**To:** Chapter Presidents, Chapter Boards and Chapter Executive Directors

**From:** NHF Board of Directors, Board Recruitment Committee

**Subject:** Nomination and Election of NHF Board of Directors

On behalf of the NHF Board of Directors, we are pleased to provide you with the attached nomination packet for the election of NHF Board members whose terms will begin in January 1, 2023. The attached packet is being provided to all NHF Chapter Presidents, Chapter Executive Directors, and others. We ask that you share these packets with the members of your respective Chapter Boards. The following are the key steps in the selection process:

1. **The deadline for submission of the completed application is Friday, September 2nd.**
   * A complete application includes the following:
     + Nomination Form
     + Conflict of Interest Disclosure Form
     + A biographical sketch, resume, or curriculum vitae
     + Nomination Supplement(s) (*optional*)
   * Submissions must be emailed to the Board Recruitment Committee Chair, John Faria (john.m.faria@gmail.com) copying Scott Martin, Chair of the Board of Directors (scottmartin45@comcast.net)
   * Please remember that candidates can be self-nominated or nominated by individuals other than chapters.
2. **The Board Recruitment Committee will review applications and interview selected candidates.** 
   * Board candidates must meet the expectations and requirements of Board service, and therefore not all candidates will necessarily be represented on the final slate.
   * Candidates represented on the final slate will be asked to provide an additional video submission, to be distributed to Chapters.
3. **Once all candidates have been interviewed, ballots will be made available to the Chapters no later than Monday, October 24th and must be returned by 5:00 PM Eastern Time on Wednesday, November 23rd.** 
   * Please consider scheduling a board meeting, holding an email vote or conference call by Friday, November 20, to ensure voting is completed and your ballot is submitted on time.

**Additionally, we are pleased to share the following Board Recruitment Priorities for 2023 and beyond:**

The Board of Directors is looking for engaged candidates for the upcoming 2022 Board election. Note that all Board candidates:

* Should (a) be willing to make NHF one of their top personal philanthropic causes and (b) be comfortable with the Boards ‘give or get’ policy; it is every Board Member’s responsibility to support the organization’s fundraising efforts to the best of their ability
* Should have some experience with the governance and/or management of large organizations
* Will be vetted according to the organization’s conflict of interest policy

Additionally, the Board believes that diversity of ideas, cultures, races, ethnicities, and gender is critical to fulfillment of our mission. The Board maintains a long-term commitment to diversifying its membership.

All professional backgrounds will be considered, though some priority needs have been identified for prospective directors (listed below). These priority qualifications are based on a variety of input and intended to ensure an effective, well-rounded Board in support of the organization’s global ends.

**1. Fundraising Experience**

While all candidates have a role to play in fundraising, the organization is particularly interested in candidates who have meaningful experience:

* Raising funds and soliciting donations from Corporates outside of the biopharma industry
* Sourcing / soliciting major gifts from Foundations or individuals
* Using their personal network to raise funds
* Diversifying a nonprofit’s revenue sources
* Other activities that can help elevate NHF’s fundraising efforts

**2. Medical Research Expertise**

The organization is looking for candidates with direct experience as a biomedical researcher and an ability to bring additional expertise to the Board regarding:

* Refining a research agenda
* Raising the profile of medical research efforts
* Securing funding for a nonprofit organization’s research agenda
* Working with federal funding organizations
* Other nonprofit medical research programs

This medical research expertise can come:

* From within the blood disorders community or from another area of medical research
* From an academic or appropriate industry setting (note that all candidates will be vetted according to the organization’s conflict of interest policy)

**3. Financial Credentials**

The organization is looking for candidates with financial expertise, including direct experience in:

* Institutional Investment Management
* General Financial Management and/or Financial Oversight

Accounting and Audit and/or Audit Committee experience with large organizations

**4. Venture Philanthropy**

The organization is looking for candidates with venture philanthropy expertise, including direct experience in:

* Cultivating donors (individuals, foundations) that support the organization to help it maximize its ability to invest for social impact in research.

**Thank you!**

**Board of Directors**

**2022 Nomination Packet**

**Included in this packet is the following:**

**Reference materials:**

* + NHF Mission and Global Ends Statement
  + Board Code of Conduct and Responsibilities

**Nomination materials:**

* + 2022 Board Member Nomination Form
  + Conflict of Interest Disclosure Form
  + Nomination Supplement (optional)

***Please remember, a complete application includes the following:***

* Nomination Form
* Conflict of Interest Disclosure Form
* A biographical sketch, resume, or curriculum vitae
* Nomination Supplement(s) (*optional*)

*NOTE: Additionally, candidates represented on the final slate will be asked to provide a video submission.*

#### NHF Mission Statement

The **National Hemophilia Foundation (NHF)** is dedicated to finding cures for inheritable blood disorders and to addressing and preventing the complications of these disorders through research, education, and advocacy enabling people and families to thrive.

**About NHF**

Founded in 1948, NHF is a 501(c)(3) not for profit, gift-supported organization dedicated to finding a cure for blood disorders and improving the quality of life for individuals with blood disorders. Its national office is in New York City. Its core programs include research, education, and advocacy. A volunteer Board of Directors, currently comprised of 15 individuals from across the United States, governs NHF. Each member serves a three-year term and is eligible to serve two additional three-year terms.

**NHF Global Ends**

* 1. Research generates cures and better treatments for all people with inherited blood disorders.
  2. Health disparities are identified and eliminated in the inheritable blood disorders community.
  3. Equitable treatment standards and criteria of care exist for people with inheritable blood disorders.
  4. There will be safe treatment therapies for inheritable blood disorders.
  5. Information and education about inheritable blood disorders is accessible.
  6. A cohesive network of state and/or regional-based organizations providing similar levels programs/services for people affected by inheritable blood disorders will exist across the United States and its territories.
  7. NHF will continually grow and adapt to increase its sustainability and viability to meet the mission and vision, enabling people with blood disorders to thrive.

Board Code of Conduct and Responsibilities

In accordance with our objectives, the following Roles, Rights and Responsibilities are incumbent upon any individual who accepts a nomination and election as a Director of the National Hemophilia Foundation. A Director of the National Hemophilia Foundation agrees to operate within the guidelines of the Governing Policy 4.4 – Board Members Code of Conduct, and Policy 4.5 – Directors Individual Responsibilities (dated December 18, 2014) of the Board of Directors. These two policies are provided below.



**2022 Board Member Nomination Form**

**Completing this form will help you understand the skills and resource commitments of this leadership position. You may find it helpful to read through the entire application and Board Member Responsibilities before you begin filling it out.**

**I. BACKGROUND  
  
Candidate’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Telephone: (work) (home)\_\_\_\_**

**E-mail address:**

**Current Profession: \_\_\_\_\_\_\_\_\_\_\_\_**

**Current Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did you upload or attach your CV/Resume? \_\_\_\_**

**Education - please list schools, universities attended:**

**II. FUNDRAISING**

**Each Board Member has an annual ‘give or get’ expectation of at least $2,000. Are you comfortable with this expectation?   
Yes 🞏 No 🞏**

**Please indicated your non-profit fundraising experience (check all that apply):**

\_\_\_\_ Fundraising with Special Events

\_\_\_\_ Fundraising from Foundations

\_\_\_\_ Fundraising from Corporations

\_\_\_\_ Sourcing Major Gifts ($10k+)

\_\_\_\_ Initiating discussions with prospective donors

\_\_\_\_ Other relevant nonprofit fundraising experience (please specify in the following questions)

**Please briefly describe your non-profit fundraising experience.**

**Have you ever helped any nonprofit group get a gift of more than $5,000? If so, what was the nature of the gift and what role did you play?**

**III. EXPERIENCE  
  
Please list any prior governance or leadership experience in large organizations (non-profits, civic organizations, corporations, or other). Please include any other nonprofit boards on which you have served.**

**Do you have experience working on or with Boards that use a committee structure and policy governance model? If so, please describe.**

**What skills and expertise can you bring to the Board of Directors? Please check all that apply:**

* Finance - Corporate Financial Planning
* Finance - Investment Management
* Finance - Accounting / Audit
* Medical Research
* Ethics and Compliance
* Board Governance
* Government Relations / Public Policy
* Fundraising
* Public Relations
* Marketing
* Strategic Planning
* Law
* Other (please specify): ­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**What, if any, blood disorders community involvement have you had?   
  
  
  
  
IV. OTHER**

**Please briefly describe why you want to join the NHF board of directors.**

**What characteristics define a great board?**

**Is there anything else you would like the nominating committee to know about you?  
  
  
  
  
V. SHARING OF INFORMATION**

I understand that video and application information will be shared with chapter representatives in consideration of their ballot submissions for the NHF Board of Directors election process.

Signature: Date:

**Conflict of Interest Disclosure Form for Board Candidates**

In order to avoid conflicts of interest, NHF ordinarily does not allow individuals who hold certain financial interests or who sit on the boards of certain other entities to serve on the Board. Details concerning these restrictions appear in the **“Interests Ordinarily Not Permitted”** section of **“Governing Policy 4.4 – Board Members Code of Conduct,”** a copy of which is included in this nomination packet. The following kinds of interests *might* render an individual ineligible:

* Employment by companies that manufacture drugs, clotting factors, and other products, or that provide infusion or home care services, for persons with inherited blood disorders;
* Consulting income or other compensation above a certain amount from such companies, or ownership interests above a certain amount in such companies;
* Employment by, or service on the board of, a blood disorders advocacy organization (including NHF chapters).

Please complete the following Conflict of Interest Disclosure Form and return as part of your completed nomination packet.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This questionnaire, which is based on the NHF Code of Conduct, is to be completed by any individual who is a candidate for election to the NHF Board of Directors. In responding to the questions below, please refer to the following definitions:

**Employment or Employed** refers to ordinary employment as a W-2 employee, whether full-time or part-time.

**Family Member:** This term means your spouse/partner, your children, and anyone who lives in your household.

**Manufacturer:** Any entity that manufactures drugs, medical devices, or biological products intended primarily for use by patients with a blood disorder.

**Proprietary Medical Entity:** Any for-profit entity that offers or provides as a substantial line of business medical services (*e.g.*, home health care, specialty pharmacy services, infusion support) to patients with blood disorders.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you or a Family Member employed by a Manufacturer?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ please provide relevant details (name of the Manufacturer; relationship of employed person to you) and any other information you believe relevant:

2. Are you or a Family Member employed by a Proprietary Medical Entity?

Yes\_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ does the employed individual work in or with the particular division of the Proprietary Medical Entity that furnishes medical services to patients with blood disorders?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes’ to the last question, please provide relevant details (name of the Proprietary Medical Entity; relationship of employed person to you) and any other information you believe relevant:

3. Do you or a Family Member receive compensation (monetary or in-kind) from any Manufacturer or Proprietary Medical Entity for non-Employment services (consulting, service on a committee, speaking fees, etc.)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ does the compensation received exceed $5,000 per year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes’ to the last question, please provide relevant details (name of the Manufacturer/Proprietary Medical Entity; relationship to you of the individual providing services; nature of services provided; amount of compensation per year) and any other information you believe relevant:

4. Do you or a Family Member have an ownership interest in any Manufacturer or Proprietary Medical Entity? For purposes of this question, an “ownership interest” includes any equity interest (sole proprietorship, partnership interest, stock, stock options, etc.) but does not include stock held through a mutual fund or other investment vehicle over which the investor exercises no investment decision-making control.

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ is the ownership interest valued at more than $25,000?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes’ to the last question, please provide relevant details (name of the Manufacturer/Proprietary Medical Entity; relationship to you of the individual who holds the ownership interest; nature and value of the ownership interest) and any other information you believe relevant:

5. Are you or a Family Member employed by, or do you or a Family Member serve on the board of, an advocacy organization (*including any chapter of NHF*) concerned primarily with serving the needs or advancing the welfare of persons with blood disorders?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ please provide relevant details (name of the advocacy organization; relationship of individual to you) and any other information you believe relevant:

6. Do you or a Family Member receive from any Manufacturer or Proprietary Medical Entity non-negligible gifts, gratuities, or other benefits not available as a general matter to other members of the public?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ please provide relevant details (name of Manufacturer/Proprietary Medical Entity; nature and value of gifts, gratuities, and benefits; relationship of recipient to you) and any other information you believe relevant:

7. Do you or a Family Member engage in any form of business with NHF on behalf of yourself or on behalf of an entity in which you have, or a Family Member has, a financial interest?

Yes \_\_\_\_\_ No \_\_\_\_\_

If you responded ‘Yes,’ please provide relevant details (nature of business conducted; relationship of individual with you; name of entity, if any, on whose behalf the business was conducted) and any other information you believe relevant:

8. If you are aware of any other relationships or interests held by you or a Family Member that you believe could place you under a conflict of interest in performing the duties of a member of the NHF Board, please provide an explanation of the relevant facts:

**Thank you for your above responses.**

**Nomination Supplement**

***Optional***

**For the Person Nominating to complete: (if self-nominated, skip this section)**

**Candidate Name:**

**Please summarize why this candidate should be considered as an NHF Board Director.**

**Nomination Supplement Completed By:**

**Chapter / Hemophilia Treatment Center Affiliation (if applicable):**

**Phone:**

**Email:**

**Signature:**

**Date:**