**2020 Board of Directors Application**

Missouri Foundation for Health is seeking applicants for its 2020 Board of Directors. Joining MFH’s Board is an opportunity to be engaged in very meaningful work and to assist the Foundation with achieving its mission of improving the health and well-being of individuals and communities most in need. Board members also carry fiduciary responsibility for the Foundation’s more than $1 billion in assets.

The nominating committee is the Foundation’s Community Advisory Council (CAC), which identifies, screens, and nominates individuals. The current Board then elects its members from among those nominees.

Application Guidelines

In selecting directors, there is special consideration to ensuring that the Board collectively has experience in all of the qualification areas mentioned below. A guiding principle of the selection process is that the Board represents the gender, racial, cultural, geographic, and ethnic diversity of the MFH region.

Terms

The MFH Board has 15 members. Directors serve without pay for terms of three years and can be
re-nominated for a second three-year term. The terms of five Board members expire each year.

Meetings

Serving on the Board requires a significant time commitment. Board meetings are the third Thursday of January, March, June, July, September, and December, usually at the MFH offices in St. Louis. Regular attendance is expected. All directors serve on one or more Board committees, many of which meet regularly, in person or by conference call.

Conflict of Interest

The Foundation benefits from the knowledge Board, CAC, and employees have about the range of issues of interest to the Foundation and its target population. Nevertheless, service to the Foundation carries with it a requirement of loyalty and fidelity to the Foundation. It is the expectation that, for this role, Directors put aside personal agendas in support of our work and our best interests.

Number of Candidates

Each year the CAC may nominate no more than 25 candidates to fill expiring terms. In December, the Board elects five individuals from those nominated. The new directors attend their first meeting in January. This year, there are five open Board seats, with two incumbents eligible to apply.

Timeline/Submission

Applicants must complete the application and submit it along with a CV/resume and two to three letters of recommendation by Friday, August 16, 2019. The CAC will review applicant responses and select candidates for personal interviews in early September.

Director Qualifications

1. Each director must be at least 18 years of age and a resident of the [MFH service area](https://mffh.org/the-foundation/where-we-work/).
2. Each director must have:
	1. Expertise, education, or experience in one or more of the following areas: provision of health care; asset management and investment strategy; philanthropic administration; or public health care
	2. Demonstrated ability to contribute perspective in one or more of the following areas: health care access for the poor and uninsured; affordable care for the poor and uninsured; health promotion in underserved communities; health care quality and outcome improvement; health needs of women, children, disabled, elderly, low income, ethnic, and cultural minorities; health education; or general issues of public health
	3. Demonstrated core leadership attributes
	4. A recognized reputation for integrity and competence
	5. Demonstrated ability to understand and appreciate the role and responsibility of a public health care philanthropic foundation and the need to balance various constituency requirements
	6. Demonstrated personal interest in and concern for public health and a commitment to accomplishing MFH’s overall mission, purpose, and goals
	7. Demonstrated ability to devote the time necessary to fulfill Board responsibilities and regularly attend meetings
3. No director shall be a compensated officer, agent, or employee of any federal or state governmental authority whatsoever, excepting those of state institutions of higher education.

Those who meet the above criteria and would like to be considered for the MFH Board of Directors should complete and submit the 2020 application, a CV/resume, and two to three letters of recommendation.\* **Applications must be postmarked, faxed, or emailed by 5 p.m. on Friday, August 16, 2019.\*\***

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| **Mail your application and resume to:**Miriam Stevens, Program AssistantMissouri Foundation for Health4254 Vista AvenueSt. Louis, MO 63110Attn: Board Application | **OR** | **Email your application and resume to:**board@mffh.org**Fax your application and resume to:**(314) 345-5599\*\* |

*\*Recommendation letters are not accepted from MFH Board, CAC, or staff.*

*\*\*Call Miriam Stevens at (314)345-5562 to confirm receipt of faxed application materials.*

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| **For questions call:**Kathleen Holmes, Program Director(314) 345-5572 |

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| --- | --- |
| **Name** | ­ |
| *First MI Last Educational Suffix* |
| **Residence** |
| Full Address |  |
| Missouri County |  |
| Preferred Phone |  | Email |  |

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| **Employer** |
| Company |  |
| Title |  |
| Full Address |  |
| Phone |  | Email |  |
| Type of business/organization |  |
| Primary service(s) and area/population served |  |
|  |
| Preferred place of contact  | ( ) Work ( ) Residence |

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| **Education/Training/Certificates**  |
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| **Based on your educational, professional, or community experiences, circle or underline the levels of expertise 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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| Why do you want to be a member of Missouri Foundation for Health’s Board of Directors? Share your current and/or prior board experience.  |
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| **Circle or underline your level of understanding regarding the health needs of 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 |
| Explain how your experience and skills will impact in a positive way the overall mission, purpose, and goals of the Foundation. |
| 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.

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| Are you at least 18 years old?  | Yes No  | Are you a resident of Missouri?  | Yes No  |
| Do you live in the [MFH region](https://mffh.org/the-foundation/where-we-work/)? (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? |

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

**Thank you for applying.**

*You will receive an email confirming receipt of your application.*

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| **Is your application complete?** |
| * Application filled out
* Signed & dated
* Attached CV/resume
* Attached 2-3 recommendation letters
* Sent by 5 p.m., August 16, 2019
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