## Appendix E: Partnership Program Interview Telephone Screener

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 enhanced and be made more engaging. 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 telephone interviews with individuals in Partnership Program organizations and we would like to find out if you might be willing to participate. The interview will take 30 minutes and will be scheduled at your convenience. Would you be available to complete an interview?

## 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)

Please note that we cannot conduct this interview 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.

OMB Control Number: 0607-XXXX Expiration Date: September 30, 2011

# Read this statement to the participant:

I will schedule your interview as we agreed. Please mark your calendar, and plan to receive our call at [day/time]. One week before the interview I'll get back to you with a reminder.

OMB Control Number: 0607-XXXX Expiration Date: September 30, 2011