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

<table>
<thead>
<tr>
<th>Benefits of being an Allied Partner</th>
<th>Responsibilities as an Allied Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Organization listing on the resource list of the NMHEC webpage</td>
<td>1. Complete onboarding orientation</td>
</tr>
<tr>
<td>2. Select trainings at up to 30% discount</td>
<td>2. Take CBPR training</td>
</tr>
<tr>
<td>3. Technical assistance</td>
<td>3. Participate on at least one NMHEC workgroup</td>
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<td>4. Prioritization of SPH student interns through NMHEC</td>
<td>4. Participate in partnership meetings</td>
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<tr>
<td>5. CBPR training</td>
<td>5. Provide input/feedback on the development of new community-based participatory research projects, partnerships and related activities</td>
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<tr>
<td>6. Organizational announcements sent to NMHEC distribution list</td>
<td>6. Participate in activities (e.g., panelist on a webinar, tabling at an event, presentations at national meetings, co-authorship on publications)</td>
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<tr>
<td>7. NMHEC advisory board support for grant proposals and letters of support</td>
<td>7. Participate in funding opportunities to support identified priorities and core infrastructure</td>
</tr>
<tr>
<td>8. Connection to individuals and organizations that can support your work</td>
<td>8. Disseminate NMHEC information to your membership/community</td>
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<tr>
<td>9. Opportunities to collaborate on presentations at local and/or national meetings, co-authorship on publications, or other similar activities</td>
<td>9. Employ culturally informed community engaged approaches to organizational work</td>
</tr>
<tr>
<td>10. Prioritization in funding opportunities</td>
<td>10. Complete biennial partnership renewal</td>
</tr>
<tr>
<td>11. Access to a mentorship opportunity</td>
<td>11. Commitment to serve as a mentor (optional)</td>
</tr>
</tbody>
</table>
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
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.
   - Children (0-5)
   - School Aged-Children (6-18)
   - Teens (13-18)
   - Young Adult (18-24)
   - Adults (18-64)
   - Seniors (65+)
   - Foster Youth
   - African American Populations
   - Hispanic/Latinx Populations
   - Asian Populations
   - Pacific Islander Populations
   - Native American Populations
   - People Experiencing Homelessness
   - LGBTQ+
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.