



**CALIFORNIA
LGBTQ**
HEALTH AND HUMAN
SERVICES **NETWORK**

Request for Proposal
2020 Census Coalition LGBTQ Outreach

Name of Applicant Organization/Agency: _____

Address: _____

City, State, & Zip Code: _____ Phone Number: _____

Organization/Agency CEO/Director: _____

EIN/Tax ID Number: _____

Name of Person responsible scope of work: _____

Best contact phone number: _____ Email: _____

Describe your Organization/Agency's experience working with Hard-to-Count LGBTQ Populations:

List other LGBTQ-serving agencies you have worked with in your area:

Describe your Organization/Agency's experience and capacity to carry out scope of work:

Scope of work:

Items listed below are required for the grant period

- 1) Conduct at least 500 face-to-face conversations about census education and collect at least 250 Pledge Postcards before December 31, 2019. Organizations serving smaller population areas may require fewer conversations and collections. The California LGBTQ Health and Human Services Network will provide educational materials and pledge postcards for dissemination. Recommended activities to conduct conversations and collect pledge postcards include, but are not limited to:
 - a) Provide educational information related to Census 2020 and collected Pledge postcards at 4 – 8 community events, (e.g., Pride festivals, LGBTQ film festivals, LGBTQ health fairs).
 - b) Provide educational materials at planned organizational events and collect postcards from event attendees.
 - c) Hang posters, and provide postcards and educational materials in organization's lobby, meeting rooms, and other public spaces.
 - d) Plan a specific Census 2020 educational event at your organization.
- 2) Post monthly updates about the 2020 Census to social media with the goal to increase awareness and knowledge about the 2020 census among HTC/least likely to respond populations. Sample content will be provided by the California LGBTQ Health and Human Services Network.

By signing below, the Primary Agency named above hereby certifies that all information submitted as a part of this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____