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**Application for Membership**

**2019** **Community Advisory Council**

**Missouri Foundation for Health** is a resource for the region, working with communities and nonprofits to generate and accelerate positive changes in health. As a catalyst for change, the Foundation improves the health of Missourians through a combination of partnership, experience, knowledge and funding. Established in 2000, MFH is Missouri’s largest health foundation and one of the 75 largest foundations in the United States.

The Community Advisory Council (CAC) is a 13-member body responsible for advising the Board, from the communities’ perspectives, about the efficacy of the Foundation’s programs, the communities’ priorities for future efforts of the Foundation, and for nominating persons to serve on the Foundation’s Board of Directors.

CAC members serve for a maximum of two three-year terms. When vacancies arise, new CAC members are selected by the Nominating Committee for the CAC (NCCAC), composed of three foundation board members, three CAC members, with the chair of the CAC serving as the non-voting chair of the NCCAC.

The CAC has a role and responsibility distinct from the Board of Directors. Community expertise is highly valued by MFH therefore, those elected to serve as CAC members are strongly encouraged to complete at least a full, three-year term before seeking appointment to the Board of Directors, if they have a desire to serve in that capacity.

The NCCAC is currently soliciting applications from individuals interested in serving on the CAC. In 2019 there will be three vacancies with two incumbents eligible to apply for a second term. Applicants must live in the Foundation’s geographic region, available on our website. To apply, please complete the attached application and send it with your resume or curriculum vitae by email, fax or, if necessary, U.S. Mail as shown below. If you have questions, please call Kathleen Holmes, Program Director and CAC staff lead, at (314) 345-5572.

**IMPORTANT: Applications and resumes must be received by Friday, March 1, 2019.**

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| **Email or fax application and resume to:**  Miriam Stevens  Program Assistant  [cac@mffh.org](mailto:cac@mffh.org)  Fax: (314) 345-5599 | **OR** | **Mail application and resume to:**  Missouri Foundation for Health  4254 Vista Avenue  St. Louis, MO 63110  Attn: CAC Applications |

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| Applicant Name | Professional Suffix | | |
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| Home Mailing Address | Home Phone | | Cell Phone |
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| Work/Professional Phone | | |
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| Work/Professional Mailing Address | Email Address | | |
|  |  | | |
| Work/Professional Email Address | | |
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| Why are you applying to become a member of the CAC? | | | |
| Tell us about the communities in which you have been involved. These can be local, regional, statewide or national communities where you have had meaningful relationships and have been a catalyst for change. | | | |
| Based on your educational, professional or community experiences, circle or underline the levels of expertise and interest you have in each of the following: | | | |
| Affordable Health Care for the Poor and Uninsured | | Low Moderate High | |
| Asset Management and Investment Strategy | | Low Moderate High | |
| Community Organization/Not for Profit Management | | Low Moderate High | |
| Health Care Coverage | | Low Moderate High | |
| Health Care Policy | | Low Moderate High | |
| Health Care Promotion | | Low Moderate High | |
| Health Care Quality and Outcome Improvements | | Low Moderate High | |
| Philanthropic Administration | | Low Moderate High | |
| Provision of Health Care | | Low Moderate High | |
| Provision of Mental Health Care | | Low Moderate High | |
| Public Health Care | | Low Moderate High | |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Low Moderate High | |

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| Based on your educational, professional or community experiences, circle or underline your level of expertise in working with or advocating for the following populations: | |
| Women | Low Moderate High |
| Children | Low Moderate High |
| Elderly | Low Moderate High |
| Low Income | Low Moderate High |
| Ethnic and Cultural Minorities | Low Moderate High |
| Disabled | Low Moderate High |
| Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Low Moderate High |
| Tell us why you are well qualified to advise the Board of Directors about the efficacy of the Foundation’s programs from communities’ perspectives. Please share any experiences you have in providing a community perspective on health-related efforts of organizations and agencies. | |
| Tell why you are well qualified to advise the board about communities’ priorities for future efforts of the Foundation. Please be as specific as possible, including the issues you have experience with and the communities in which you have relationships and networks that would make you comfortable advising the Board of Directors. If you have ever served in a similar advisory capacity, please let us know. | |
| Have you ever served on a nominating committee for a board of directors or a community advisory body? What would you bring to the Foundation based on those experiences? Also, indicate any board or advisory committees on which you have served. | |

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| CAC members are expected to regularly attend meetings (6 per year), actively participate on at least one MFH committee and periodically attend community-level gatherings. What challenges might you face in fulfilling these responsibilities? | | | |
| Missouri Foundation for Health distributes grant funds to nonprofit health organizations, and contracts with consultants, vendors and other organizations to provide services for the Foundation and its grantees. If you, a related party, or a family member have current and substantial financial interests, or you have an institutional interest, with health entities or other organizations that could create a conflict of interest, please describe those interests briefly. You may be asked to provide more detailed information at a later date. | | | |
| Are you at least 18 years old? | Yes No | Are you a resident of Missouri? | Yes No |
| Do you live in the MFH region? *(NOT included in the MFH region are the following counties: Andrew, Atchison, Bates, Benton, Buchanan, Caldwell, Carroll, Cass, Clay, Clinton, Daviess, DeKalb, Gentry, Grundy, Harrison, Henry, Holt, Jackson, Johnson, Lafayette, Livingston, Mercer, Nodaway, Pettis, Platte, Ray,  St. Clair, Saline, Vernon, and Worth.)* | | | Yes No |
| How did you hear about this opportunity? | | | |
| County of Residence or City of St. Louis | |  | |
| Signature | | | Date |
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