GENERAL REQUEST FOR SPONSORSHIP GUIDELINES AND JUSTIFICATION

The Arkansas Minority Health Commission (AMHC) was established in 1991 to assure that all Arkansans have equal access to quality health care, regardless of race or ethnicity and to eliminate racial and ethnic health disparities in Arkansas.

The Commission supports its mission through: 1) studying diseases prevalent in racial and ethnic minority populations and issues related to minority health care access and service delivery; 2) identifying any gaps in Arkansas’ health care delivery system that particularly affect minorities; and 3) recommending policy changes to relevant agencies and the Arkansas legislature to improve health and healthcare delivery and access for racial and ethnic minorities.

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 Arkansas Minority Health Commission all applications must be submitted January 28, 2015 through February 23, 2015 VIA MAIL. Please review FY 2015 sponsorship process prior to completing application. Request will not be accepted after February 23, 2015. Please mail all applications to Sponsorship Application, Arkansas Minority Health Commission, 523 Louisiana, Suite 425, Little Rock, AR 72201 by COB on February 23, 2015.
Please answer all questions listed below in format provided. Form may be expanded if additional space is required. (Please Type)

Sponsorship Application

1. Name of Organization: __________________________________________________________

2. Address:______________________________________________________________________

3. Tax ID #: _____________________________________________________________________

4. Contact Person: _______________________________________________________________

5. Telephone:_______________ Fax : _______________ E-mail Address: _________________

6. Name of Event: ________________________________________________________________

7. Date and Location of Event: ____________________________________________________

8. Target Population: _____________________________________________________________
History/Event

9. Give a brief history of your organization and its previous work in minority communities. (500 words or less).

10. Description of Event (500 words or less): ___________________________________________
Objectives/ Evaluations/Collaborations

1. How does this event relate to the mission and objectives of the AMHC?

2. How will you meet the screening performance indicator outlined in the sponsorship criteria?

3. What is your evaluation plan?

4. What screenings will be provided at your event and who will provide the screenings?
5. What partnerships or collaborative efforts does this event include? Please list all partners.

Funding

1. Amount Requested: ________________________________

2. Is this event a fundraiser? Yes ___ No ___ (If you answered yes you are not eligible)

3. Did your agency receive a grant or any other type of funding from AMHC for FY2015? (July 1, 2014 – June 30, 2015) Yes ____ No ____ (If you answered yes you are not eligible)

4. How will funds be used? (please attach detailed budget outlining expenditures)

5. Please list all other funding sources for this event. ________________________________
6. Clearly state how AMHC will benefit as a sponsor of your event.

If approved for sponsorship, all screening data must be provided to AMHC with submission of invoice.

Applications accepted January 28, 2015 through February 23, 2015