Board of Directors Member Application

SOUTH FLORIDA COMMUNITY HEALTH CENTERS, INC.

This is an application to serve as a volunteer member of the Board of Directors for South Florida Community Health Centers, Inc. (SFCHC). SFCHC is a 501(c)(3) Florida public benefit corporation that will apply for designation as a Federally Qualified Health Center Look-Alike (FQHC-LA) through the U.S. Department of Health and Human Services.

The SFCHC Board of Directors monitors, oversees, and provides overall strategic direction for the organization in furtherance of its mission. This includes establishing and overseeing organizational policies, programs, and services that serve the needs of the community.

FQHCs are non-profit entities that provide primary health services to medically underserved populations. To qualify for FQHC status, an organization must demonstrate responsiveness to the needs of the communities it serves. One of the key requirements is that a majority of the Board of Directors must be patients of the health center and that the Board's composition must broadly reflect the demographics of the service area.

This application collects personal information related to your candidacy, including details necessary to ensure compliance with these Board composition requirements.

Eligibility:

Patient Representative: Must have used the services of SFCHC within the past 24 months (or be the guardian/sponsor of someone who has).

Community Representative: Must live or work in Broward, or Miami-Dade Counties, Florida and bring expertise in areas such as healthcare, finance, law, business, education, or government.

No board member may be an employee of SFCHC or an immediate family member of an employee.

SECTION 1: ROLE AND QUALIFICATIONS

1. I AM APPLYING AS A:

☐ Patient Representative ☐ Community Representative

2. PLEASE CHECK YOUR AREAS OF INTEREST OR EXPERTISE:

☐ Business Management ☐ Communications / Public Relations ☐ Financial Management ☐ Healthcare

☐ Legal Affairs ☐ Strategic Planning / Leadership ☐ Political Relations ☐ Education

☐ Other _____

3. IF APPLYING AS A COMMUNITY REPRESENTATIVE, DO YOU DERIVE MORE THAN 10% OF YOUR INCOME FROM THE HEALTHCARE INDUSTRY?

☐ Yes ☐ No

4. DO YOU OR LIVE OR WORK WITHIN SFCHC'S SERVICE AREA (BROWARD AND MIAMI-DADE COUNTIES, FLORIDA)?

☐ Live ☐ Work ☐ Both

5. COMMITTEE PARTICIPATION:

The full Board relies on the work of our board committees and participation in one or more committees is expected. Please indicate your interest in one or more of the following:

☐ **Quality and Compliance Committee:** Meets and reports quarterly to the Board. Assists the Board in formulating and reviewing policies, engages in oversight to ensure clinical quality and safety, utilization management, and corporate compliance regarding the ethical conduct of the organization.

☐ **Community Advocacy Committee:** Meets and reports to the Board bimonthly. Enhances and promotes community awareness and community relations through outreach, education, and marketing of the organization's program and services.

5. COMMITTEE PARTICIPATION (CONTINUED):

- ☐ **Finance Committee:** Meets and reports monthly to the Board. Provides oversight of the organization's financials.
- ☐ **Audit Committee:** Meets and reports annually to the Board. Provides oversight over the annual audit process.
- ☐ **Personnel Committee:** Provides oversight of SFCHC leadership, including the CEO.
- ☐ **Nominating Committee:** Sources and screen prospective future board members.

SECTION 2: PERSONAL INFORMATION

First Name: _____ **Last Name:** _____ **Nickname:** _____

Date of Birth: _____ **Telephone number(s):** _____ **Email address:** _____

Home Address: _____

Address 2: _____ **City:** _____ **State:** _____ **Post Code:** _____

SECTION 3: EMPLOYMENT AND EDUCATION

Current Employer _____

Job Title _____ **Date of Hire:** _____

Brief Summary of Responsibilities: _____

Highest Education Level Completed::

☐ High School ☐ Associate Degree ☐ Bachelor's Degree ☐ Graduate/Professional Degree

Relevant Certifications/Training: _____

SECTION 4: FEDERAL REQUIREMENTS & DISCLOSURES

1. Have you been seen by a provider at South Florida Rheumatology or South Florida Community Health Center provider within the last 24 months?

☐ Yes ☐ No

2. Regular board meetings are held once a month in the early evening. Special board meetings may occasionally be scheduled. Are you able to attend monthly Board meetings?

☐ Yes ☐ No

3.In the past 10 years, have you been convicted or pled guilty/no contest to a felony or consented to a pretrial diversion?

☐ Yes ☐ No

SECTION 5: DEMOGRAPHICS

1. GENDER:

☐ Male ☐ Female ☐ Other ☐ Prefer not to say

2. RACE:

☐ White ☐ Black or African American ☐ Asian

☐ American Indian/Alaska Native ☐ Unknown/Prefer not to say ☐ Native Hawaiian/Pacific Islander

☐ Other_____

3. ETHNICITY

☐ Hispanic or Latino ☐ Not Hispanic or Latino ☐ Unknown/Prefer not to say

☐ Other_____

3. VETERAN STATUS:

☐ Veteran ☐ Non-Veteran ☐ Prefer not to say

SECTION 6: STATEMENT OF INTEREST

Please tell us why you're interested in serving on the SFCHC Board. (Max 150 words)

SIGNATURE & AUTHORIZATION

I certify that the information provided is accurate and complete. I authorize SFCHC to verify information as needed. If selected, I understand I will be required to sign a Conflict of Interest Disclosure annually and serve in accordance with SFCHC bylaws.

Name: Date

Signature

ATTACHMENTS REQUIRED:

- Resume or CV
- Copy of valid ID
- Recent headshot (for board file)

HEALTH CENTER USE ONLY:

Application received **Date** Valid ID received **Date**

Resume/CV received **Date** Additional attachments _____