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.
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 no later than 17 days after event.
4) If the event occurs after December 10th screening data 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 BeWell Tobacco program resources 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.

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
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 sniff, 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
Sponsorship Cycle II: July 1, 2023 – December 31, 2023

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 July 1, 2023 – December 31, 2023.
- 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 Friday, April 7, 2023.
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)

1. 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]
II. Project Details

1. Project or Event Name:
   [type here]
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 (July 1, 2022 – June 30, 2023)? □ Yes □ No (*If you answered yes, you are not eligible*)

4. Event Date(s): Ex: July 1, 2023

[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]
8. Target Population

[type here]
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)

<table>
<thead>
<tr>
<th>a. Tell us about your organization including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mission or purpose, and the clients or groups that benefit from its work.</td>
</tr>
<tr>
<td>• History of the proposed event for which you are seeking sponsorship.</td>
</tr>
<tr>
<td>• 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?</td>
</tr>
</tbody>
</table>

[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]
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?
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]
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.

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]
Arkansas Minority Health Commission  
Pre-Event Data Form  
Events Scheduled: July 1, 2023 – December 31, 2023

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: __________
### Objectives

**Please select all that are applicable to this event:**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>To increase awareness and screenings for hypertension</td>
</tr>
<tr>
<td></td>
<td>To increase awareness and screenings for diabetes.</td>
</tr>
<tr>
<td></td>
<td>To increase awareness and screenings for high cholesterol.</td>
</tr>
<tr>
<td></td>
<td>To provide screenings for diseases that disproportionally impact minorities as well as to any other citizens within the state.</td>
</tr>
</tbody>
</table>

**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 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.

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Glucose</th>
<th>Cholesterol</th>
<th>Dental</th>
<th>Hearing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision</td>
<td>HIV</td>
<td>Mammograms</td>
<td>Prostate</td>
<td>Sickle Cell</td>
</tr>
<tr>
<td>Flu</td>
<td>Pulse/Heart Rate</td>
<td>Temperature</td>
<td>Weight</td>
<td>BMI</td>
</tr>
<tr>
<td>ALC</td>
<td>Immunization</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.
Awareness & Education Opportunities Planned. Check all that apply.

<table>
<thead>
<tr>
<th>HIV</th>
<th>Sickle Cell</th>
<th>Nutrition &amp; Fitness</th>
<th>Obesity</th>
<th>Hypertension</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diabetes</td>
<td>Tobacco Cessation</td>
<td>Cancer</td>
<td>Health Care Workforce</td>
<td>Teen Pregnancy</td>
</tr>
<tr>
<td>Asthma</td>
<td>Mental Health</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please provide list of other vendors anticipated:____________________________________
______________________________________________________________________________
______________________________________________________________________________

PLEASE EMAIL THIS COMPLETED FORM TO:  
ATTN: Onekia Freeman  
onekia.freeman@arkansas.gov

For Questions or More Information, Contact Onekia Freeman at 501-683-4970 or  
onekia.freeman@arkansas.gov