet at minimum once a month. All public notice practices apply to standing committee meetings. The various standing committees are described in detail below:

Executive Committee (EXEC) Responsibilities

- The Executive Committee shall foster the active and meaningful participation of all Council members, create a supportive environment where input is valued, ensure that Planning Council work and decisions are representative and effective of the full body and the epidemic within the EMA, and regularly assess and review the feedback and needs of Planning Council members.
- Be responsible with the Planning Council Support (PCS) Staff for ensuring the orderly and integrated progression of work of the Planning Council and its committees.
- When necessary, the Executive Committee shall be empowered to make decisions on behalf of the Council when the Council is unable to meet.
- Take leadership on policy and procedural tasks, including amendments to the by-laws, development of agreements with community partners, enforcement of the Code of Conduct and Attendance Policies, and other issues as they arise.