

Peer Reviewer Application and Qualification Form For Farmers Market and Local Food Promotion Program

Complete the information below to indicate your qualifications to review FMPP/LFPP proposals. The form must include a copy of your résumé with all employment and volunteer locations. Email completed form and résumé to USDALFPPQuestions@ams.usda.gov and indicate in the subject line if you are applying to be an LFPP or FMPP Reviewer. For more information about the grant programs, visit <http://www.ams.usda.gov/services/grants>.

Last Name:		First Name:	
Email:			
Phone:		Fax:	
Street Address:			
City:		State:	
		Zip Code:	

Academic Background:

Highest Degree in Education:	
Degree Area:	
Profession/Rank:	

Employer:

Employer Name:	
Department:	

Employer Type (mark as many as appropriate):

<input type="checkbox"/>	Federal Employee	<input type="checkbox"/>	Private Sector Employee	<input type="checkbox"/>	Nonprofit Employee
<input type="checkbox"/>	State Employee	<input type="checkbox"/>	Farmer/Producer/Rancher	<input type="checkbox"/>	Public Benefit Corp
<input type="checkbox"/>	Tribal Government	<input type="checkbox"/>	CSA Employee	<input type="checkbox"/>	Economic Develop. Corp
<input type="checkbox"/>	Local Government	<input type="checkbox"/>	Retired/Volunteer	<input type="checkbox"/>	1862 Land Grant U.
<input type="checkbox"/>	1890 Land Grant University	<input type="checkbox"/>	1994 Land Grant University	<input type="checkbox"/>	Public non-Land-Grant U
<input type="checkbox"/>	Private College/University	<input type="checkbox"/>	Private Research	<input type="checkbox"/>	USDA EPSCoR
<input type="checkbox"/>	Small/Mid-sized Institution	<input type="checkbox"/>	Hispanic Serving Institution	<input type="checkbox"/>	Other Minority Serving I.
<input type="checkbox"/>	Other (<i>Please specify</i>):				

Percent of Appointment (Academia):

Appointment	Percent
Research	
Teaching	
Extension/Outreach	
Administration	
Total	0

Demographic Information (Optional):

Gender:	
Race:	
Ethnicity:	

Previous Federal Grant Application Review:

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Conflict(s) of Interest:

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Expertise (mark as many as appropriate):

<input type="checkbox"/>	Grant Writer	<input type="checkbox"/>	WIC	<input type="checkbox"/>	Aggregator
<input type="checkbox"/>	Financial/Budget	<input type="checkbox"/>	SFMNP	<input type="checkbox"/>	Distributor
<input type="checkbox"/>	Nutrition	<input type="checkbox"/>	EBT	<input type="checkbox"/>	Direct Marketing
<input type="checkbox"/>	Architecture/Engineering	<input type="checkbox"/>	CSA Operator	<input type="checkbox"/>	Agri-Tourism
<input type="checkbox"/>	Farmers Market	<input type="checkbox"/>	SNAP	<input type="checkbox"/>	Processor
<input type="checkbox"/>	Farmers Market Manager	<input type="checkbox"/>	Agricultural Cooperative	<input type="checkbox"/>	Food Banks
<input type="checkbox"/>	Educator/Academia	<input type="checkbox"/>	Roadside Stand Operator	<input type="checkbox"/>	Environmental
<input type="checkbox"/>	Technical Assistance Marketing	<input type="checkbox"/>	Technical Assistance Business Planning	<input type="checkbox"/>	Agricultural Production
<input type="checkbox"/>	Technical Assistance Other <i>(please specify):</i>				
<input type="checkbox"/>	Other <i>(please specify):</i>				

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Highest Degree	Profession/Rank	Race
B.A.	Assistant Professor	American Indian or Alaska Native
B.S.	Associate Professor	Asian
M.A.	Professor	Black or African American
M.S.	Federal Employee	Native Hawaiian or Other Pacific Islander
Ph.D.	Producer	White
J.D.	Industry	
M.D.	Other	
Other		

Ethnicity	Gender
Hispanic or Latino	M
Not Hispanic or Latino	F