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Arkansas Minority Health Commission
Mini-Grant Policy
Events Scheduled: January 1, 2027 – June 30, 2027

Policy Title: Mini-Grant	**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** • **Application** • **Budget Justification** • **Pre & Post Event Forms** • **Screening Form** • **W-9**

I. Purpose

For the purpose of this section Mini-Grants 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 disproportionally impact minorities as well as other citizens within the state. Mini-Grants 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

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

- Events scheduled from July 1 – December 31
- Events scheduled from January 1 – June 30
- Tobacco Initiative

IV. Mini-Grant 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.
4) Organization has not and does not expect to receive funding from AMHC during the fiscal year in which the application is made.
5) Letters, phone calls or walk-in applications requesting Mini-Grant **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 Mini-Grant 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 screenings must be identified on application.

VI. Mini-Grant Requirements

1) Applicant must complete AMHC Mini-Grant application.
2) Screenings (blood pressure, blood sugar and/or cholesterol) **must** be provided at the event.
3) Applicant must complete AMHC screening form and provide screening data to AMHC no more than 17 days after event.
4) If the event occurs after December 10th information must be provided prior to December 31st.
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. *Must be sent to AMHC for review/approval prior to distribution.*
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) **Mini-Grant 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 Mini-Grant criteria.
16) Applicant must sign application acknowledging review of Mini-Grant criteria.
17) Applicant must submit signed AMHC Vendor Tobacco Policy with application.
18) If awarded Mini-Grant, applicant must sign and return award letter and budget.
19) If awarded Mini-Grant, applicant must complete leverage of funds document.
20) Equipment loan and supplies (blood pressure monitor, glucometer and/or cholesterol machine and strips) request must be made at the time application is submitted.
21) Applicant may add medical equipment (blood pressure monitor, glucometer, cholesterol machine) 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) 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) Mini-Grants 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 <u>all</u> required documents.

VIII. Events that <u>do not</u> qualify for Mini-Grant

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.

<u>Statement of Understanding:</u>
I have read and fully understand the terms of the AMHC's Mini-Grant Policy.

_____ _____

Vendor Signature **Date**

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 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**

Sponsored Health Outreach Initiative
Mini-Grant Cycle II: January 1, 2027 – June 30, 2027

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 mission of the Arkansas Minority Health Commission is 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 Mini-Grant from the AMHC, please adhere to the following guidelines:

- ☐ Please review Mini-Grant policy prior to completing application.
- ☐ This cycle sponsors events proposed between January 1, 2027 – June 30, 2027.
- ☐ Submit one (1) copy of the complete application packet via email to AMH amhc.communications@arkansas.gov.

Mini-Grant requests will not be accepted after 4:30p.m. on Friday, November 13, 2026.

AMHC Mini-Grant 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):

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

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

4. Please provide your Tax ID or EIN#:

5. Organization Telephone Number:

6. Organization Contact

(Primary Contact)

Name:

Position:

Email Address:

Telephone Number:

(Secondary Contact)

Name:

Position:

II. Project Details

1. Project or Event Name:

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 Mini-Grant)***

3. Will your organization receive a grant or any other type of funding from AMHC for FY'26 - FY27 (January 1, 2027 – June 30, 2027)? □ Yes □ No ***(If you answered yes, you are not eligible)***

4. Event Date(s): Ex: July 13, 2025

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

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

7. What other counties might benefit from your event?

8. Target Population

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?*

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 Mini-Grant.* ● *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?*
.

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? (if needed, refer to page 5 of the application for the AMHC mission)*

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 Mini-Grant 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?*

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.*

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

Stop and review the AMHC Mini-Grant Policy (found on pages 1 -3 of application) *a. Please include Total Mini-Grant Amount Requested* *b. How will requested Mini-Grant 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.*

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.*

Arkansas Minority Health Commission
Pre-Event Data Form
Events Scheduled: January 1, 2027 – June 30, 2027

PLEASE PRINT

Organization(s) Responsible for Implementation: _____

Name of Event:

Community Health Fair 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: _____

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 disproportionally 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)

Performance Indicator:

Minimum of 150 totals for screenings. Example: 35 people are screened for blood sugar, 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	Blood Sugar	Cholesterol	Dental	Hearing
Vision	HIV (or other STI)	Mammograms	Prostate	Sickle Cell
Flu	Pulse/Heart Rate	Temperature	Weight	BMI
A1c	Immunization	**Other (please list)**	**Other (please list)**	**Other (please list)**

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 Mini-Grants from other organizations. _____

_____

_____

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

Awareness & Education Opportunities Planned. Check all that apply.

HIV	Sickle Cell	Nutrition & Fitness	Obesity	Hypertension
Diabetes	Tobacco Cessation ***(all mini-grant recipients must provide. No exceptions)*** **X**	Cancer	Health Care Workforce	Teen Pregnancy
Asthma	Mental Health	**Other (please list)**	**Other (please list)**	**Other (please list)**

Please provide list of other health-related vendors anticipated:

_____

_____

_____

PLEASE EMAIL THIS COMPLETED FORM BY Friday, November 13th at 4:30pm TO:

amhc.communications@arkansas.gov

Type: "AMHC Cycle II Mini-Grant Application" in the subject line

Questions?? Contact Grants Coordinator, Jackie Johnson at 501.683.4960

Don't forget to submit your itemized budget form with your application.

The Arkansas Minority Health Commission welcomes the opportunity to provide health screenings, health education, and other services to those it assists regardless of race, ethnicity, sex, or socioeconomic status.

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Arkansas Minority Health Commission Mini-grant
Frequently Asked Questions

If approved for an AMHC mini grant, will my organization receive the funds, upfront?
No. The AMHC grant is a reimbursable grant of up to $5,000. This means that once approved, the organization must expend the requested amount and submit for reimbursement after the event ends.

Can AMHC mini grant funds be used to rent or purchase furniture?
No, furniture can not be rented or purchased using these funds.

Are journals/notepads an allowable expense?
Yes, but an acceptable explanation of use is needed.

Are gift cards an allowable expense with these funds?
No.

Is live entertainment an allowable cost?
No. Live entertainment is not an allowable cost for reimbursement.

Can funds be used for a professional photographer?
Yes. However, this cost cannot exceed the average hourly rate for use during the duration of the event.

Are honorariums for speakers an allowable cost?
Yes. However, the honorarium should not exceed the rate within your state.

Does AMHC provide grant writing assistance?
No. The AMHC does not provide direct assistance with grant writing. However, you can always reach out to the Grants Coordinator with general questions.

How much money should my organization request?
The maximum amount for the reimbursable mini grant is $5,000.00 You should determine the amount of funding needed to reach your event goals and submit for that amount. Amounts over $5,000.00 can not be honored.

Can I meet with the mini grant review committee before I apply?
No. Your grant application will serve as an introduction and summary of your project/event upon review. Staff may contact you if additional information is needed.

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