

**PUBLIC BURDEN STATEMENT:** Public reporting burden for this collection is estimated to average 15 minutes per submission, including reviewing instructions, gathering and maintaining the data needed, completing the form, and reviewing the collection of information. Comments on the burden or content of this instrument may be sent to the Corporation for National and Community Service, Attn: Amy Borgstrom, 250 E. Street SW, Washington, D.C. 20525. You are not required to respond to the collection unless the OMB control number and expiration date displayed on page 1 are current and valid. (See 5 C.F.R. 1320.5(b)(2)(i).)

## AmeriCorps External Reviewer Survey

Review Participants, thank you for participating in the AmeriCorps Grant Review! As the review ends, we're interested in hearing from you about your experience as a reviewer for this competition.

To complete the survey, please:

1. Read the purpose of this survey.

The purpose of this survey is to determine how well the various aspects of the review process:

- Managed your expectations for review participation,
- Provided clarity on the requirements to assess the application, and
- Equipped you to produce high-quality review products according to AmeriCorps standards.

2. Keep these objectives in mind as you respond to the questions.

3. Answer every question.

4. Click "Done" to submit your response on the last page.

Responses to questions in this evaluation will be used only for improvement purposes by AmeriCorps. They will not be shared with any third parties (e.g., other Reviewers or Applicants).

\*Required

1. Please indicate your role during this review process.

- CNCS Staff Reviewer
- External Reviewer
- Program Office Liaison

2. Which of the following statements best describes you in your role during the AmeriCorps Grant Review (select one)?

- This was my first grant review experience.
- This was my first AmeriCorps grant review, but I have participated in other grant reviews before.
- I have served in other AmeriCorps grant reviews before.

I did not complete this review

**(Did not complete review)**

Please provide feedback for the next 3 questions and the following survey as applicable

3. Please provide the main reason(s) you were unable to complete the review.

4. Please provide feedback on how we could have better supported you in completing the review.

5. Please provide any additional or general comments about your experiences with the AmeriCorps Grant Review process.

6. If you participated in the orientation period or the start of the review, and are interested in continuing the survey to share more thoughts on the competition please indicate below.

- Yes, I would like to proceed
- No, I would rather finish here

\*Required

## Evaluation Questions

7. Please respond to the following aspects of the Recruitment Process.

	Could Use Improvement	No Opinion	Worked Well
Quality and frequency of communication	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Timeframe for notification of my selection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reviewer expectations in the Save the Date	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Explanation of time commitment for the review	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8. Please provide any additional feedback on the Recruitment Process (particularly any specific improvements).

Enter your answer

⏪
⏩

9. Please indicate how well these Orientation Sessions and Training Materials helped prepare you for the review.

	Could Use Improvement	No Opinion	Worked Well
Budget Compliance Review Training Slides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CNCS Staff COI Training Slides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring an Equitable Review Training Slides	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying and Writing Clarification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Could Use Improvement	No Opinion	Worked Well
--------------------------	---------------	----------------

Statements Training  
Slides

Introduction to CNCS  
and Program Training  
Slides

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Introduction to  
Program and Program  
Competition Training  
Slides

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Program Office  
Liaison Training Slides

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Understanding the  
Blended Review  
Training Slides

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Understanding the  
Individual Review  
Form (IRF) Training  
Slides

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Understanding the  
Selection Criteria  
Training Slides

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Number of  
Orientation Sessions

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Timeframe to  
complete the  
Orientation Sessions

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

Duration of the  
Orientation Sessions

<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
-----------------------	-----------------------	-----------------------

10. Please provide any additional feedback on the Orientation Sessions and Training Materials (particularly any specific improvements).



Could Use  
Improvement

No  
Opinion

Worked  
Well

Reviewer FAQs Document	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Live Mid-Review Check- in Calls	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Competition Materials (Notice, Application Instructions, and FAQs)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Orientation Power Point PDFs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. Please provide any additional feedback on the Review Materials and Resources (particularly any specific improvements).

Enter your answer

13. Please respond to the following aspects related to the Review Process.

	Could Use Improvement	No Opinion	Worked Well
Length of Blended Review (4 weeks)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feasibility of review milestones/deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Feasibility of IRF Turnaround	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	Could Use Improvement	No Opinion	Worked Well
Panel Discussions (i.e., purpose and helpfulness)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GARP Liaison responsiveness and assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
POL responsiveness and assistance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Does the following estimate of time spent accurately reflect your experience during this competition:

- Approximately 35 hours of active time on review
- Approximately 7 hours for training and preparation
- Approximately 5 hours to review an application (read, assess, discuss, update, and submit)
- Approximately 3 hours for edits and additional communication

Enter your answer

## General Comments

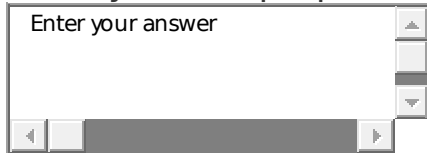
15. Please provide any additional or general comments about your experiences with the AmeriCorps review process.

Enter your answer

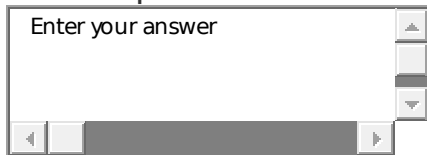
**(POL PATHWAY)**

# Please provide feedback on your experiences as a Program Office Liaison

2. Did you feel prepared and supported in your role?

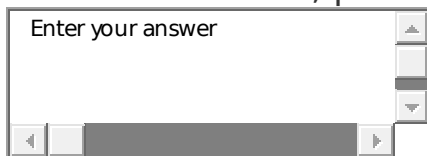


3. Was the breakdown of work between the POL & GARP Liaison clear and helpful?



4. On average how time was spent on the following:

- Hours supporting the panel
- Hours to review, provide feedback, and finalize IRFs with reviewers



**Thankyou!**

Thank you for completing this survey.

For any additional comments, please contact [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov).