



Denver Regional Census Center
U.S. Census Bureau

2010 Partnership Support Program Request Form

Name of Partner:
Address:
City, State, Zip:
County:
Contact Person:
Contact Person's Title:
Contact Person's Phone #:
Contact Person's Fax #:
Contact Person's Email:
Census Partnership Specialist who has approved this request:

ELIGIBILITY- Partner's Proof of Commitment to 2010 Census:

Please check off all activities your organization have been involved in to help increase awareness about the 2010 Census. If not listed, please provide a description of your prior commitment activities in the space provided.

- our organization adopted a proclamation/resolution supporting Census 2010
our organization designated a member to be a Census liaison
our organization printed information, articles about Census 2010 in our newsletter or Web site
our organization paid for promotional items for Census 2010
our organization donated advertising space or airtime to Census 2010
our organization donated the use of free space for meetings, training or testing
our organization has donated an exhibit booth at one of our events
our organization had a presentation made at one of our meetings about Census 2010
our organization helped put up posters or pass out flyers about Census 2010

Other:





PROJECT REQUIREMENTS

Describe the project, items to be purchased and total amount requested. All items must have a primary purpose of promotion of the 2010 Census:

Specify the hard to count population your project will target and the measurable goal of the project. For example; To increase the response rate in (your specific state/city/tract) from (the response rate for you geographic location, I.E. 55%) in the 2000 Census to (your goal, I.E. 65%) for the 2010 Census for my (state/city/tract):

How will the proposed project encourage the targeted audience to fill out and mail back their questionnaire?

If you are collaborating with another group(s), define each organization's role:

Provide project time line:



By affixing my signature, I certify that:

1. All information contained in this request is correct.
2. I have reviewed this proposal with the members of my organization, group and/or Complete Count Committee.
3. This submission contains the following:
___ Sample, photo, and/or draft text of item(s) being requested
___ Vendor's name, address, phone number, and price quote (multiple vendors allowed)
4. The recommended vendor(s) accepts credit cards as payment.
5. The anticipated completion date of this project is _____.

Signature and Title

Date

E-Mail Request to:

Your Partnership Specialist