

Appendix A: Partnership Program Focus Group Information/Screening Form

Hello, my name is _____ and I am calling from ICF International, a firm contracted by the Census Bureau to conduct focus groups related to the Partnership Program that took place just prior to the 2010 Census. We are conducting focus groups to improve the Partnership Program during the years leading to the 2020 Census. We are interested in identifying Partnership Program elements that will work, elements that will not work, and ways that the program can be improved. In organizations that participated in the program, we need to identify individuals who have first-hand knowledge of how the program was conducted at the organization. Do you have first-hand knowledge of the Partnership Program at your organization?

If no,

Can you give us the name and contact information of anyone at your organization who may have first-hand knowledge?

Record information given by respondent

Thank you very much for the information and for taking my call. Have a pleasant day.

END INTERVIEW

If yes,

ICF is planning to hold a focus group in your geographic area and we would like to find out if you might be willing to participate. The group will take 90 minutes and will be held at a location within 25 miles of your organization. ICF will make every effort to schedule the group at a time that is most convenient for all participants. We will offer a \$50 payment to each focus group participant. Would you be available to join the group?

If no,

Thank you very much for the information and for taking my call. Have a pleasant day.

END INTERVIEW

If yes,

- Verify location of their organization
- Verify position (manager, supervisor, other) of respondent
- Ask best days and times for the respondent
- Request any corrections/additions to respondent's contact information including email address
- Ask respondent to recommend additional participants from his/her organization (names, contact information)

Read this statement to the participant:

Please note that we cannot conduct this focus group unless the protocol and the informed consent forms display valid OMB Control Numbers. Furthermore, you do not need to participate unless the protocols and forms have a valid OMB Control Number displayed. The OMB Control Number is: 0607-XXXX. The collection expires September 30, 2011.

I will schedule your participation as we agreed. At the beginning of the meeting you'll be given paperwork to sign saying that you are voluntarily giving information. At the end of the session we will also ask you to sign a receipt for the \$50 payment, which will be made at the site. Please mark your calendar, and plan to arrive at [day/time]. One week before the focus group I'll get back to you with a reminder and directions.