## Partnership Descriptions and Applications

### As an Associated Partner

- Have a health, social services, and/or community development-oriented mission
- Be embedded in (e.g., through service provision), well respected by, and/or involve staff from the communities in which they work
- Have a history of working on 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 Associated Partner</th>
<th>Responsibilities as an Associated Partner</th>
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</thead>
<tbody>
<tr>
<td>Organization listing on the resource list of the NMHEC webpage</td>
<td>1. Complete onboarding orientation</td>
</tr>
<tr>
<td>Select trainings at up to 15% discount</td>
<td>2. Disseminate NMHEC information to your membership/community</td>
</tr>
<tr>
<td>Student interns based on availability</td>
<td>3. Participate in partnership meetings</td>
</tr>
<tr>
<td>Organizational announcements sent to NMHEC distribution list</td>
<td>4. Provide input/feedback on the development of new community-based participatory research projects, partnerships and related activities</td>
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<tr>
<td>Connection to individuals and organizations that can support your work</td>
<td>5. Employ culturally informed community engaged approaches to organizational work</td>
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<tr>
<td>Potential for funding opportunities</td>
<td>6. Complete annual partnership renewal</td>
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<td></td>
<td>7. Participation on a steering committee (optional)</td>
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<td></td>
<td>8. Participation on a NMHEC workgroup (optional)</td>
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<td></td>
<td>9. Participate in activities (e.g., panelist on a webinar, tabling at an event, presentations at national meetings, co-authorship on publications) (optional)</td>
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<td>10. Pursuing funding opportunities to support identified priorities and core infrastructure (optional)</td>
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</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
☐ 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.
   - 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
- Refugee Populations
- People with Undocumented Status
- Other (Please specify: _____)
- 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 Associated Partner Application

Note: Completion of this application form does not guarantee designation as an Associated 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 your history of working on 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.

__________________________________________________________________________________________________
__________________________________________________________________________________________________

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

__________________________________________________________________________________________________
__________________________________________________________________________________________________

5. The NMHEC offers the option for Associated Partners to participate in Coalition workgroups. Please indicate which workgroup(s) you would be interested in potentially serving on, if any:

☐ Communication
☐ Public Policy
☐ Programming
☐ Research and Evaluation
☐ Strategic Relations
☐ None

6. 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 Associated Partnership by completing the form below.

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

☐ Complete onboarding orientation
☐ Disseminate NMHEC information to your membership/community
☐ Participate in partnership meetings
☐ Provide input/feedback on the development of new community-based participatory research projects, partnerships and related activities
☐ Employ culturally informed community engaged approaches to organizational work
☐ Complete annual partnership renewal

Please indicate your interest in the following OPTIONAL activities for Associated Partners.
☐ I am interested in participating on a steering committee
☐ I am interested in participating in a workgroup (Please Select)
  ☐ Communication
  ☐ Public Policy
  ☐ Programming
  ☐ Research and Evaluation
  ☐ Strategic Relations
☐ I am interested in participating in dissemination activities (e.g., presentations at national meetings, co-authorship on publications)
☐ I am interested in pursuing funding opportunities to support NMHEC identified priorities and core infrastructure

X __________________________________________
Applicant/Primary Contact Signature

• If Individual: Please attach your preferred photo.
• If Organization: Please attach your organization’s logo.