**CAMPAIGN PARTNER CONTACT LIST TEMPLATE**

**HOW TO USE THIS TEMPLATE:**

1. Brainstorm: Think about who should be included in the tables below. Some community partners may represent their organizations only, some may represent both their organizations and themselves, and some may represent themselves as a community leader only. Be sure to make requests that are Achievable.
2. Fill out the tables below under the appropriate heading. Do not fill out the ‘Agreed to participate?’ box until after requesting participation from potential partner.
3. Use the tables as a checklist to:
	1. Contact Partners before the campaign begins
		1. For those who agree to participate, type ‘Yes’ or ‘No’ with any additional details/notes in that partner’s row such as which aspects of the campaign they will be able to participate in.
		2. Feel free to color Yes/No box to green/red to make it easier to review list.
	2. Contact Partners directly after the campaign starts
	3. Contact Partners during the campaign with any additional asks
	4. Contact Partners at the completion of the campaign timeline, with additional asks to continue using campaign materials.

**THERE ARE SEVEN TABLES BELOW:**

 **TABLES OF CAMPAIGN PARTNERS WHO WILL RECEIVE INITIAL EMAIL/ASK AND RESOURCES:**

1. TABLE 1: Organization Partners (ONLY)
	1. Examples: Hospitals, Drs offices, pharmacies (stand-alone and those that are part of the hospitals/Drs offices), State health departments, task forces, mediation centers, news outlets, community development centers, United Way, immigration non-profits, multicultural resource centers, state health insurance (like Maryland Physicians Care), public school systems, local colleges/universities (for volunteers as well), Churches, Employers.
2. TABLE 2: Organization and Individual Partners
	1. Example: Influential Community Leaders who also work at local organizations.
3. TABLE 3: Individual Partners (ONLY)
	1. Example: Community Leaders/Influential people in the community
4. TABLE 4: Additional Organizations/Individuals to Reach Out to If There Is Time
	1. Example: Additional organizations/individuals outside of the primary list, who will be included when there is more time.

**Tables of Locations to dispense posters/fliers:**

1. TABLE 5: Locations From Table 1-3 Which May Need Posters to Be Provided To Them
2. TABLE 6: Locations to Only Dispense Posters/Fliers. You May Ask Some In-Person If They are Interested in Participating in Social Media
	1. (Examples: Community buildings, Libraries, Parks, Small Stores, Laundromats, Civic Centers, YMCA’s, Salvation Army, Goodwill, Barber Shops, Dance Clubs, Favorite Recreation Locations, Walmart)
3. TABLE 7: Additional Locations to Dispense Fliers If There Is Time

**Example of How the Template Can Be Filled Out:**

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| **TABLE HEADING** |
| **Agreed to participate? (Yes/No)** | **Partner:** **(Name of Organization)** | **Contact Person:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media Accounts: (Optional)** |
| OTHER COMMUNITY ORGANIZATIONS |
| Yes | Example Name of OrganizationIndividual (Only if they are representing both themselves *and* their org.) | Martha Valdez – Executive Director  | This organization is a non-profit that provides immigration services to the community. Martha also serves in local farmworker task force. | WHOLE CAMPAIGN. ORJUST SOCIAL MEDIANote: They want to only participate in social media. | 000-000-0000 (main line)111-111-1111(Martha Valdez) | mvaldez@example.com |  |

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| **Date of Last Update:**  |

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| **TABLE 1: ORGANIZATION PARTNERS (ONLY)** |
| **Agreed to participate? (Yes/No)** | **Partner:** **(Name of Organization)** | **Contact Person:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
| HEALTH CENTERS AND PHARMACIES |
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| HEALTH DEPARTMENTS |
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| CHURCHES  |
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| OTHER COMMUNITY ORGANIZATIONS |
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| **TABLE 2: ORGANIZATION AND INDIVIDUAL PARTNERS** |
| **Agreed to participate? (Yes/No)** | **Partner:** **(Name of Organization)** | **Contact Person:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
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| **TABLE 3: INDIVIDUAL PARTNERS (ONLY)** |
| **Agreed to participate? (Yes/No)** | **Partner:** **(Name of Organization)** | **Contact Person:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
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| **TABLE 4: ADDITIONAL ORGANIZATIONS/INDIVIDUALS TO REACH OUT TO IF THERE IS TIME**  |
| **Agreed to participate? (Yes/No)** | **Partner:** **(Name of Organization)** | **Contact Person:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
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| **TABLE 5: LOCATIONS FROM TABLE 1-3 WHICH MAY NEED POSTERS TO BE PROVIDED TO THEM**  |
| **Agreed to participate? (Yes/No)** | **Estimated Number of Posters Needed** | **Represented Partner:**  | **Contact:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
| HEALTH CENTERS AND PHARMACIES |
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| HEALTH DEPARTMENTS |
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| OTHER COMMUNITY ORGANIZATIONS |
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| **TABLE 6: LOCATIONS TO ONLY DISPENSE POSTERS/FLIERS. YOU MAY ASK SOME IN-PERSON IF THEY ARE INTERESTED IN PARTICIPATING IN SOCIAL MEDIA** |
| **Agreed to participate? (Yes/No)** | **Estimated Number of Posters Needed** | **Represented Partner:**  | **Contact:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
| CHURCHES |
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| PHARMACIES |
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| RESTAURANTS |
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| GROCERY STORES |
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| LAUNDROMATS |
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| OTHER BUSINESSES AND ORGANIZATIONS |
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| **TABLE 7: ADDITIONAL LOCATIONS TO DISPENSE FLIERS IF THERE IS TIME**  |
| **Agreed to participate? (Yes/No)** | **Estimated Number of Posters Needed** | **Represented Partner:**  | **Contact:**  | **Relationship to Community and Notes:** | **Ask:** | **Phone:** | **Email:** | **Social Media:** |
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