

Partnership Description and Application

As an NMHEC 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 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

| Provided by the NMHEC | Responsibilities as an NMHEC Partner |
|---|--|
| <p>Access to...</p> <ol style="list-style-type: none"> 1. Organization listing on the resource list of the NMHEC webpage 2. Technical assistance- <ul style="list-style-type: none"> • Grant applications • Where to find data • Evaluation support/CBPR • Fact Sheets/Social media resources 3. Organizational announcements sent to NMHEC distribution list 4. NMHEC advisory board support for grant proposals and letters of support 5. Connection to individuals and organizations that can support your work 6. Opportunities to collaborate on presentations at local and/or national meetings, co-authorship on publications, or other similar activities 7. Prioritization in funding opportunities if expertise aligns and funding is available | <ol style="list-style-type: none"> 1. Complete onboarding orientation 2. Take CBPR training 3. Participate in at least one NMHEC workgroup 4. Participate in activities (e.g., panelist on a webinar, tabling at an event, presentations at national meetings, co-authorship on publications) 5. Disseminate NMHEC information to your membership/community |

Overview

The Nevada Minority Health and Equity Coalition provides NMHEC Partners with access to a variety of benefits, including a listing on the resource list of the NMHEC webpage, CBPR training, and technical assistance. NMHEC Partners also receive distribution of organizational announcements through Coalition blast emails, and contacts with individuals or organizations that may be helpful to the partner organizations. The Coalition also provides NMHEC Partners with access to letters of support for funding or program development opportunities, as well as the option to use the NMHEC Advisory Board as part of grant proposals and receive support to pursue funding opportunities for identified priorities or core infrastructure. The Coalition will also provide access for NMHEC Partners to participate in dissemination activities by presenting at national meetings or co-authoring publications.

In return, NMHEC Partners commit to several responsibilities. First, NMHEC Partners are expected to participate on an NMHEC workgroup, take CBPR training provided by the Coalition, disseminate NMHEC information to their membership/community, and participate in dissemination activities when requested (e.g., presentations at national meetings, co-authorship on publications).

NMHEC Partnership Application

1. Name
 - Address

- Phone Number
 - Email
1. Primary Contact (if applicant is an organization)
 - Name
 - Phone number
 - Email address (if applicable)
 - Pronoun preference
 - Race/ethnicity (please specify: _____)
 - Language(s) spoken:
 - English
 - Spanish
 - American Sign Language
 - Chinese
 - Hindi
 - Arabic
 - Portuguese
 - Bengali
 - French
 - Russian
 - Other (Please specify: _____)
 - Please indicate how you self-identify:
 - LGBTQIA
 - Racial/ethnic minority
 - Person with a disability
 - Current position held
 2. Secondary Contact (if applicant is an organization)
 - Name
 - Phone number
 - Email address
 - Pronoun preference
 - Race/ethnicity
 - Current position held
 3. Target Populations (e.g., race/ethnicity, disability, age, income). *Please select all that apply.*

| | |
|---|--|
| <input type="checkbox"/> Children | <input type="checkbox"/> Built Environment |
| <input type="checkbox"/> School Aged-Children | <input type="checkbox"/> Cardiovascular Diseases |
| <input type="checkbox"/> Teens | <input type="checkbox"/> Child Welfare |
| <input type="checkbox"/> Young Adult | <input type="checkbox"/> Children's Health |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Communicable Diseases |
| <input type="checkbox"/> Seniors | <input type="checkbox"/> Community Organizing |
| <input type="checkbox"/> LGBTQ+ | <input type="checkbox"/> Criminal/Juvenile Justice |
| <input type="checkbox"/> Disabled | <input type="checkbox"/> Education |
| <input type="checkbox"/> African American Populations | <input type="checkbox"/> Employment |
| <input type="checkbox"/> Hispanic/Latinx Populations | <input type="checkbox"/> Environmental Justice |
| <input type="checkbox"/> Asian Populations | <input type="checkbox"/> Family Health |
| <input type="checkbox"/> Pacific Islander Populations | <input type="checkbox"/> Food |
| <input type="checkbox"/> Native American Populations | <input type="checkbox"/> Harm Reduction |
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Health Care |
| <input type="checkbox"/> Immigrants | <input type="checkbox"/> Health Equity |
| <input type="checkbox"/> Refugees | <input type="checkbox"/> Homelessness |
| <input type="checkbox"/> Undocumented | <input type="checkbox"/> Housing |
| <input type="checkbox"/> Research/Focal Areas | <input type="checkbox"/> Injury Prevention |

- Mental Health
- Public Policy
- Prevention
- Respiratory Health
- Reproductive/Sexual Health
- Substance Abuse/Misuse
- Suicide
- Transportation
- Violence and Trauma
- Women's Health
- Other: _____

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

- Built Environment
- Cardiovascular Diseases
- Child Welfare
- Children's Health
- Communicable Diseases
- Community Organizing
- Education
- Employment
- Environmental Justice
- Family Health
- Food
- Harm Reduction
- HealthCare
- Health Equity
- Homelessness
- Housing
- Injury Prevention
- Mental Health
- Public Policy
- Prevention
- Refugees
- Respiratory Health
- Reproductive and Sexual Health
- Social Justice (Criminal/Juvenile Justice)
- Substance Abuse/Misuse
- Suicide
- Transportation
- Violence and Trauma
- Women's Health
- Other

5. Geographic Location

- Southern Nevada
- Northern Nevada
- Rural

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

2. Please summarize how you work with the community. Please provide a thorough response as this information will be used to verify your eligibility to become a partner.

3. Please describe your history 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 a Partner of the Nevada Minority Health and Equity Coalition.

5. The NMHEC requires active participation of Allied Partners on Coalition workgroups. Please rank which workgroup(s) you would be interested in potentially serving on, with 1 being your highest preference:

- Public Policy
- African American
- Asian American, Pacific Islander, Native Hawaiian (AANHPI)
- Latinx
- LGBTQIA+

6a. Please select which skills you would bring to your selected workgroups.

- Community engagement
- Cultural competency
- Social media
- Web design
- Language knowledge
- 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:

- I agree to participate on a NMHEC workgroup
- I agree to complete onboarding orientation
- I agree to disseminate NMHEC information to my membership/community
- I agree to complete the required Community-Based Participatory Research (CBPR) Training
- I agree to participate in dissemination activities (e.g., presentations at national meetings, co-authorship on publications)
- I agree to pursue funding opportunities to support identified priorities and core infrastructure

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

- I am interested in serving as a mentor

X _____

Primary Contact Signature