OMB Control No: XXXX-XXXX

Expiration date: XX/XX/XXXX

**Children’s Bureau Discretionary Grant Reviewer Recruitment Questionnaire**

Please complete the following information in order to help us select peer reviewers. The first six questions are mandatory to complete your grant reviewer application.

1. What is your occupation? (check all that apply)

Social Worker or Child Welfare

Social Work Education

Social Work or Child Welfare Administration

Evaluator or Researcher

Retired

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1a. For how many years have you been in this position?

0-3 Years

4-6 Years

7-10 Years

More than 10 Years

1. What is your highest degree completed?

Doctorate in Social Work

Doctorate in Other Area

Masters in Social Work

Masters in Other Area

Bachelors in Social Work

Bachelors in Other Area

Associates

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. What is your current or most recent work setting?

Child welfare state, county, or local agency

Foster care agency

Child abuse prevention agency

Adoption agency

University or other research/evaluation position

University or other social service evaluator

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently a Federal Employee?

Yes

No

4a. If “Yes” Please select your Agency

Administration for Children and Families (ACF)

Administration for Community Living (ACL)

Agency for Healthcare Research and Quality (AHRQ)

Agency for Toxic Substances and Disease Registry (ATSDR)

Centers for Disease Control and Prevention (CDC)

Centers for Medicare & Medicaid Services (CMS)

Food and Drug Administration (FDA)

Health Resources and Services Administration (HRSA)

Indian Health Service (IHS)

National Institutes of Health (NIH)

Office of Minority Health (OMH)

Office of the Assistant Secretary for Health (OASH)

Office of the Assistant Secretary for Planning and Evaluation (ASPE)

Office of the Assistant Secretary for Preparedness and Response (ASPR)

Office of the National Coordinator for Health Information Technology (ONC)

Substance Abuse and Mental Health Services Administration (SAMHSA)

United States Public Health Service (USPHS)

US Department of Housing and Urban Development (HUD)

US Department of Education (ED)

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reviewing Experience: (Check all that apply)

I have reviewed for the Children’s Bureau

I have reviewed for other parts of the Administration for Children and Families

I have reviewed for other federal agencies

I have reviewed for a non-federal organization/government

I have no reviewing experience

Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you worked for an organization that has been a recipient of a Children’s Bureau discretionary grant?

Yes

No

Don’t Know

The Administration for Children and Families, U. S. Department of Health and Human Services is committed to increasing the diversity of the non-Federal peer reviewers utilized in the competitive grants review process to the extent permitted by law.  You can help us achieve this goal by voluntarily indicating your race and/or ethnic heritage by checking the appropriate box for questions 8 and 9 -- please note that these questions utilize the standard Federal identification categories.  Your assistance is invaluable in enabling the agency to promote broad representation, especially for underserved and underrepresented groups and track our progress on this important goal.

Currently, the following information will not be used in the selection of grant reviewers for Children’s Bureau discretionary grant programs. Rather, at this time the information will be used solely to monitor the diversity of our grant reviewer pool.

1. Voluntary - Are you or have you been: (Check all that apply)

An adult who was formerly in foster care or adopted from foster care

A parent whose child was in foster care

Affiliated with an Asian American/Native American Pacific Islander-Serving Institution

(AANAPISI)

Affiliated with any other Asian-serving institution

Affiliated with any other Native Hawaiian or other Pacific Islander-serving institution

A current or former faculty member at an AANAPSI

Affiliated with a Historically Black College or University (HBCU)

A current or former faculty member at an HBCU

Affiliated with any other Black or African American-serving institution

Affiliated with an Hispanic-Serving Institution (HSI)

A current or former faculty member of an HSI

Affiliated with a Native American Tribe or Urban Indian Organization

Affiliated with any other American Indian or Alaskan Native-serving institution

Affiliated with the Lesbian, Gay, Bisexual or Transgender Community

A military veteran

Prefer not to answer

Comments\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Voluntary - With which of the following ethnic classifications do you identify yourself?

Hispanic/Latino

Not Hispanic/Latino

Prefer not to answer

1. Voluntary - With which of the following racial classifications do you identify yourself? (Check all that apply)

White

Black or African American

Asian

Native Hawaiian or Pacific Islander

American Indian or Alaskan Native

Prefer not to answer

1. Voluntary - With which of the following do you identify yourself?

Male

Female

Prefer not to answer

THE PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13)

Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

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