

## Peer Reviewer Application and Qualification Form For Farmers Market and Local Food Promotion Program

Complete the information below to indicate your qualifications to review FMPP/LFPP proposals. The form must include a copy of your résumé with all employment and volunteer locations. Email completed form and résumé to [USDALFPPQuestions@ams.usda.gov](mailto:USDALFPPQuestions@ams.usda.gov) and indicate in the subject line if you are applying to be an LFPP or FMPP Reviewer. For more information about the grant programs, visit <http://www.ams.usda.gov/AMSgrants>.

<b>Last Name:</b>		<b>First Name:</b>	
<b>Email:</b>			
<b>Phone:</b>		<b>Fax:</b>	
<b>Street Address:</b>			
<b>City:</b>		<b>State:</b>	
		<b>Zip Code:</b>	

<b>Employer Name:</b>	
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**Employer Type (mark as many as appropriate):**

<input type="checkbox"/>	Federal Employee	<input type="checkbox"/>	Private Sector Employee	<input type="checkbox"/>	Nonprofit Employee
<input type="checkbox"/>	State Employee	<input type="checkbox"/>	Farmer/Producer/Rancher	<input type="checkbox"/>	Public Benefit Corp
<input type="checkbox"/>	Tribal Government	<input type="checkbox"/>	CSA Employee	<input type="checkbox"/>	Economic Development Corp
<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Retired/Volunteer		
<input type="checkbox"/>	Other ( <i>Please specify</i> ):				

**Expertise (mark as many as appropriate):**

<input type="checkbox"/>	Grant Writer	<input type="checkbox"/>	WIC	<input type="checkbox"/>	Aggregator
<input type="checkbox"/>	Financial/Budget	<input type="checkbox"/>	SFMNP	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	EBT	<input type="checkbox"/>	Direct Marketing
<input type="checkbox"/>	Architecture/Engineering	<input type="checkbox"/>	CSA Operator	<input type="checkbox"/>	Agri-Tourism
<input type="checkbox"/>	Farmers Market	<input type="checkbox"/>	SNAP	<input type="checkbox"/>	Processor
<input type="checkbox"/>	Farmers Market Manager	<input type="checkbox"/>	Agicultural Cooperative	<input type="checkbox"/>	Food Banks
<input type="checkbox"/>	Educator/Academia	<input type="checkbox"/>	Roadside Stand Operator	<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Technical Assistance Marketing	<input type="checkbox"/>	Technical Assistance Business Planning	<input type="checkbox"/>	Agricultural Production
<input type="checkbox"/>	Technical Assistance Other ( <i>please specify</i> ):				
<input type="checkbox"/>	Other ( <i>please specify</i> ):				

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