

## Office of Child Care Reviewer Availability Request for the American Indian or Native Hawaiian Child Care Grants 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 Child Care (OCC) requests your availability to participate in the objective review of applications for the Native Hawaiian or American Indian Private Non-profit Organizations Child Care Grants. If you are interested in becoming a reviewer, please complete the questionnaire below. Information provided on this questionnaire is voluntary and will be kept private. Your reply is requested by 5:00 P.M. (EST) on April 10, 2019.

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

Name

City/Town

State/Province

-- Email Address

Phone Number

**\*2. Please also attach your latest resume or curricula vitae**

**\* 3. Are you currently employed by a grantee that have a current CCDF formula grant directly with the Federal Government (i.e., OCC)?**

Yes

No

**\* 4. Are you a current Federal employee?**

**\*5. Are you a current Federal contractor?**

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### Reviewer Availability

\* 6. If you are available to participate in the 2019 Native Hawaiian or American Indian Private Nonprofit Organizations Child Care Grants reviews, please indicate which dates you are available.

- The week of June 17- 23, 2019
- The week of June 24 –30, 2019
- I am not interested in serving as a grant reviewer.

### Experience

\* 7. Do you have professional experience with an early childhood education program?

- Yes
- No

\* 8. Do you have professional experience with an American Indian/ or Native Hawaiian child care program?

- Yes
- No

\* 9. Do you have experience working with American Indian populations?

- Yes
- No

\* 10. Do you have experience working with Native Hawaiian populations?

- Yes
- No

\* 11. 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 ?

- Yes

\* **12. Have you participated in an OCC and/or ACF panel review in the past three years?**

Yes

No

**\*13. If you have served on an OCC 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

Native Hawaiian Child Care Grant

Early Head Start-Child Care Partnerships

Early Head Start Expansion

National Technical Assistance Centers

Other

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## **ACF Voluntary Self-Identification Question**

- 1. 13. 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. Voluntary - which of the following racial classifications do you identify yourself? (Select one or more).**

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.