

**Administration for Native Americans
ANA Consultant and Evaluator Qualifications Form**

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Date of completion of form:

1. General Information

1.1 Please Check which position you are applying for: <input type="checkbox"/> T/TA Provider <input type="checkbox"/> Grant Evaluator		
1-2. First Name:		
1-3. Last Name:		
1-4. Mailing Address:		
1-5. City:	1-6. State:	1-7. Zip Code:
1-8. Physical Address if different from above. (FedEx or Courier Delivery):		
1-9. City:	2-0. State:	2-1. Zip Code:
1-12. Home Phone:		1-13. Cell Phone:
1-14. Work Phone:	Extension:	1-15. Fax:
1-16. Email:		

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Date Received by Master Key Consulting:
Last Updated:

2. Grant Evaluator Experience

2-1. Have you previously Served as evaluator for ANA? (If yes, please answer questions 2-2 and 2-3 otherwise skip to question 2-4) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2-2. What Fiscal Years did you serve as an ANA evaluator (Mark all that apply): <input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010	
2-3. What Program Areas served as an ANA evaluator (Mark all that apply): <input type="checkbox"/> SEDS <input type="checkbox"/> NL <input type="checkbox"/> NR <input type="checkbox"/> NM <input type="checkbox"/> NI	
2-4. Have you ever served as a grant evaluator for organizations other than ANA (If yes, answer 2-5 otherwise skip to section 3?) <input type="checkbox"/> Yes <input type="checkbox"/> No	
2-5. Fiscal Year(s):	Agency or Organization:
Type of Grant/Contract (specify program if known):	
Reference: Name of contact person at this agency:	
Reference: Phone	
Reference: Email	
Population served by Grants/Contract (Mark all that apply): <input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Native American Pacific Islanders <input type="checkbox"/> Other (please describe): _____	
2-5. Fiscal Year(s):	Agency or Organization:

Type of Grant/Contract (specify program if known):
Reference: Name of contact person at this agency:
Reference: Phone
Reference: Email
Population served by Grants/Contract (Mark all that apply):
<input type="checkbox"/> American Indian <input type="checkbox"/> Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Native American Pacific Islanders <input type="checkbox"/> Other (please describe): _____

3. ANA Areas of Interest or Expertise

3-1. Identify the areas that you consider yourself qualified to serve as an ANA Proposal Reviewer (Mark all that apply): <input type="checkbox"/> SEDS: Governance <input type="checkbox"/> SEDS: Social Development <input type="checkbox"/> SEDS: Economic Development <input type="checkbox"/> Native American Language Preservation and Maintenance <input type="checkbox"/> Environmental Regulatory Enhancements <input type="checkbox"/> Environmental Mitigation <input type="checkbox"/> Native American Healthy Marriage Initiative

4. Demographic Information

4-1. Native American Heritage (Mark all that apply): <input type="checkbox"/> Enrolled member of a federally recognized tribe (specify): <input type="checkbox"/> Enrolled member of a non-federally recognized tribe (specify): <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Native American Pacific Islander (specify): <input type="checkbox"/> Other Native American (specify): <input type="checkbox"/> Other: Caucasian <input type="checkbox"/> Other: African American <input type="checkbox"/> Other: Hispanic <input type="checkbox"/> Other: Asian, other than Pacific Islander and Native Hawaiian <input type="checkbox"/> Multiracial
4-2. Current Place of Residence: <input type="checkbox"/> Living on reservation <input type="checkbox"/> Living near reservation (within 10 miles) <input type="checkbox"/> Non-reservation (urban) <input type="checkbox"/> Non-reservation (rural) <input type="checkbox"/> Indian territory <input type="checkbox"/> Alaskan Native Village <input type="checkbox"/> Pacific Island, living on homestead <input type="checkbox"/> Pacific Island, living off homestead
4-3. Number of years at this residence:

5. Experience and Skills

5-1. Check the areas in which you have 3 or more years of experience.
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<p>Agriculture</p> <input type="checkbox"/> Crops <input type="checkbox"/> Dairy <input type="checkbox"/> Fisheries <input type="checkbox"/> Livestock/poultry <input type="checkbox"/> Other:	<p>Financial/ Administration/Legal</p> <input type="checkbox"/> Accounting <input type="checkbox"/> Banking or credit union <input type="checkbox"/> Contracts or grants management <input type="checkbox"/> Economics <input type="checkbox"/> Financial management/analysis <input type="checkbox"/> Human Resources/training <input type="checkbox"/> Import/export <input type="checkbox"/> Insurance <input type="checkbox"/> Investment <input type="checkbox"/> Legal Services <input type="checkbox"/> Organizational development – private sector <input type="checkbox"/> Organizational development – public sector <input type="checkbox"/> Tax Code <input type="checkbox"/> Uniform commercial codes <input type="checkbox"/> Other:	<p>Service Sector</p> <input type="checkbox"/> E-commerce <input type="checkbox"/> Food Service <input type="checkbox"/> Health Care <input type="checkbox"/> Hospitality/tourism <input type="checkbox"/> Marketing/promotion <input type="checkbox"/> Personal Services <input type="checkbox"/> Wholesale/retail
<p>Arts/Language</p> <input type="checkbox"/> Music <input type="checkbox"/> Tribal culture/traditions-general <input type="checkbox"/> Tribal Languages <input type="checkbox"/> Visual Arts <input type="checkbox"/> Other:	<p>Manufacturing/Production</p> <input type="checkbox"/> Handicrafts <input type="checkbox"/> Other:	<p>Social Services</p> <input type="checkbox"/> Child Welfare <input type="checkbox"/> Child Care and Development <input type="checkbox"/> Disability Services <input type="checkbox"/> Head Start <input type="checkbox"/> Violence Prevention <input type="checkbox"/> Youth Development
<p>Communications</p> <input type="checkbox"/> Media (Radio/TV) <input type="checkbox"/> Public Relations <input type="checkbox"/> Other:	<p>Public Administration</p> <input type="checkbox"/> Federal Government <input type="checkbox"/> State Government <input type="checkbox"/> Local Government <input type="checkbox"/> Tribal Administration <input type="checkbox"/> Tribal Legislature <input type="checkbox"/> Tribal Courts <input type="checkbox"/> Tribal, other: <input type="checkbox"/> Other:	<p>Technical</p> <input type="checkbox"/> Architecture <input type="checkbox"/> Automotive <input type="checkbox"/> Basic Sciences/research <input type="checkbox"/> Construction Trades <input type="checkbox"/> Engineering <input type="checkbox"/> Graphic Arts <input type="checkbox"/> Library Sciences <input type="checkbox"/> Printing <input type="checkbox"/> Transportation <input type="checkbox"/> Utilities <input type="checkbox"/> Other:
<p>Education</p> <input type="checkbox"/> Education Administration <input type="checkbox"/> K-12 Teaching <input type="checkbox"/> Higher Education		<p>Technology</p> <input type="checkbox"/> Computer Hardware <input type="checkbox"/> Computer Software <input type="checkbox"/> Electronics <input type="checkbox"/> Energy <input type="checkbox"/> Public Services <input type="checkbox"/> Telecommunications <input type="checkbox"/> Other:
<p>Teaching</p> <input type="checkbox"/> Vocational or Technical Education <input type="checkbox"/> Other:		
<p>Environment</p> <input type="checkbox"/> Conservation <input type="checkbox"/> Forestry <input type="checkbox"/> Land Management <input type="checkbox"/> Recycling or Waste Management <input type="checkbox"/> Water Management <input type="checkbox"/> Other:		

6. Experience in Providing Training and Technical Assistance

6-1. Have you ever provided technical assistance and or training (T/TA) to the Native American community (If No, skip to section 7)?

Yes No

6-2. In what capacity did you provide T/TA?

<input type="checkbox"/> Individual Consultant <input type="checkbox"/> As part of fulltime employment <input type="checkbox"/> Other (please specify):
6-3. Identify the recipient of the T/TA: <input type="checkbox"/> Individual members/group of a tribe or tribes (e.g., Tribal Legislature) <input type="checkbox"/> Individual Tribe(s) generally <input type="checkbox"/> Cluster of Tribes <input type="checkbox"/> Other (please specify):
6-4. Identify the funding sources for the T/TA you provided: <input type="checkbox"/> ANA <input type="checkbox"/> IHS <input type="checkbox"/> BIA <input type="checkbox"/> DOJ <input type="checkbox"/> State Agency <input type="checkbox"/> Tribal Organization <input type="checkbox"/> Other Federal Agency (please specify): <input type="checkbox"/> Other DHHS Agency (please specify): <input type="checkbox"/> Other (please specify):
6-5. Are you currently providing T/TA to the Native American Community? <input type="checkbox"/> Yes <input type="checkbox"/> No

7. Computer Capability

7.1 Please mark all the computer software programs with which you have at least one year's experience: <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Other (please specify):

<p>Note: A current resume must be submitted with this application to be considered for an ANA proposal reviewer position. Email resume to ANA@acf.hhs.gov or mail to Administration for Native Americans Mail Stop 8th F1. West Aerospace Center 370 L'Enfant Promenade Washington, D.C. 20447-0002</p>
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