

Partnership Descriptions and Applications

As an Allied Partner

- a. Have a health, social services, and/or community development-oriented mission; with a prior, positive working relationship with NMHEC staff and board members
- b. Be embedded in (e.g., through service provision), well respected by, and/or involve staff from the communities in which they work
- c. Have a history of working on NMHEC-affiliated projects and/or activities that emphasize prevention, family and community health issues, addressing social determinants of health, promoting health equity, and/or enhancing community capacity building

Benefits of being an Allied Partner	Responsibilities as an Allied Partner
<ol style="list-style-type: none"> 1. Organization listing on the resource list of the NMHEC webpage 2. Select trainings at up to 30% discount 3. Technical assistance 4. Prioritization of SPH student interns through NMHEC 5. CBPR training 6. Organizational announcements sent to NMHEC distribution list 7. NMHEC advisory board support for grant proposals and letters of support 8. Connection to individuals and organizations that can support your work 9. Opportunities to collaborate on presentations at local and/or national meetings, co-authorship on publications, or other similar activities 10. Prioritization in funding opportunities 11. Access to a mentorship opportunity 	<ol style="list-style-type: none"> 1. Complete onboarding orientation 2. Take CBPR training 3. Participate on at least one NMHEC workgroup 4. Participate in partnership meetings 5. Provide input/feedback on the development of new community-based participatory research projects, partnerships and related activities 6. Participate in activities (e.g., panelist on a webinar, tabling at an event, presentations at national meetings, co-authorship on publications) 7. Participate in funding opportunities to support identified priorities and core infrastructure 8. Disseminate NMHEC information to your membership/community 9. Employ culturally informed community engaged approaches to organizational work 10. Complete biennial partnership renewal 11. Commitment to serve as a mentor (optional)

NMHEC Partnership Applications

1. Individual or Organization
2. Name (If Individual)
 - Title
 - Address
 - Phone Number
 - Email Address
 - Pronouns
 - Race/Ethnicity
 - Language(s) Spoken
 - Please indicate how you self-identify
 - SGM (Sexual Orientation Gender Identity Minority)
 - Racial/ethnic minority
 - Person with a disability
 - Religious minority
 - Other (Please specify: _____)
 - None
3. Name (If Organization)
 - Department
 - Address
 - Phone Number
 - Email Address
4. Primary Contact (if applicant is an organization)
 - Name
 - Title
 - Phone Number
 - Email Address (if applicable)
 - Pronouns
 - Race/Ethnicity
 - Language(s) Spoken
 - Please indicate how you self-identify:
 - SGM (Sexual Orientation Gender Identity Minority)
 - Racial/ethnic minority
 - Person with a disability
 - Religious minority
 - Other (Please specify: _____)
 - None
5. Secondary Contact (if applicant is an organization)
 - Name
 - Title
 - Phone number
 - Email address
 - Pronouns
 - Race/ethnicity
 - Language(s) spoken:
 - English
 - Spanish
 - American Sign Language
 - Chinese
 - Hindi
 - Arabic

- Portuguese
- Bengali
- French
- Russian
- Other (Please specify: _____)

- Please indicate how you self-identify:
 - SGM (Sexual Orientation Gender Identity Minority)
 - Racial/ethnic minority
 - Person with a disability
 - Religious minority
 - Other (Please specify: _____)
 - None

6. Would you like to provide a Tertiary Contact?

- Yes
- No

If YES:

- Name
- Title
- Phone number
- Email address
- Pronouns
- Race/ethnicity
- Language(s) spoken:
 - English
 - Spanish
 - American Sign Language
 - Chinese
 - Hindi
 - Arabic
 - Portuguese
 - Bengali
 - French
 - Russian
 - Other (Please specify: _____)
- Please indicate how you self-identify:
 - SGM (Sexual Orientation Gender Identity Minority)
 - Racial/ethnic minority
 - Person with a disability
 - Religious minority
 - Other (Please specify: _____)
 - None

7. Populations Served (e.g., race/ethnicity, disability, age, income). *Please select all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Children (0-5) | <input type="checkbox"/> African American Populations |
| <input type="checkbox"/> School Aged-Children (6-18) | <input type="checkbox"/> Hispanic/Latinx Populations |
| <input type="checkbox"/> Teens (13-18) | <input type="checkbox"/> Asian Populations |
| <input type="checkbox"/> Young Adult (18-24) | <input type="checkbox"/> Pacific Islander Populations |
| <input type="checkbox"/> Adults (18-64) | <input type="checkbox"/> Native American Populations |
| <input type="checkbox"/> Seniors (65+) | <input type="checkbox"/> People Experiencing Homelessness |
| <input type="checkbox"/> Foster Youth | <input type="checkbox"/> LGBTQ+ |

- People with Disabilities
- People with Lower Incomes
- Immigrants

- Refugee Populations
- People with Undocumented Status
- Other (Please specify: _____)

8. Research/Focal Areas. *Please select all that apply.*

- Built Environment
- Cardiovascular Diseases
- Child Welfare
- Children's Health
- Communicable Diseases
- Community Organizing
- Diversity, Equity, and Inclusion (DEI)
- Education
- Employment
- Environmental Justice
- Family Health
- Food
- Harm Reduction
- Health Care
- Health Equity
- Homelessness
- Housing

- Injury Prevention
- Mental Health
- Mutual Aid
- Poverty
- Public Policy
- Prevention
- Racial Justice
- Refugees
- Respiratory Health
- Reproductive and Sexual Health
- Social Justice (Criminal/Juvenile Justice)
- Substance Abuse/Misuse
- Suicide
- Transportation
- Violence and Trauma
- Women's Health
- Other (Please specify: _____)

9. Geographic location of service or research

- Southern Nevada
- Northern Nevada
- Rural

10. Type of partnership requested

- Allied Partnership
- Associated Partnership

NMHEC Allied Partner Application

Note: Completion of this application form does not guarantee designation as an Allied Partner.

1. Please state your health, social services, and/or community development-oriented mission below.

2. Please summarize how you work with the community.

3. Please describe why you would like to be an Allied Partner of the Nevada Minority Health and Equity Coalition.

4. Please describe your history working on NMHEC-affiliated projects and/or activities.

5. The NMHEC requires active participation of Allied Partners in Coalition workgroups. Please rank which workgroup(s) you would be interested in potentially serving on, with 1 being your highest preference:
 - Communication
 - Public Policy
 - Programming
 - Research and Evaluation
 - Strategic Relations
- 6a. Please select which skills you would bring to your selected workgroups.
 - Community engagement/outreach
 - Cultural competency/Diversity, Equity, and Inclusion (DEI)
 - *Language access planning*
 - *Implicit bias*
 - *Trauma-informed service delivery*
 - *Other (please specify): _____*
 - Social media
 - Web design
 - Policy analysis
 - Advocacy
 - Advocacy training
 - Research
 - Professional writing
 - Recruitment
 - Member engagement
 - Program evaluation
 - Fiscal oversight
 - Grant writing
 - Other (please specify: _____)

Please acknowledge the required terms and conditions for Allied Partnership by completing the form below.

By completing this application, I agree to the following terms and conditions for Allied Partnership:

- Complete onboarding orientation
- Take CBPR training
- Participate on at least one NMHEC workgroup
- Participate in partnership meetings

- Provide input/feedback on the development of new community-based participatory research projects, partnerships and related activities
- Participate in activities (e.g., panelist on a webinar, tabling at an event, presentations at national meetings, co-authorship on publications)
- Participate in funding opportunities to support identified priorities and core infrastructure
- Disseminate NMHEC information to your membership/community
- Employ culturally informed community engaged approaches to organizational work
- Complete biennial partnership renewal

Please indicate your interest in the following OPTIONAL activity for Allied Partners.

- I am interested in serving as a mentor

X _____

Applicant/Primary Contact Signature

- If Individual: Please attach your preferred photo.
- If Organization: Please attach your organization's logo.