

Appendix B: Partnership Program Focus Group Consent Form

Thank you for taking part in this important study for the Census Bureau. Our goal today is to better understand how the Partnership Program can be improved for the 2020 Census.

To take part in this study, you will join a group of people to talk about the Partnership Program. What you tell us today will help us better understand the needs of organizations in terms of participating in the program and helping them convey the importance of the Census to the public more effectively. The session will last 90 minutes.

ICF researchers conform to ICF Institutional Review Board requirements by respecting and protecting your confidentiality. It is also important that each of you agrees to respect and protect each other's privacy. By consenting to participate in this group, you agree to protect the confidentiality of all other group participants and to keep any information you hear today in strict confidence. This means you will not discuss anything you hear today with anyone outside of this group. Please be aware, however, that we cannot guarantee that other participants will uphold this pledge of confidentiality. If you are concerned about this risk, you should tell us you would rather be interviewed individually, limit your participation in the group to what you are comfortable discussing, or not participate in the study at all.

What you say will never be linked to your name. We will take notes on what was said. We will not keep a record of your name.

Your participation is voluntary. During the group discussion, you do not have to answer every question or discuss anything you don't want to. You may stop participating at any time with no consequences.

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.

If you agree to participate, please print and sign your name below and write in the date.

I have read and understand the information about this discussion group. I understand that I can stop participating in the group discussion at any time without penalty. I understand that, while confidentiality cannot be guaranteed, ICF will take steps to keep my responses private.

(Print) _____
 First Name Middle Initial Last Name

(Signature) _____