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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.

	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

What is your occupation? (check all that apply)
 Social Worker or Child Welfare

Social Work or Child Welfare Administration

Social Work Education

Evaluator or Researcher

Other_____

Retired

		Other
4.	Are you	currently a Federal Employee?
		Yes
		No
	4a. If "Y	es" 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.	Reviewi	ng 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 yo	ou worked for an organization that has been a recipient of a Children's Bureau
	discreti	onary 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		
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

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