



## Campaign Resource Form

This questionnaire will be utilized to assess the resources that each organization is able to provide during the campaign. Please FAX to: 303-399-1969 ATTN: HEAA

### Contact Information

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Second Contact person (if desired): \_\_\_\_\_

Contact Email Address: First person \_\_\_\_\_

Second Person:  
\_\_\_\_\_

Contact Phone Number: First person \_\_\_\_\_

Second Person:  
\_\_\_\_\_

### Group Information

What is the mission of your organization?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What are your goals as a coalition member?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Where is your membership primarily based? \_\_\_\_\_

Do you have a way of identifying where members and/or people on your email list live? \_\_\_\_\_

### **Resources**

Do you have an organization lobbyist or are you willing to make a donation towards the lobbying effort? \_\_\_\_\_

Number of Membership \_\_\_\_\_

Are you willing to communicate with your membership regarding the campaign? \_\_\_\_\_

Membership List Preferred Method:

Provide list to campaign to include in Database

Commit to forwarding emails to membership lists

Does your group send out a publication regarding their work? \_\_\_\_\_

Electronic or Print?

Membership Mobilization

Type of mobilization \_\_\_\_\_

Are you able to commit staff time to mobilizing your membership for the campaign? \_\_\_\_\_

How much time? \_\_\_\_\_

Media (letters to the editor, op-eds, etc.)

New Media (Facebook, MySpace, blogging)

Other (please describe below)

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