



ORANGE COUNTY BOARD OF SUPERVISORS

Nomination for Boards, Commissions & Committees (Rev. 7/15/19)

Agenda Date: 12/17/19

Item # 19-001174

To: Members of the Orange County Board of Supervisors

cc: Clerk of the Board of Supervisors

From: Jenny Qian, Agency Advisory Board Coordinator
HCA/Health Policy, Research & Communications

It is my intent to appoint:

Name: Cindy M. Gallardo

Address: [Redacted]

City & Zip: [Redacted]

Day Phone: [Redacted] Fax Number: N/A

E-mail address: [Redacted]

To the: Orange County HIV Planning Council
(Name of Board, Commission or Committee)

Position Slot: Category (L) grantee under other Federal HIV programs, including but not limited to providers of HIV prevention services

Name of incumbent being replaced or last known member: Albert Ramirez

Term of Office: 2 years or N/A

(Choose one) From (Date) 01/01/20 to 12/31/21

Term Concurrent with Supervisor's Term of office

Term Concurrent with position

Vacancy created by (Choose one): Resignation Expiration of Term N/A

Other: _____

Nomination to: Appoint Reappointment Newly Formed Committee

Qualifications: Attached (must be attached for appointments and reappointments)

Remarks: _____

For Clerk of the Board Use Only

Clerk's Initials: _____ File I.D. _____ Needs a COI Send Departure Letter

Contact Name _____ Supporting Agency _____ Mail or Pony

Appoint/Complete: Term Years _____ Term Dates: _____ to _____

CWS Other _____

Check one: Scheduled Vacancy Unscheduled Vacancy

Posted on _____ to _____

Certification of posting attached. Page 1 of 1



APPLICATION FOR COUNTY OF ORANGE BOARD, COMMISSION OR COMMITTEE

(FOR COUNTY USE ONLY)

Return to: Clerk of the Board of Supervisors 333 West Santa Ana Blvd., Suite 465 Santa Ana, California 92701 Website: www.ocgov.com/gov/cob/

Instructions: Please complete each section below. Be sure to enter the title of the Board, Commission or Committee for which you desire consideration. For information or assistance, please contact the Clerk of the Board of Supervisor's Office at (714) 834-2206. Please print in ink or type.

NAME OF BOARD, COMMISSION, OR COMMITTEE TO WHICH YOU ARE APPLYING FOR MEMBERSHIP (SEE LIST AT HTTP://WWW.OCGOV.COM/GOV/COB/BCC/CONTACT):

Orange County HIV Planning Council (COI)

SUPERVISORIAL DISTRICT IN WHICH YOU RESIDE: [] First [] Second [] Third [] Fourth [] Fifth

APPLICANT NAME AND RESIDENCE ADDRESS:

Cindy Michelle Gallardo (First Name, Middle Name, Last Name)

[Redacted] (Street Address, City, State, Zip Code)

[Redacted] (Home Phone Number, Cell Phone Number)

[Redacted] (Email Address)

CURRENT EMPLOYER: City of Anaheim

OCCUPATION/JOB TITLE: Management Assistant

BUSINESS ADDRESS: [Redacted]

BUSINESS PHONE NUMBER: [Redacted]

EMPLOYMENT HISTORY: Please attach a resume to this application and provide any information that would be helpful in evaluating your application.

ARE YOU A CITIZEN OF THE UNITED STATES: [X] YES [] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP:

ARE YOU A REGISTERED VOTER? [X] YES [] NO

IF YES, NAME COUNTY YOU ARE REGISTERED IN: Los Angeles County

LIST ALL CURRENT PROFESSIONAL OR COMMUNITY ORGANIZATIONS AND SOCIETIES OF WHICH YOU ARE A MEMBER.

<u>ORGANIZATION/SOCIETY</u>	<u>FROM (MO/YR.)</u>	<u>TO (MO/YR.)</u>

WITHIN THE LAST FIVE YEARS, HAVE YOU BEEN AFFILIATED WITH ANY BUSINESS OR NONPROFIT AGENCY(IES)? YES NO

DO YOU OWN REAL OR PERSONAL PROPERTY OR HAVE FINANCIAL HOLDING WHICH MIGHT PRESENT A POTENTIAL CONFLICT OF INTEREST? YES NO

HAVE YOU BEEN CONVICTED OF A FELONY OR MISDEMEANOR CRIME SINCE YOUR 18TH BIRTHDAY? YOU ARE NOT REQUIRED TO DISCLOSE ANY OF THE FOLLOWING: ARRESTS OR DETENTIONS THAT DID NOT RESULT IN A CONVICTION; CONVICTIONS THAT HAVE BEEN JUDICIALLY DISMISSED, EXPUNGED OR ORDERED SEALED; INFORMATION CONCERNING REFERRAL TO AND PARTICIPATION IN ANY PRETRIAL OR POSTTRIAL DIVERSION PROGRAM; AND CERTAIN DRUG RELATED CONVICTIONS THAT ARE OLDER THAN TWO YEARS, AS LISTED IN CALIFORNIA LABOR CODE § 432.8 (INCLUDING VIOLATIONS OF CALIFORNIA HEALTH AND SAFETY CODE SECTIONS 11357(B) AND (C), 11360(C) 11364, 11365 AND 11550 - AS THEY RELATE TO MARIJUANA)?

YES NO

IF YES, PLEASE EXPLAIN AND ATTACH ADDITIONAL SHEETS, IF NECESSARY.

PLEASE BRIEFLY EXPLAIN WHY YOU WISH TO SERVE ON THIS BOARD, COMMITTEE, OR COMMISSION. ATTACH ADDITIONAL SHEETS, IF NECESSARY.

The City of Anaheim manages Hillside Park for the entire county so it would be beneficial for me to interface with the planning council board for #14.

DATE: 10/29/19

APPLICANTS SIGNATURE: 

CLERK OF THE BOARD OF SUPERVISORS USE ONLY - DO NOT WRITE BELOW THIS LINE

Date Received: _____	Received by: _____ Deputy Clerk of the Board of Supervisors
Date referred: _____	
To: <input type="checkbox"/> BOS District 1	<input type="checkbox"/> BOS District 2
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
<input type="checkbox"/> BOS District 5	<input type="checkbox"/> All BOS
<input type="checkbox"/> BCC Contact Person Name _____	



ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP

Have you ever served on the Planning Council (Check Yes or No): Yes If yes, what year(s) _____ No
What was the reason you left: N/A

Have you ever served on a Committee (Check Yes or No): Yes No If yes, Which Committee(s): _____
If you are no longer serving on the Committee(s), what was the reason you left:
N/A

This application is for:
 Planning Council Membership: (All members of the Planning Council are required to serve on a standing committee).
 Check committee(s) below:
 Committee Membership(s) Only (Check committee(s) below):
 Client Advocacy (HCAC) Priority Setting, Allocations, and Planning (PSAP)
 Prevention and Care Strategies Committee (PCSC) Other HIV-related Committee: HOPWA

Contact Information:
Applicant's Name: Michelle Gallardo Cindy Michelle Gallardo **Date:** 7/25/16
Address: _____ **State:** CA **Zip Code:** _____
Email: _____
Fax: _____
What is your preferred contact phone number? _____
May we leave a message at the above contact phone number? Yes No
May we fax HIV/AIDS-related materials to the above fax number? Yes No
May we email HIV/AIDS-related materials to the above email address? Yes No

City of employment/residence: (Check one)
 North County (Anaheim, Brea, Buena Park, Cypress, Fullerton, La Habra, La Palma, Orange, Placentia, Villa Park, or Yorba Linda)
 Central County (Costa Mesa, Fountain Valley, Garden Grove, Huntington Beach, Irvine, Los Alamitos, Newport Beach, Santa Ana, Seal Beach, Stanton, Tustin, or Westminster)
 South County (Aliso Viejo, Dana Point, Laguna Beach, Laguna Hills, Laguna Niguel, Laguna Woods, Lake Forest/El Toro, Mission Viejo, Rancho Santa Margarita, San Clemente, San Juan Capistrano, or Trabuco Canyon)

Voter Registration: Council Bylaws require that individuals who are eligible to vote be registered to vote.
Are you a registered voter? Yes No, if no please explain: _____

Personal Profile:
Gender Identity: Male Female Transgender: Female-to-Male
 Transgender: Male-to-Female Other: _____

Current Age: 26 **Year of Birth:** 1991

Cultural/Ethnic Identity:
 African-American Pacific Islander (specify): _____
 Asian (specify): _____ White/Caucasian
 Latino/a (specify): _____ Decline to State
 Native American (specify Tribe/Nation): _____ Other (specify): _____

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.
 MSM (men who have sex with men) Injection Drug User (IDU) MSM/IDU Heterosexual Hemophilia Perinatal Blood Transfusion Unknown/Not reported Other (Specify): None

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)**

Please rank three topics below of skill which you can contribute to the Council, entering 1, 2, or 3 (with '1' being the highest and '3' being the lowest):

<input type="checkbox"/> Gay/Bisexual Men's HIV Health Needs	<input type="checkbox"/> Substance Use/Abuse Services
<input type="checkbox"/> Women's HIV Health Needs	<input type="checkbox"/> Mental Health Services
<input type="checkbox"/> Pediatric/Adolescent HIV Health Needs	<input type="checkbox"/> Health Planning
<input type="checkbox"/> Injecting Drug Users' Health Needs	<input type="checkbox"/> General Public Health
<input checked="" type="checkbox"/> Other (specify): <u>HOPWA/Housing</u>	

Federally Mandated Categories: The Planning Council will be invited to select individuals for membership who represent the following groups. Applicants are encouraged to apply to the category that best describes their background. If you are unsure which category best describes you, please contact (407) 833-8119.

Health Care Providers, including Federally Qualified Health Centers

Community Based Organizations (CBOs) serving affected populations/AIDS Service Organization

Social Service Provider, including housing and homeless service provider

Mental Health Provider

Substance Abuse Provider

Local Public Health Agency

Hospital Planning Agency or Health Care Planning Agency

State Medicaid Agency

State Part B Agency

Part C Provider

Part D Provider (if applicable, representative of organization with a history of serving children, youth, women, and families living with HIV)

Other Federal HIV Program (Prevention Services)

Other Federal HIV Programs (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental

Other Federal HIV Program (HOPWA)

Representative of/for PLWHD who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV disease as of the date of release

Non-Elected Community Leader

Affected Communities: PLWHD Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)

Affected Communities: PLWHD and Historically Underserved Subpopulations

General Community Member

Please describe below how you qualify to represent the category/ies marked above:

I am Management Assistant for the Community & Economic Development Department and aid in the administration of Housing Opportunities for People with AIDS (HOPWA) program.

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)**

Affirmation of Membership Commitment

I commit to:

- Participate in Council/committee meetings from beginning to adjournment.
- Prepare for each meeting by carefully reading all pre-distributed materials.
- Provide information regarding needs and priorities.
- Make recommendations considering the community needs and data not my special interests or personal perspectives.
- Disclose any conflicts of interest I may have relative to issues that come before the Council or committees.
- Follow the Bylaws and Rules of Respectful Engagement.
- Serve on at least one of the Council's committees.

I commit to participate according to the current meeting schedule. I have considered my personal and professional commitments/obligations and do not foresee them as a barrier to my full participation on the Orange County HIV Planning Council.

I certify that all statements and representations made in this application are true and correct. Misrepresentation shall be a basis for revocation of my application/membership. I acknowledge that the information provided, aside from personal contact information, cannot be kept confidential and may be discussed publicly or otherwise become part of a public record.

Print Name:

Michelle Gallardo

Signature:

Michelle Gallardo

Date:

09/13/18

ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? City of Anaheim Does not apply
Type of Business/Agency _____ Job Title Management Assistant
Is your current employment HIV/AIDS related? Yes No

Briefly describe your responsibilities:
Assist with program funding administration

Describe your community involvement. Please identify the organizations or agencies you have served and your participation or membership. Include your activities, responsibilities, accomplishments, and any boards/commissions on which you have served.
As part of the City of Anaheim Community & Economic Development Department I am involved with the Housing & Community Development Commission. My responsibilities are primarily administrative.

Explain why you wish to serve on the Orange County HIV Planning Council or one of its committees. You may attach a separate sheet, if necessary. Please indicate if attaching an additional sheet.
I wish to serve on the Orange County HIV Planning Council because I would like to participate in the discussions to help improve services offered and the administration of allocated funds for the HIV affected population in our community and City of Anaheim.

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION FOR MEMBERSHIP (CONTINUED)**

**ORANGE COUNTY HIV PLANNING COUNCIL
CONFLICT OF INTEREST DISCLOSURE REPORT FORM**

The Orange County HIV Planning Council has members who are professionally or personally affiliated with organizations (listed below) that receive funds that are allocated by the Council. Because of the potential for conflict of interest, current members and candidates for membership on the HIV Planning Council and its committees must complete this Disclosure Form. The following agencies currently receive funds allocated by the Council:

AltaMed
APAT
Delhi Community Services Center
Gerry House
Orange County Health Care Agency (Including 17 th Street and HCA Dental)
Public Law Center
Phoenix House Orange County
Radiant Health Centers
Shantl Orange County

Please complete either section (A), or section (B) below, as appropriate, and sign/date:

SECTION A

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have not served within the past 12 months as staff, consultant, officer, or board member for any organization which has received funding from Ryan White and/or HOPWA funds.

Signature: _____

Michelle

Date: _____

03/28/19

Print or Type Name: _____

Michelle Guillard

SECTION B

By my signature below, I certify that:

I, my spouse or significant other, and/or dependent family member(s) have served within the past 12 months as staff, consultant, officer, or board member for the following organization(s) receiving funding from Ryan White and/or HOPWA funds.

Organization: _____

Period of Affiliation: _____

Title/Relationship: _____

(Please attach additional pages as necessary)

Signature: _____

Date: _____

Print or Type Name: _____

**ORANGE COUNTY HIV PLANNING COUNCIL
APPLICATION QUIZ**

The HIV Planning Council quiz is intended to ensure that potential members know and understand the role of the HIV Planning Council. All questions and answers can be found on the Planning Council Application Information and Instructions document. Individuals who do not pass the quiz are NOT automatically disqualified from being considered for membership. However, if individuals do not pass the quiz, the Membership Committee may want to ensure that the individual is assigned a mentor.

Please circle answers below and submit your completed quiz with your application.

Applicant Name: _____

G. Harbo, Michelle

1. The role of the HIV Planning Council is:
 - A. Assess the needs of persons living with HIV disease (PLWHD)
 - B. Establish service category priorities
 - C. Allocate funds to service categories
 - D. All of the Above

2. Planning Council duties include _____ (Fill in the blank):
 - A. Attend a new member orientation
 - B. Take an Oath of Office
 - C. Learn and follow the Planning Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
 - D. All of the Above are Planning Council Duties

3. All members must affirm their commitment to the Planning Council. Which of the following is NOT part of the Affirmation of Membership Commitment?
 - A. Filing a Federally Mandated Membership Category
 - B. Making recommendations considering community needs and data not special interests or personal perspectives
 - C. Disclosure of any conflict of interest relative to issues that come before the Council or committees
 - D. Serve on at least one of the Council's committees

4. In order to be considered an Unaligned Consumer on the Planning Council, one must meet which of the following:
 - A. Not be employed by, a board member of, or paid consultant a Ryan white and/or HOPWA-funded provider
 - B. Be HIV-positive and receiving HIV-related services from a Ryan White and/or HOPWA-funded provider
 - C. Be a resident of Orange County
 - D. All of the above are required to be an Unaligned Consumer of the Planning Council

5. Which of the following is not a Rule of Respectful Engagement?
 - A. We value differing interests and opinions
 - B. We only speak when the Chair acknowledges the member for comment
 - C. We focus on the issue, not the person raising the issue. No personal attacks
 - D. We avoid making impassioned pleas and we make decisions based on data

[D]

Michelle Gallardo

REFERENCE	www.linkedin.com/in/cindymichells.g	
EDUCATION	California State University of Long Beach <i>Bachelor's Degree, Sociology - Social Change & Global Issues</i>	Long Beach, CA May 2015
	Glasgow Caledonian University <i>International Studies - Foreign Policy</i> Spring 2015	Glasgow, United Kingdom
	Orange Coast College <i>Associates Degree</i>	Costa Mesa, CA May 2013
	Long Beach Regional Occupation Program <i>Certificate of Completion</i> Administrative Medical Assistant	Long Beach, CA June 2011
RELEVANT EXPERIENCE	City of Anaheim Community & Economic Development <i>Management Assistant</i>	May 2018 - Present Anaheim, CA
	City of Anaheim - Community & Economic Development <i>Office Specialist II</i>	January 2017 - April 2018 Anaheim, CA
	City of Anaheim - Anaheim Housing Authority <i>Office Specialist II</i>	September 2016 - December 2016 Anaheim, CA
EXPERIENCE	Acquired Skills <ul style="list-style-type: none"> • Ability to perform responsible analytical, programmatic, and administrative duties. • Problem solving, analysis, and organizational skills. • Experience in data entry and conducting qualitative/quantitative research. • Experience in preparing analytical reports, contract management, data analysis. • Proactive, enjoy challenges, and possess a strong attention to detail. 	