



# ORANGE COUNTY BOARD OF SUPERVISORS

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

Agenda Date: 12/19/23

Item #

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: Fernando Martinez

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 (H) Non-elected community leaders

Name of incumbent being replaced or last known member: N/A

Term of Office:  2 years or  N/A

(Choose one)  From (Date) 01/01/24 to 12/31/25  
 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.



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

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

APPLICANT NAME AND RESIDENCE ADDRESS:

Fernando

Martinez Becerril

First Name

Middle Name

Last Name

[Redacted Address Line]

Street Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

[Redacted Home Phone Number]

[Redacted Cell Phone Number]

Email Address

CURRENT EMPLOYER:

OCCUPATION/JOB TITLE:

BUSINESS ADDRESS:

BUSINESS PHONE NUMBER:

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: [ ] YES [x] NO

IF NO, NAME OF COUNTRY OF CITIZENSHIP: Mexican

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

IF YES, NAME COUNTY YOU ARE REGISTERED IN:

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

ORGANIZATION/SOCIETY	FROM (MO./YR.)	TO (MO./YR.)
HIV plannin council	2018	2019
cac	2018	2019

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.

I wat to participate because I think more latino people have to be concious how important are this committes

DATE: 10/25/2019

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"/> All BOS	<input type="checkbox"/> BCC Contact Person Name _____
<input type="checkbox"/> BOS District 3	<input type="checkbox"/> BOS District 4
	<input type="checkbox"/> BOS District 5

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9-26-18

**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION FOR MEMBERSHIP**

To apply for membership please complete the application.

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:

Have you ever served on a Committee (Check Yes or No):  Yes  No If yes, Which Committee(s):

HCAC

If you are no longer serving on the Committee(s), what was the reason you left:

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)  Integrated Plan Committee  Priority Setting, Allocations, and Planning (PSAP)

**Other HIV-related Committee:**

Contact Information: Your home address must match the address on your voter registration, if applicable.

Applicant's Name: Fernanda Martinez Date: \_\_\_\_\_

Home Address: \_\_\_\_\_ State: CA Zip Code: \_\_\_\_\_

Work Address: \_\_\_\_\_  N/A 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-related materials to the above fax number?  Yes  No

May we email HIV-related materials to the above email address?  Yes  No

City of employment/residence: Check the one that applies.

**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** (Allso 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. To register to vote go to [registertovote.ca.gov](http://registertovote.ca.gov)

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  Not listed (specify): \_\_\_\_\_

Cultural/Ethnic Identity: Check the ONE that best applies.

African-American  Pacific Islander (specify): \_\_\_\_\_

Asian (specify): \_\_\_\_\_  White/Caucasian

Latino/a/x (specify): Mexican  Decline to State

Native American (specify Tribe/Nation: \_\_\_\_\_)  Not listed (specify): \_\_\_\_\_

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

HIV Risk Category: Please check one of the categories below that best describes your possible risk for HIV.

Federally Mandated Categories: The Planning Council is federally mandated to include individuals in its membership who represent the following groups. "Represent" means you are or provide HIV Services to people in these groups. Please select ALL that apply. If you have questions about the categories listed below, please contact (714) 834-8399:

- Health Care Providers, including Federally Qualified Health Centers
- Community Based Organizations serving affected populations/AIDS Service Organizations
- 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 none, 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 Program (Special Projects of National Significance SPNS), AIDS Education and Training Centers (AETC), and Ryan White Dental)
- Other Federal HIV Program (HOPWA)
- Representative of/or PLWH who were formerly Federal, State or local prisoners that were released from custody the preceding three years and had HIV as of the date of release
- Non-Elected Community Leader
- Affected Communities: PLWH Co-infected with Hepatitis B or C (you must sign a Protected Health Information disclosure)
- Affected Communities: PLWH and Historically Underserved Subpopulations
- General Community Member

Integrated Plan Committee: If you are applying to be a member of the Integrated Plan Committee, check membership categories you can represent. Please check ALL that apply or N/A.

- Person living with HIV *Not Applying MG*
- Representatives of HIV Care Services
- Representatives of HIV Support Services
- Representatives of HIV Prevention Services
- Representatives of Affected Communities

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

*SUPPORT PEOPLE LIVING WITH HIV, AND TELL THE PEOPLE ALL THE SERVICES THE AGENCY GIVES*

**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:

*Fernando Martinez Becerra*

Signature:

*Fernando*

Date:

*10/9/2018*

(Continued on the next page)

ORANGE COUNTY HIV PLANNING COUNCIL  
APPLICATION FOR MEMBERSHIP (CONTINUED)

Additional Information:

If employed, who is your current employer? \_\_\_\_\_  Does not apply

Type of Business/Agency \_\_\_\_\_ Job Title \_\_\_\_\_

Is your current employment HIV related?  Yes  No

Briefly describe your responsibilities:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 want to serve my community, because still a lot of people doesn't pay to make a attention for live more secure and healthy, try to influence on this people we are going to live longer

**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:

APAIT
Delhi Center
Orange County Health Care Agency (Including 17 <sup>th</sup> Street Care and 17 <sup>th</sup> Street Dental)
Public Law Center
Radiant Health Centers
Shanti Orange County

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

**SECTION A**

*By my signatures 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 Part A.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_

**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 Part A.

Organization: \_\_\_\_\_

Period of Affiliation: \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

(Please attach additional pages as necessary)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print or Type Name: \_\_\_\_\_



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

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

There are two categories for which a disclosure of health information is required. The information below describes the required disclosure of HIV status.

**THESE AUTHORIZATIONS SHALL BECOME VALID IMMEDIATELY AND SHALL REMAIN IN EFFECT UNTIL REVOKED. REVOCATION CANNOT BE RETROACTIVE AND WILL ONLY IMPACT AUTHORIZATION OF DISCLOSURES AFTER THE DATE OF REVOCATION. DISCLOSURES ALREADY MADE, INCLUDING INCLUSION OF THIS INFORMATION IN PUBLIC RECORDS CANNOT BE REMOVED.**

**PURPOSE OF DISCLOSURE OF HIV STATUS:** Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV status. However, the Council is required to assure that at least 33% of its membership is composed of "unaligned consumers". These individuals must meet the following criteria:

1. Not be employed by, a board member of, or a paid consultant of a Ryan White Part A-funded Agency;
2. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider; and
3. Be a resident of Orange County.

I meet all three of the criteria above

Yes  No

Are you receiving HIV services at a Ryan White Part A-funded Agency

Yes  No

If Yes, please indicate which Agency or Agencies

Radiant HealthCare

**In order to be considered for membership as an "unaligned consumer" or an "affiliate," a person's HIV status must be publicly disclosed.** If you are not applying as an unaligned consumer you **DO NOT** need to disclose your HIV status and you do not need to complete this form.

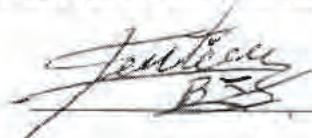
By signing this authorization, you are willingly disclosing your HIV status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings. Your HIV and unaligned consumer status will be verified.

If you choose not to disclose your HIV status, you will still be considered for membership on the Orange County HIV Planning Council in other (non-consumer) membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV STATUS**

I, the undersigned, hereby **voluntarily** acknowledge that I am living with HIV and authorize the public **DISCLOSURE** of my HIV serostatus to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature:



Date:

10/9/2018

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

**AUTHORIZATION TO DISCLOSE HEALTH INFORMATION**

The information below describes the required disclosure of PLWH co-infected with Hepatitis B or C.

**PURPOSE OF DISCLOSURE HEPATITIS B OR C STATUS:** Another membership category is a PLWH co-infected with Hepatitis B or C. Applicants for the Planning Council or its committees are not required to provide personal health information, including HIV/Hepatitis B or C status. However, the Council is required to assure that at least one member fits the mandated category entitled PLWH co-infected with Hepatitis B or C.

**In order to be considered for membership as a PLWH co-infected with Hepatitis B or C, a person's HIV and Hepatitis B or C status must be disclosed.** If you are not applying as a PLWH co-infected with Hepatitis B or C you **DO NOT** need to disclose your HIV or Hepatitis B or C status and you do not need to complete this form.

By signing this authorization, you are willingly disclosing your HIV and Hepatitis B or C status for membership purposes and you understand that this information will become a public record and will be discussed in open, public meetings.

If you choose not to disclose your HIV or Hepatitis B or C status, you will still be considered for membership on the Orange County HIV Planning Council in other membership categories, provided there is an open seat.

**AUTHORIZATION TO DISCLOSE HIV AND HEPATITIS B OR C STATUS**

I, the undersigned, hereby voluntarily acknowledge that I am a PLWH co-infected with Hepatitis B or C and authorize the public DISCLOSURE of my HIV and Hepatitis B or C status to the Orange County Office of HIV Planning and Coordination and the Orange County HIV Planning Council and understand that it may become part of public record.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**ORANGE COUNTY HIV PLANNING COUNCIL**  
**APPLICATION QUIZ**

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 9-26-18

The HIV Planning Council (Council) quiz is intended to ensure that potential members know and understand the role of the 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 individual will be assigned a mentor to assist in learning the Council roles and responsibilities.

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

Applicant Name:

Fernando Martinez Becerra

1. The role of the Council is:
  - A. Assess the needs of persons living with HIV (PLWH)
  - B. Establish service category priorities
  - C. Allocate funds to service categories
  - D. All of the Above
  
2. Council duties include D (Fill in the blank):
  - A. Attend a new member orientation
  - B. Take an Oath of Office
  - C. Learn and follow the Council Bylaws, Rules of Respectful Engagement, and Robert's Rules of Order
  - D. All of the Above are Council Duties
  
3. All members must affirm their commitment to the Council. Which of the following is **NOT** part of the Affirmation of Membership Commitment?
  - A. Filling 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 Council; one must meet which of the following:
  - A. Not be employed by, a board member of, or paid consultant a Ryan White Part A-funded provider
  - B. Be HIV-positive and receiving HIV-related services from a Ryan White Part A-funded provider
  - C. Be a resident of Orange County
  - D. All of the above are required to be an Unaligned Consumer of the 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
  - D. We avoid making impassioned pleas and we make decisions based on data

[D]

## Resume

Fernando Martinez

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**Work/Volunteer Experience related to HIV:**

- Fernando has been a member of the Client Advocacy Committee (HCAC) since June 2017 and is currently attending the Priority Setting, Allocations, and Planning Committee (PSAP) meetings.
- **Unaligned Consumers** are individuals who do not have a conflict of interest and are "receiving HIV-related services" from Part A providers and include Persons Living With HIV Disease (PLWHD) receiving services themselves and the parents and caregivers of minor children who are receiving such services.

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**Overview of the Ryan White Act Mandates Regarding Planning Council Consumer Membership:**

Ryan White Act Mandates for Voting Members Section 2602(b)(1) of the Act requires a Part A planning council to "reflect in its composition the demographics of the population of individuals with HIV/AIDS in the eligible area involved, with particular consideration given to disproportionately affected and historically underserved groups and subpopulations."

Section 2602(b)(5)(C) states that no less than 33 percent of the members must be consumers who:

- "are receiving HIV-related services" from Part A-funded providers;
- "are not officers, employees, or consultants" to any providers receiving Part A funds, and "do not represent any such entity"; and
- "reflect the demographics of the population of individuals with HIV/AIDS" in the transitional grant area.

This potential member meets the following requirements:

- Mandated seat:  Yes  No
- Unaligned Consumer:  Yes  No
- Reflectiveness:  Yes  No
  - Gender
  - Ethnicity
  - Current Age
  - Risk