



## Membership Applicant Biographical Sketch

The following individual has submitted a membership application to the HIV Planning Council.

**Liza Bailey**

*(Applicant Name)*

<b>OCCUPATION</b>	Patient Care Technician at Family Emergency Rooms
<b>COMMUNITY VOLUNTEER WORK</b>	Experience in emergency medicine. Research Assistant for Project Seed at the University of Texas. Kappa Rho member and volunteer coordinator for aspiring female healthcare professionals
<b>SKILLS/EXPERIENCE</b>	Fluent in Russian. Conversational Spanish skill. Licensed Emergency Medical Technician in Texas. Lived Experience as a child of an immigrant. Public Health Undergraduate at the University of Texas at Austin.
<b>COUNTY OF RESIDENCE</b>	<input checked="" type="checkbox"/> Travis <input type="checkbox"/> Bastrop <input type="checkbox"/> Caldwell <input type="checkbox"/> Hays <input type="checkbox"/> Williamson
<b>HRSA MEMBERSHIP SLOT</b> (Check all that apply)	<input type="checkbox"/> Health Care Providers, Including Federally Qualified Health Centers <input checked="" type="checkbox"/> Community-based organizations serving affected populations and AIDS Service Organizations (ASOs) <input type="checkbox"/> Social Service Providers, including providers of housing and homeless services <input type="checkbox"/> Mental Health Providers <input type="checkbox"/> Substance Abuse Providers <input checked="" type="checkbox"/> Local Public Health Agency <input type="checkbox"/> Hospital planning agencies or health care planning agencies <input type="checkbox"/> Affected Communities, including PLWH/A, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations. <input checked="" type="checkbox"/> Non-Elected Community Leaders <input type="checkbox"/> State Government (including the State Medicaid Agency). <input type="checkbox"/> State agency and the agency administering the program under part B. <input type="checkbox"/> Grantees under subpart II of part C (Title II early intervention) <input type="checkbox"/> Representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area. <input type="checkbox"/> Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services <input type="checkbox"/> Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3-years, and had HIV/AIDS as of the date on which the individuals were released. <input type="checkbox"/> HIV/AIDS Prevention Provider
<b>CONFLICT OF INTEREST</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>RACE/ETHNICITY</b>	<input type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> H <input checked="" type="checkbox"/> W <input type="checkbox"/> PI <input type="checkbox"/> Other
<b>SPECIAL INTERESTS</b>	Reducing Health Disparities
<b>GMCS Committee Recommend?</b>	<b>Planning Council Recommend?</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No



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**Aran Belani**

*(Applicant Name)*

<b>OCCUPATION</b>	Peer Ambassador and Undergraduate Research Assistant at the University of Texas at Austin	
<b>COMMUNITY VOLUNTEER WORK</b>	Civic Engagement Alliance Vice Chair for TxVotes. Undergraduate Research Committee Member for the Senate of College Councils. Longhorn Emergency Medical Service Responder	
<b>SKILLS/EXPERIENCE</b>	Fluent in Hindi and basic Spanish. Skilled in Microsoft Excel/Powerpoint/Word, R Statistical Software, HTML, Python, and Slicer. Licensed Emergency Medical Technician in Texas. Public Health Undergraduate at the University of Texas at Austin. Certified Volunteer Deputy Registrar in Travis County.	
<b>COUNTY OF RESIDENCE</b>	<input checked="" type="checkbox"/> Travis <input type="checkbox"/> Bastrop <input type="checkbox"/> Caldwell <input type="checkbox"/> Hays <input type="checkbox"/> Williamson	
<b>HRSA MEMBERSHIP SLOT</b> (Check all that apply)	<input type="checkbox"/> Health Care Providers, Including Federally Qualified Health Centers <input checked="" type="checkbox"/> Community-based organizations serving affected populations and AIDS Service Organizations (ASOs) <input type="checkbox"/> Social Service Providers, including providers of housing and homeless services <input type="checkbox"/> Mental Health Providers <input type="checkbox"/> Substance Abuse Providers <input checked="" type="checkbox"/> Local Public Health Agency <input type="checkbox"/> Hospital planning agencies or health care planning agencies <input type="checkbox"/> Affected Communities, including PLWH/A, members of a Federally recognized Indian tribe as represented in the population, individuals co-infected with hepatitis B or C and historically underserved groups and subpopulations. <input checked="" type="checkbox"/> Non-Elected Community Leaders <input type="checkbox"/> State Government (including the State Medicaid Agency). <input type="checkbox"/> State agency and the agency administering the program under part B. <input type="checkbox"/> Grantees under subpart II of part C (Title II early intervention) <input type="checkbox"/> Representatives of organizations with a history of serving children, youth, women, and families living with HIV and operating in the area. <input type="checkbox"/> Grantees under other Federal HIV programs, including but not limited to providers of HIV prevention services <input type="checkbox"/> Representatives of individuals who formerly were Federal, State, or local prisoners, were released from the custody of the penal system during the preceding 3-years, and had HIV/AIDS as of the date on which the individuals were released. <input type="checkbox"/> HIV/AIDS Prevention Provider	
<b>CONFLICT OF INTEREST</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>RACE/ETHNICITY</b>	<input checked="" type="checkbox"/> A <input type="checkbox"/> AA <input type="checkbox"/> H <input type="checkbox"/> W <input checked="" type="checkbox"/> PI <input type="checkbox"/> Other	
<b>SPECIAL INTERESTS</b>	Medicine, Community Engagement and Public Policy	
<b>GMCS Committee Recommend?</b>		<b>Planning Council Recommend?</b>
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No