


# Reviewer Questionnaire

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The Cooperative State Research, Education, and Extension Service  
Peer Review System

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Questionnaire



OMB NO: 0524-0040  
EXPIRATION DATE: 06/30/2006

Dear helpdesk usda,

Thank you for taking the time to complete this form, which will greatly assist USDA/CSREES in selecting the best reviewers for the grant applications it receives. The form below contains all the information we currently have about you. Please verify and update this information, and fill in fields that may be empty.

An asterisk (\*) indicates a required field.

1. Are you willing to provide written reviews of USDA/CSREES grant applications during the coming year?

Yes When? (Choose all that apply)

- Fall 2005
- Winter 2006
- Spring 2006
- Summer 2006
- Fall 2006

No If you are not available now, would you be willing to review for USDA/CSREES in the future?

2. What is your primary occupation/field?

3. What is the highest degree you have earned?

In what field?

4. Given the diversity of programs supported by USDA/CSREES, it would assist us if you would classify your expertise as one or more of the following (choose all that apply): [term definitions](#)

Research

Teaching

PK-12  
Undergraduate  
Graduate

It will be timed out in 00:59:57 unless there is some activity.

4. Given the diversity of programs supported by USDACSREES, it would assist us if you would classify your expertise as one or more of the following (choose all that apply): [term definitions](#)

Research

Teaching

- PK-12
- Undergraduate
- Graduate
- Postgraduate

Type\* Two-year Postsecondary/Technical

\* On some browsers, it may be necessary to hold down either the

CONTROL, APPLE, or SHIFT key to select multiple items

Extension

5. Please provide some key words describing your specific expertise:

6. Please update our contact information for you:

An asterisk (\*) indicates a required field.

Prefix:

\* First Name: helpdesk

Middle Name:

\* Last Name: usda

Suffix:

Please choose from the list, or add your organization below if it is not on the list.

Organization:

Department:

Additional Organization Information:

Mail Stop:

Street Address: 9 waterfront

\* City: waterfront sssssssss

State:

\*\*If Province: District of Columbia

State:

\*\*If Province Enter After City:

\* Zip or Postal Code:

\* Country:

Address for delivery by courier if different:

Street Address:

City:

State:

\*\*If Province Enter After City:

Zip or Postal Code:

Country:

\* E-mail address:

\* Phone number:   
(e.g. 202-456-1414)

Fax number:

URL of personal Web page:   
(e.g. http://www.yourpage.esu.edu)



Privacy information: The information you provide will be used by CSREES in selecting reviewers for grant applications submitted to CSREES programs. In addition, the contact information may be used to update records pertaining to active CSREES grant applications and grants. CSREES may share the information you submit with other Federal agencies but only for the purpose of assisting these other agencies in the review of grant applications submitted to them. This information will not be used for any other purpose.

Paperwork Reduction Act information: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0524-0040. The time required to complete this information collection 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.