

## 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

Benefits of being an Associated Partner	Responsibilities as an Associated Partner
<p>Organization listing on the resource list of the NMHEC webpage</p> <p>Select trainings at up to 15% discount</p> <p>Student interns based on availability</p> <p>Organizational announcements sent to NMHEC distribution list</p> <p>Connection to individuals and organizations that can support your work</p> <p>Potential for funding opportunities</p>	<ol style="list-style-type: none"> <li>1. Complete onboarding orientation</li> <li>2. Disseminate NMHEC information to your membership/community</li> <li>3. Participate in partnership meetings</li> <li>4. Provide input/feedback on the development of new community-based participatory research projects, partnerships and related activities</li> <li>5. Employ culturally informed community engaged approaches to organizational work</li> <li>6. Complete annual partnership renewal</li> <li>7. Participation on a steering committee (optional)</li> <li>8. Participation on a NMHEC workgroup (optional)</li> <li>9. Participate in activities (e.g., panelist on a webinar, tabling at an event, presentations at national meetings, co-authorship on publications) (optional)</li> <li>10. Pursuing funding opportunities to support identified priorities and core infrastructure (optional)</li> </ol>

## 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 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.