



Arkansas Department of Health

Arkansas Minority Health Commission
5800 W. 10th Street, Suite 805 • Little Rock, AR 72204 • (501) 686-2720 • Fax: (501) 686-2722

Governor Sarah Huckabee Sanders
Renee Mallory, RN, BSN, Secretary of Health
Kenya L. Eddings, MPH, CWWS, Director

Arkansas Minority Health Commission Sponsorship Policy Events Scheduled: January 1, 2024 – June 30, 2024

Policy Title: Sponsorship	Policy Number: 01.001
19-12-114 To provide screening or access to screening for hypertension, strokes, and other disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group. To increase awareness of hypertension, strokes, and other disorders disproportionately critical to minorities but will also provide this service to any citizen within the state regardless of racial/ethnic group.	FORMS <ul style="list-style-type: none"> • Application • Budget Justification • Pre & Post Event Forms • Screening Form • W-9

I. Purpose

For the purpose of this section sponsorships are defined as health-related events that meet one or more of the following objectives: increase awareness and screenings for diabetes, hypertension, high cholesterol or other diseases that disproportionately impact minorities as well as other citizens within the state. Sponsorships are reviewed and scored by external reviewers.

II. Award

Award may be up to **\$5,000.00**. All awards are based on the availability of funding. Applicant will be notified in writing regarding the status of the application, whether approved or disapproved for funding. Funding opportunities are posted on the Arkansas Minority Health Commission (AMHC) website www.arminorityhealth.com.

III. Funding Opportunities

Sponsorship announcements are released up to 3 times during the fiscal year for events scheduled during the following time frame.

- Events scheduled from July – December
- Events scheduled from January – June
- Tobacco Initiative

IV. Sponsorship Criteria

- 1) Primary focus is health related.
- 2) Screenings are provided at the event.
- 3) Event reflects a similar commitment to the mission set forth by the Arkansas Minority Health Commission.



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- 4) Organization has not and does not expect to receive funding from AMHC.
- 5) Letters, phone calls or walk-in applications requesting sponsorship **will not** be reviewed.
- 6) Application must be received by due date.

V. Performance Indicator

- 1) A minimum of 150 total screenings is required for all events.
Example: 35 people screened for blood pressure, glucose, cholesterol, pulse, and weight. The total number of screenings will be 175.
- 2) Securing volunteers/partnerships to perform required screenings **shall be the sole responsibility of the approved applicant.**
 - a. AMHC Mobile Health Unit will **NOT** be available for Sponsorship Events
 - b. AMHC Equipment Loan will be available for use if needed but **MUST** provide a nurse or Community Health Worker (CHW) to perform the screenings.
- 3) Agency or individual providing screening must be identified on application.

VI. Sponsorship Requirements

- 1) Applicant must complete AMHC sponsorship application.
- 2) Screenings (blood pressure, glucose and/or cholesterol) **must** be provided at the event.
- 3) Applicant must complete AMHC screening form and provide screening data to AMHC 17 days after event.
- 4) If the event occurs after June 10th information must be provided prior to June 30th.
- 5) Applicant is required to provide a list of free or income-based clinics to participants screened for follow-up services.
- 6) Applicant is required to distribute Tobacco BeWell program resource at event.
- 7) Applicant is required to place AMHC logo on all advertisement and program.
- 8) Applicant is required to submit pictures of event.
- 9) Applicant must complete AMHC pre-event form and submit with application.
- 10) Applicant must agree to submit post-event form after event.
- 11) Applicant must attach detailed budget that provides line item for expenditures covered by AMHC.
- 12) Only **20%** of total award can be used for food/refreshments (healthy snacks).
 - The amount allocated for food will be determined by multiplying the subtotal (total amount awarded for all line items excluding food) by 20%.
- 13) Applicant must include copy of W-9 and/or 501c3 with application.
- 14) **Sponsorship funding cannot be utilized for the following: salaries and fringe, travel, In-Direct Cost, office equipment, copy or print of material and decorations.**
- 15) Applicant must meet requirements outlined in sponsorship criteria.
- 16) Applicant must sign application acknowledging review of sponsorship criteria.



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- 17) Applicant must submit signed AMHC Vendor Tobacco Policy with application.
- 18) If awarded sponsorship, applicant must sign and return award letter and budget.
- 19) If awarded sponsorship, applicant must complete leverage of funds document.
- 20) Equipment loan (blood pressure, glucose or cholesterol and strips) request must be made at the time application is submitted.
- 21) Applicant may add medical equipment (blood pressure, glucose, cholesterol) and screening supplies (testing strips, lancets, alcohol swab pads, cotton balls, sharp container, and BAND-AID) line item on budget. Medical equipment must be under \$1,000.00

VII. Reimbursement/Receipts

- 1) In order to receive payment for services or reimbursement from the State of Arkansas, a completed and signed W-9 must be submitted prior to invoicing for services and any change of address requires an updated W-9 form.
- 2) Only approved items will be reimbursed.
- 1) **Applicant must submit original copy of receipts, AMHC post event form, health screening data form and invoice for reimbursement.**
- 2) Sponsorships are reimbursed after the post event form, health screening data form, invoice and itemized receipts are received.
- 3) Applicant will receive reimbursement check within **30** days of submission of all required documents.

VIII. Events that do not qualify for Sponsorship

- 1) Events that are not health-related (health must be the primary focus).
- 2) Events outside the scope of the mission and vision of the Arkansas Minority Health Commission.
- 3) Fundraising and Scholarship Events
- 4) Partisan events supporting political candidates.

Statement of Understanding:

I have read and fully understand the terms of the AMHC’s Sponsorship Policy.

Vendor Signature

Date



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Arkansas Minority Health Commission (AMHC) Tobacco-Free Vendor/Event Policies and Procedures

Purpose

Arkansas Minority Health Commission (AMHC) is committed to sponsoring/collaborating/partnering with vendors who provide a smoke/vapor free safe and healthy environment that promotes the health and wellbeing of attendees.

Scope of Policy

1. The use of tobacco is prohibited at any and **all** events sponsored by AMHC.
2. Smoking /vaping and the use of tobacco is not permitted anywhere at facilities where AMHC is responsible for rental fee.
3. Arkansas Minority Health Commission's Accounting Department shall include language in all Purchase Order (P.O) forms or documents requiring customers/vendors to comply with this policy. Customers/Vendors will be required to read and accept the terms of this policy.

Definition:

1. **Tobacco**- For the purposes of this policy, "tobacco" is to include any product containing, made, or derived from tobacco that is intended for human consumptions, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means or any component, part, or accessory of a tobacco products to include but not limited to: any lighted or unlighted cigarette, cigar, pipe, and any other smoking product, and spit tobacco, also known as smokeless, dip, chew, snus, and snuff, in any form including, "e-cigarette" and Electronic Nicotine Delivery Systems (ENDs).
2. **Smoking/ vaping** - means inhaling, exhaling, burning, or carrying any lighted tobacco product, includes cigarettes, cigars, pipe tobacco, or any other lighted, combustible plant material.

Statement of Understanding:

I have read and fully understand the terms of the AMHC's Tobacco Free Vendor Policy.

Vendor Signature

Date



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Sponsored Health Outreach Initiative **Sponsorship Cycle II: January 1, 2024 – June 30, 2024**

About Us

The Arkansas Minority Health Commission (AMHC) was established in 1991 to assure all minority Arkansans equitable access to preventive health care and to seek ways to promote health and prevent diseases and conditions that are prevalent among minority populations.

The Commission supports its mission through: 1) study issues relating to the delivery of and access to health services for minorities in Arkansas; 2) Identify any gaps in the health service delivery system that particularly affect minorities; 3) Make recommendations to relevant agencies and to the legislature for improving the delivery and access to health services for minorities; and 4) study and make recommendations as to whether adequate services are available to ensure future minority health needs will be met.

We recognize that improving minority health in Arkansas and the nation requires collaboration across many organizations. It is our intent to collaborate with community-based organizations, schools, faith-based organizations, and others to address the health problems that effect minorities in the state of Arkansas. We hope to facilitate the development of new and innovative approaches to promote health and prevent disease in these communities. To be considered for sponsorship from the AMHC, please adhere to the following guidelines:

- Please review sponsorship policy prior to completing application.
- This cycle sponsors events proposed between January 1, 2024 – June 30, 2024.
- Submit one (1) copy of the complete application packet via email to AMHC HR Analyst/Executive Assistant, Onekia Freeman at onekia.freeman@arkansas.gov.

Sponsorship requests will not be accepted after 4:30p.m. on November 4, 2023.



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AMHC Sponsorship Application

Please answer all questions listed below in format provided. Form may be expanded if additional space is required. (Please type and delete extra spaces)

I. Organization Information

1. Organization name (must match name on W-9 form):

[type here]

2. Address (must match address on W-9 form):

[type here]

3. Does your organization have 501(c)3 Status? Yes No

4. Please provide your Tax ID or EIN#:

[type here]

5. Organization Telephone Number:

[type here]



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6. Organization Contact

(Primary Contact)

Name:

Position:

Email Address:

Telephone Number:

(Secondary Contact)

Name:

Position:

II. Project Details

1. Project or Event Name:

[type here]



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2. Type of Event:

- Community Health fair
- Workplace Health fair
- Back-to-School/School-based Health Event
- Professional Health Conference
- Health Training Event
- Other (briefly describe):
- Fundraiser (*If this activity is a fundraiser, you are ineligible for sponsorship*)

3. Will your organization receive a grant or any other type of funding from AMHC for FY23 - FY24 (July 1, 2023 – June 30, 2024)? Yes No (*If you answered yes, you are not eligible*)

4. Event Date(s): Ex: April 3, 2024

[type here]

5. Event Time(s): Ex: 8:00am -12 noon

[type here]

6. In what city and county will the event occur? Ex: Little Rock, Pulaski County

[type here]

7. What other counties might benefit from your event?

[type here]



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8. Target Population

[type here]



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III. Statement of Need (500 words or less)

- a. State the need or problem you plan to address.*
- b. How did you realize this was a need or problem needing to be addressed in your community?*
- c. Describe any involvement of community members in helping to define the need or problem.*
- d. Is the need or goal linked to other related issues in your community?*

[type here]



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IV. Organizational Capacity (500 words or less)

a. Tell us about your organization including:

- *Mission or purpose, and the clients or groups that benefit from its work.*
- *History of the proposed event for which you are seeking sponsorship.*
- *Is there anything else you would like us to know about your organization and its ability to address the need or goal of the event?*

[type here]

V. Goals and Objectives

- a. What do you hope to achieve or change with this event or activity? Be as specific as possible.*
- b. How does this event or activity fit with the mission of the Arkansas Minority Health Commission?*

[type here]



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VI. Project Plans

- *Discuss your plans and activities for achieving the goal of this project.*
- *How will your organization meet the screening performance indicator outlined in the sponsorship criteria? Discuss plans for providing health screenings as a part of this project. Specifically:*

 - *What screenings will be provided at your event?*
 - *Who will provide the screenings?*

[type here]



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VII. Overall Evaluation Plan

- a. *Tell us what success will look like for the project or initiative.*
- b. *Clearly, describe the results you expect to achieve with this project.*

[type here]



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VIII. Budget Overview and Justification (Description of Budget Form Line Items)

Stop and review the AMHC Sponsorship Policy

- a. Please include Total Sponsorship Amount Requested*
- b. How will requested sponsorship funds be used? Be as specific as possible.*
- c. Please list all other funding sources for this project.*
- d. Clearly state how the Arkansas Minority Health Commission will benefit as a sponsorship of your project.*

[type here]

IX. Partnerships and Collaboration

- a. Describe key partnerships and collaborative efforts.*
- b. List as many partners or collaborators as possible.*
- c. Discuss any plans to keep these partnerships going after the project has ended.*

[type here]



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Arkansas Minority Health Commission Pre-Event Data Form Events Scheduled: January 1, 2024 – June 30, 2024

PLEASE PRINT

Organization(s) Responsible for Implementation:

Name of Event: _____ **Contact Person:** _____

Activity Description: _____

Purpose _____

Intended Outcome: _____

List all funding sources _____

This event is tobacco free (smoke/vapor)? Yes _____ No _____

Address: _____ **City** _____ **Zip** _____

Phone: _____ **Cell:** _____ **Fax** _____

Date: _____ **Time:** _____ **Email:** _____

Location of event (City) _____ **(County)** _____

Total Number of Participants Anticipated: _____



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Objectives

Please select all that are applicable to this event:

	To increase awareness and screenings for hypertension
	To increase awareness and screenings for diabetes.
	To increase awareness and screenings for high cholesterol.
	To provide screenings for diseases that disproportionately impact minorities as well as to any other citizens within the state.

Required

Must gather Success Stories/Testimonial to input on the Post-Event Form that will be filled out after the event takes place.

Must gather all information on the Health Screening Data Form. This information will also be collected on the Post – Event Form along with the number of individuals who received abnormal results and indicated they would follow-up with Provider. (Please see both forms for reference)



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Performance Indicator:

Minimum of 150 totals for screenings. Example: 35 people are screened for glucose, cholesterol, blood pressure, pulse and weight. The total number of screenings will be 175.

Process Measure

What screenings will be provided? Please check all that apply.

Blood Pressure	Glucose	Cholesterol	Dental	_Hearing
Vision	HIV	Mammograms	Prostate	Sickle Cell
Flu	Pulse/Heart Rate	Temperature	Weight	BMI
ALC	Immunization			

As a part of our legislatively mandated requirements, AMHC must provide screening data with all events it is associated with. Will your organization provide screening data (AMHC Screening Data Form) from this event to AMHC? YES _____ NO ___

Describe in-kind support (volunteers, nursing staff, facility, etc.) and sponsorships from other organizations.

Leverage of funding Required on post event form. AMHC will provide form.



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Awareness & Education Opportunities Planned. Check all that apply.

HIV	Sickle Cell	Nutrition & Fitness	Obesity	Hypertension
Diabetes	Tobacco Cessation	Cancer	Health Care Workforce	Teen Pregnancy
Asthma	Mental Health			

Please provide list of other vendors anticipated: _____

**PLEASE EMAIL THIS COMPLETED FORM BY
NOVEMBER 4TH AT 4:30PM TO:**

ATTN: Onekia Freeman
onekia.freeman@arkansas.gov

Type: "AMHC Cycle II Sponsorship Application" in the subject line

Questions?? Contact Onekia Freeman at 501-683-4970