

**New York City Health Department's Transgender, Gender Non-Conforming and Non-Binary  
Community Advisory Board (TCAB)**

The New York City Health Department's Division of Disease Control invites interested New Yorkers to apply to be a member of its Transgender, Gender Non-Conforming, and Non-Binary (TGNCNB) Community Advisory Board, or TCAB. This advisory board is open to the public with a strong preference for members of the TGNCNB communities. This advisory board will help ensure the Division's work is representative of all New Yorkers, including persons who identify as TGNCNB.

**Scope of Work:**

The Division of Disease Control's mission is to safeguard the health of all New Yorkers through the identification, treatment, and prevention of infectious diseases. Members of the TCAB will help inform the Division's work related to the health of TGNCNB New Yorkers, including:

- Sexual health and other New York City Health Department clinical services
- Health marketing campaigns
- Educational materials
- Research that focuses on or is inclusive of TGNCNB New Yorkers
- Best practices for collecting sexual orientation and gender identity client data
- Trans-inclusive communications in English and other languages

We are looking for board members with diverse backgrounds and experiences who:

- Live or work in New York City
- Are members of the TGNCNB communities or work with these communities
- Are committed to improving health services for New Yorkers of all gender identities

Board members are required to:

- Attend one 3-hour orientation
- Participate in up to four 3-hour meetings through June 2019
- Review documents before meetings
- Provide feedback and recommendations on one to three topics per meeting

Based on participation and completion of the tasks listed above, board members may receive a stipend of \$700 at the 4<sup>th</sup> meeting.

*\*\*Note: Support for this TCAB has been generously funded by the Mac AIDS Fund\*\**

**To apply to serve on the advisory board, please answer the following questions:**

1. What are your first and last name? \_\_\_\_\_
  
2. What is your email address? \_\_\_\_\_
  
3. What is your phone number? (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_
  
4. How would you prefer to be contacted?
  - a. Email
  - b. Phone
  - c. No preference
  
5. Which NYC borough do you live in?
  - a. Bronx
  - b. Brooklyn
  - c. Queens
  - d. Manhattan
  - e. Staten Island
  - f. If none of the above/other, please specify city: \_\_\_\_\_
  
6. Which NYC borough do you work in?
  - a. Bronx
  - b. Brooklyn
  - c. Queens
  - d. Manhattan
  - e. Staten Island
  - f. If none of the above/other, please specify city: \_\_\_\_\_
  
7. What is your current gender identity? [Mark all that apply]
  - a. Man
  - b. Woman
  - c. Transgender man
  - d. Transgender woman
  - e. Gender non-conforming person
  - f. Non-binary
  - g. If a gender not listed above, please specify: \_\_\_\_\_
  - h. Prefer not to answer

8. What sex were you assigned at birth?

- a. Male
- b. Female
- c. Intersex
- d. Prefer not to answer

9. Do you identify as Latina, Latino or Latinx?

- a. Yes
- b. No
- c. Prefer not to answer

10. What is your racial identity? [Mark all that apply]

- a. Black or African American
- b. Native American or Alaskan
- c. Native Hawaiian or Pacific Islander
- d. Asian
- e. White
- f. If other, please specify: \_\_\_\_\_
- g. Prefer not to answer

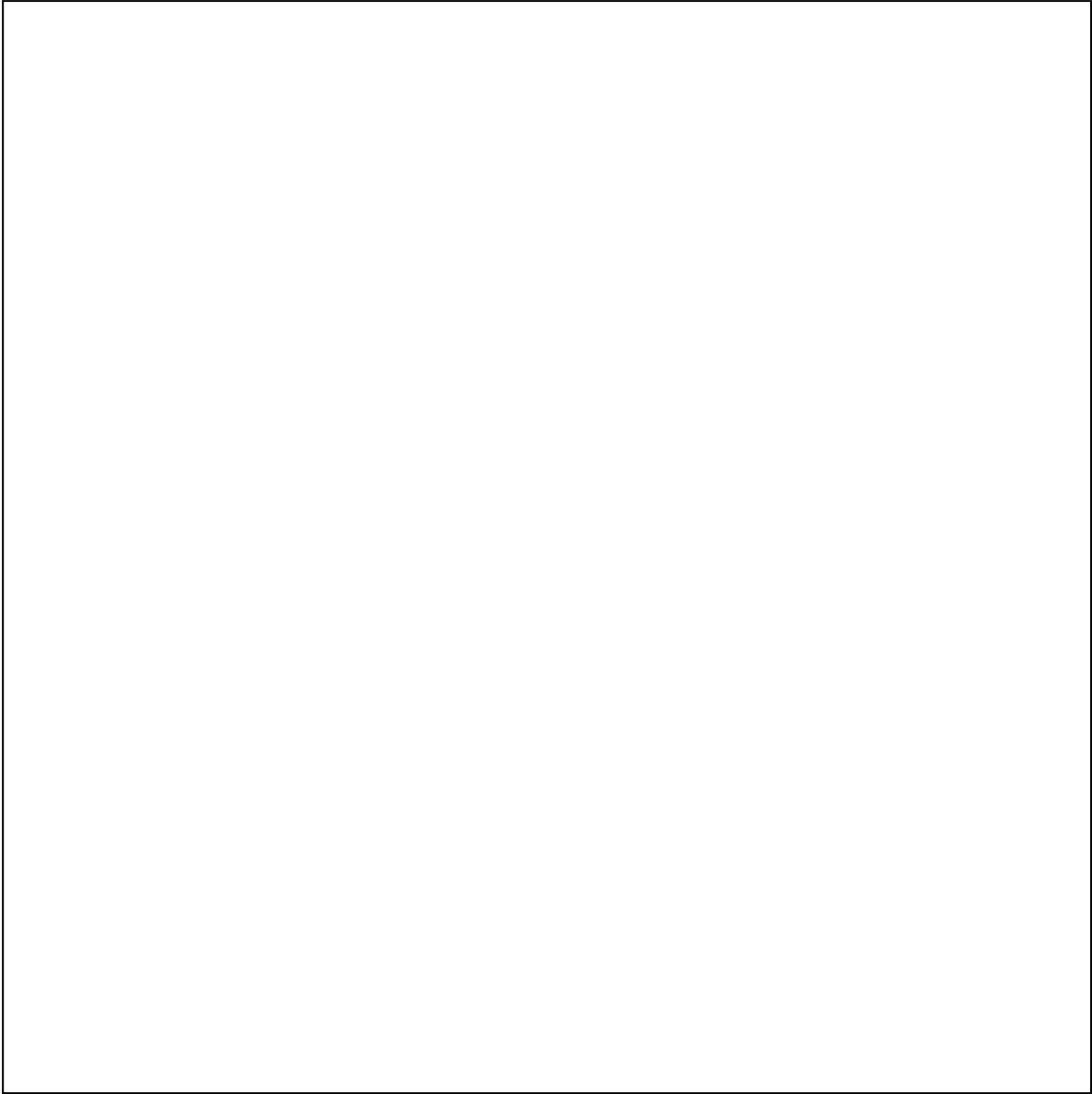
11. What organization do you currently work for?: \_\_\_\_\_

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12. Does your organization receive funding from the New York City Health Department (either directly through the Health Department, Public Health Solutions, or the Fund for Public Health NYC)?

- a. Yes
- b. No
- c. Unsure

13. In a few sentences, please tell us why you are interested in serving on the New York City Health Department's Transgender and Gender Non-binary Community Advisory Board (200 word limit).



**Thank you for submitting your application. If you have any questions, please email the LGBTQ Health Projects Team at [lgbtqhealth@health.nyc.gov](mailto:lgbtqhealth@health.nyc.gov).**