Partnership Commitment Form

Please indicate your interest in participating in ***We Can!*** by completing and faxing this contract to the NHLBI Health Information Center at (240) 629-3246.

PRIMARY CONTACT INFORMATION

Name _____

Title _____

Organization _____

Organization _____

Address _____

Address _____

Address _____

Phone _____

Fax _____

E-mail _____

SECONDARY CONTACT INFORMATION

Name _____

Title _____

Organization _____

Organization _____

Address _____

Address _____

Address _____

Phone _____

Fax _____

E-mail _____

(over)

Organization Name: _____

We Can! Partner

(check here)	Yes! We are interested in serving as a ***We Can!*** Partner and would like to discuss doing the following: _____ _____ _____ _____.

We Can! Partner Requirements

Organizations interested in serving as a ***We Can!*** Partner will be asked to provide the following types of support:

- Provide resources and support of ***We Can!*** program activities and material development through services such as printing and distribution of program materials, event planning and sponsorship, and/or production of multimedia products;
- Disseminate ***We Can!*** messages and materials through existing organizational channels such as Web sites, newsletters, and direct mailings;
- Designate a spokesperson for ***We Can!*** national and local promotional activities
- Link the organization's Web site to the NIH ***We Can!*** Web site;
- Provide feedback on use and impact of ***We Can!*** program messages and materials;
- Provide complimentary exhibit space at national conferences for ***We Can!*** program materials or distribute materials at national conferences;
- Serve as a liaison to additional outreach and support of the ***We Can!*** program; and
- Support message and product testing and evaluation activities with the ***We Can!*** program.

We Can! Supporting Organization

(check here)	Yes! We are interested in serving as a ***We Can!*** Supporting Organization.

Requirements for Supporting Organizations

Supporting Organizations will be asked to provide the following types of support:

- Designate an organizational representative to the ***We Can!*** program;
- Disseminate ***We Can!*** program messages and materials to constituencies;
- Provide feedback on relevant program efforts on childhood obesity and impact of ***We Can!*** materials; and
- Provide a link from the Supporting Organization's Web site to the NIH ***We Can!*** Web site.

Other

(check here)	Unfortunately my organization is not able to support ***We Can!*** at this time. Please contact us at the next annual update period and we will reconsider.

Organization Name: _____

Partnership Period and Sustainability

- ***We Can!*** Partners and ***We Can!*** Supporting Organizations will be asked to support the program for one year.

- ***We Can!*** partnerships will be evaluated annually based on participation and organizational contributions. Updates with organizations on lead contacts and levels of commitment will be renewed to ensure that the energy level and interest in the partnership will carry through the coming year.

- Organizations will be asked at onset of participation and annually to complete or update their ***We Can!*** Partnership Commitment Form.