



Reviewer Electronic Registration Script

Mandatory Information

Title *[Dropdown list]*

First Name *[open field]*

Last Name *[open field]*

Address *[open field]*

City *[open field]*

State *[Dropdown list]*

[Title]
-Select One-
Brother
Dr.
Hon.
Min.
Miss
Mr.
Mrs.
Ms.
Pastor
Rev.
Rev. Dr.

[State]				
-Select One-	Indiana	New Hampshire	Utah	Puerto Rico
Alabama	Iowa	New Jersey	Vermont	United Kingdom
Alaska	Kansas	New Mexico	Virginia	
Arizona	Kentucky	New York	Washington	
Arkansas	Louisiana	North Carolina	West Virginia	
California	Maine	North Dakota	Wisconsin	
Colorado	Maryland	Ohio	Wyoming	
Connecticut	Massachusetts	Oklahoma	American Samoa	
Delaware	Michigan	Oregon	Armed Forces the Americas	
District of Columbia	Minnesota	Pennsylvania	Armed Forces Europe	
Florida	Mississippi	Rhode Island	Armed Forces Pacific	
Georgia	Missouri	South Carolina	Federated States of Micronesia	
Hawaii	Montana	South Dakota	Guam	
Idaho	Nebraska	Tennessee	Marshall Islands	
Illinois	Nevada	Texas	Northern Mariana Islands	

Zip Code *[open field]*

Cell Phone Number *[open field]*

Home Phone Number *[open field]*

Work Phone Number *[open field]*

Email Address *[open field]*

Are you a current Federal Employee? *[Dropdown list]*

[Federal Employee]
-Select One-
No
Yes

Are you a Federal Contractor? *[Dropdown list]*

[Federal Contractor]
-Select One-
No
Yes

Education/Experience

Highest Degree Earned / Discipline *[dropdown list]*

[Degree]
-Select One-
High School Diploma
Undergraduate Degree
Graduate Degree
Post Graduate Degree

Do you have previous experience as a grant reviewer? *[Dropdown list]*

[Review Experience]
-Select One-
No
Yes

Do you have previous experience as a panel lead? *[Dropdown list]*
(E.g. Chairperson, Team Lead, Facilitator)

[Leader Experience]
-Select One-
No
Yes

When did you last participate in a grant review? *[Dropdown list]*

[Participation]
-Select One-
Never
Within the last 1-3 years
Within the last 4-6 years
Within the last 7-10 years
More than 10 years ago

Reviewer-selected
Expertise
Designation

Resume Upload
[Upload accepted]

[Expertise] -Select One- Abstinence Education Adolescent Health Affordable Housing Finance Asset Building At-Risk Youth Banking/Finance Business Expansion Capacity-Building Child Care Child Services Clinical Services Collaboration Among Nonprofits Communities Community Development Community Facilities Consumer Finance Credit Unions Crisis Intervention / Transitional Housing Cultural Diversity Economic Development	Education Employment Services Fair Housing Faith-Based & Community Org Mgt / Ldrshp Families & Low Income Individuals Family / Domestic Violence Financial Education / Literacy Financial Services General Business for Non Profit Health Healthy Food Financing Higher Education Homeownership Human Trafficking Information Management / Data Analysis Intermediary Lending Legal Profession/Legal Services Mental Health Services Micro-Enterprise / Self-Employment Microfinance/Microlending Monitoring/Evaluation	Native Americans Mortgage/Lending New Business Development Nonprofit Management Personal Experience as Refugee/Asylee Process Monitoring and Control Quality Improvement/Control Refugee/Asylee Services Refugees Research / Evaluation Revenue Dev't Strategies / Fundraising Rural Development Small Business / Entrepreneurship Social Services Social Work Systems Development and Testing Systems Integration Tax Assistance / EITC Outreach Training & Technical Assistance Underwriting Youth Counseling
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Voluntary Information

Which of the following do you identify yourself with? *[Dropdown list]*

<p>[Identity] -Select One- American Indian or Alaskan Native Asian or Pacific Islander Black, not of Hispanic Origin Hispanic White, not of Hispanic Origin</p>
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Appendix Also Attached.