

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

2. 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 _____

3. 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 _____

4. 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 _____

5. 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 _____

6. 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.

7. 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_____

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

- Hispanic/Latino
- Not Hispanic/Latino
- Prefer not to answer

9. 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

10. 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)

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