

**Office of Head Start and Office of Child Care Reviewer Availability Request for
the Early Head Start Expansion and Early Head Start-Child Care Partnerships Grant
Review**

OMB Control Number: 0970-0477

Expiration Date: 3/31/2019 Information Collection for Specific Reviews

The Administration for Children and Families (ACF), Office of Head Start (OHS) and Office of Child Care (OCC) request your availability to participate in the objective review of Early Head Start Expansion and Early Head Start-Child Care Partnerships grant applications. Your reply is requested by 5:00 P.M. (EST) on **XXX**.

*** 1. Please provide your contact information.**

Name

City/Town

State/Province

Email Address

Phone Number

*** 2. Are you currently employed by a Head Start, Early Head Start, or Early Head Start-Child Care Partnerships grantee?**

Yes

No

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Reviewer Availability

*** 3. If you are available to participate in the 2016 Early Head Start Expansion and Early Head Start-Child Care Partnerships grant reviews, please indicate which dates you are available.**

- September 23 - September 30, 2016
- September 30 - October 7, 2016
- October 7 - October 14, 2016
- October 14 - October 21, 2016
- October 21 - October 28, 2016
- October 28 - November 4, 2016
- November 4 - November 11, 2016
- November 11 - November 18, 2016
- I am no longer interested in serving as a grant reviewer. Please update my profile.

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Experience

*** 4. Do you have professional experience with a Head Start or Early Head Start program?**

Yes

No

*** 5. Do you have professional experience with an American Indian/Alaskan Native program?**

Yes

No

*** 6. Do you have professional experience with a Migrant and Seasonal Head Start program?**

Yes

No

*** 7. Do you understand or have you participated in planning and/or implementing Child Care and Development Fund subsidy policy to comply with the Child Care and Development Block Grant Act Reauthorization Act of 2014?**

Yes

No

*** 8. Do you have experience using ACF's Application Review Module (ARM) in the past three years?**

Yes

No

*** 9. Have you participated in an OHS and/or ACF panel review in the past two years?**

Yes

No

10. If you have served on an OHS and/or ACF panel review in the past two years, please identify the review(s) in which you participated and the role(s) in which you served.

Panelist Role

Designation Renewal
System

Replacement Grants

Early Head Start-Child
Care Partnerships

Early Head Start
Expansion

National Technical
Assistance Centers

Other

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ACF Voluntary Self-Identification Question

11. 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 self-identifying -- please indicate your race and/or ethnic heritage by checking the appropriate box below. Please note that this question utilizes 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. The question is voluntary and will not be used in the selection of grant reviewers for Administration for Children and Families' discretionary grant programs. This information will be used solely to monitor the diversity of our grant reviewer pool.

American Indian or Alaskan Native

Hispanic

Asian or Pacific Islander

White, not of Hispanic origin

Black, not of Hispanic origin

Public reporting burden of this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number.

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Thank you for completing the survey!

Please Note: An affirmative response to the request for availability will not guarantee placement on a review panel. The request for availability of review participants is based on the projected number of applications eligible for review. If the number of applications received is less than projected, some reviewers may not be utilized or may be asked to participate in an Alternate / Stand-by role. If you have any questions or concerns, please contact us directly at 1-888-242-0684 and press "2" for reviewer support. You may also reach us via email at OHS@ReviewOps.org.