



Denver Regional Census Center
U.S. Census Bureau

2009 Partnership Support Program Request Form

Name of Partner:
Address:
City, State, Zip:
County:
Contact Person:
Contact Person's Title:
Contact Person's Daytime Phone:
Fax Number:
Contact Person's Email Address:
Census Partnership Specialist in your area:

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

Please check off any 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 and total amount requested.

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Specify the measurable objective of the project.

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Specify the Census 2010 component of your project and explain its relevance to the census mission. How will the proposed project encourage the targeted audience to fill out and mail back their questionnaire?

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

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Provide project time line.

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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:**

[Pamela.m.lucero@census.gov](mailto:Pamela.m.lucero@census.gov), Pamela Lucero, Partnership Coordinator

**Or Fax to:**

Partnership Program 720.533.4237  
**Attn:** Pamela Lucero, Partnership Coordinator