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| **Review Dates:** |

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| *Instructions for External Reviewers:*Read and save this document for easy reference throughout the review.To indicate agreement, sign and date the last page of the agreement.*Instructions for Alternate External Reviewers:*Read and save this document for easy reference.  * 1. Complete **all** orientation sessions by their respective deadlines outlined in the timeline below.   2. **Maintain availability throughout the entire review period.** Alternate External Reviewers should be prepared to join the review with only 1-2 days’ notice in the event that someone drops out.   If your role is changed to (participating) External Reviewer, you are required to complete all review duties to the **FY YYYY ASN Competition** specifications and standards set by AmeriCorps (as outlined in this Participation Guidance). *External and Alternate External Reviewers:* Email the signed agreement to [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) by at 12pm Eastern on MM/DD/YYYY. |

**Please note:** The **Litmos**, online learning system, works best with **Chrome**. If you cannot hear the audio in the pre-recorded trainings on Litmos, **please switch browsers** before contacting [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov).

Please complete all your required webinars in Litmos.

By consenting to participate in this AmeriCorps Grant Application Review Process (GARP), you are agreeing that you will complete your review activities consistent with the following review schedule. All orientation and training sessions are **mandatory.** Review form submission is dependent on when your panel holds discussions. The dates for submitting review forms throughout the review period are subjective; the bolded dates are **immutable**.

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| Activities | Schedule/Date Due |
| Receive Trainings via email | MM/DD/YYYY |
| Sign and submit Confidentiality & Conflict of Interest (COI) Form and Participation Agreement to [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) | No later than **MM/DD/YYYY** |
| Review all training and resource materials on Litmos and the Reviewer SharePoint site | All trainings must be completed **MM/DD/YYYY** |
| ASN Review Kickoff Call with Q&A | **MM/DD/YYYY** (will be recorded if you are unable to attend) |
| Receive panel information and application assignments in Panel Assignment email | **MM/DD/YYYY** |
| Preview applications and report any COIs to [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) | **MM/DD/YYYY** |
| Hold Panel Introduction Call and Panel Coordinator sends Panel schedule and contact list to the entire panel; cc [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) | **By MM/DD/YYYY** |
| Review and assess all assigned applications. Complete a review form for each application. | Prior to the Panel Discussion Calls and according to schedule determined by the panel |
| Mid-Review Check-in Call for all Review Participants for Q&A | **MM/DD/YYYY** (will be recorded if you are unable to attend) |
| Post-Review Close-out Period | **MM/DD/YYYY - MM/DD/YYYY** |
| Successful Grant Applicants will be notified in April 2023. External Reviewers will be forwarded the press release from AmeriCorps sharing the funded applicants. | MM/YYYY |

# External Reviewer Overview

As an **External Reviewer,** you will carry out your duties and responsibilities under the direction of AmeriCorps staff, including a Panel Coordinator. You must complete all your work in accordance with published AmeriCorps guidelines and resources.

You must assess the application **using the specific Selection Criteria.** Reviewers are selected and confirmed based on their appropriate qualifications and expertise. Use your experience and expertise to assess how the application addresses the Selection Criteria.

Before the review process begins, **External** **Reviewers** are required to:

* **Complete the review preparation, view the orientation sessions, and read the guidance materials.**
* Check for possible COIs upon receipt of panel assignment and applications, and notify [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) immediately of any potential conflicts, and if any arise during your participation.
* **Sign and submit the final page of the Confidentiality & COI Form and the Participation Agreement to AmeriCorps.**

Once the review process begins, **External** **Reviewers** are required to:

* Maintain the confidentiality of information about applicants and Review Participants related to this review in a manner consistent with the Confidentiality & COI Form.
* At any time in the review, immediately report any concerns about potential COIs that arise throughout the review.
* Be timely in your correspondence with your assigned panel member(s), Panel Coordinator, and the OGA GARP Liaisons throughout the review process.
* Fully cooperate with the other Review Participants during the review and when receiving feedback.
* Participate in your Panel Introduction Call.
* Read each application assigned to the panel.
* **Assess applications objectively – independent of any personal feelings or knowledge you may have about the applicant that is not included in the application**
* Conduct a thorough and objective assessment of each application.
* Complete your individual review form (IRF) consistent with the specifications and standards set forth in the review guidance materials.
* Participate in the Panel Discussion Calls for each application reviewed.
* **Incorporate your Panel Coordinator’s feedback to improve the quality of your assessment.**
* Respond to changes in the review needs, if necessary.
* Complete the online evaluation of the YYYY ASN Review Process.
* Complete all review duties consistent with the specifications and standards set by AmeriCorps and covered in the review guidance materials and the below Code of Conduct

# Code of Conduct

AmeriCorps’ mission is to improve lives, strengthen communities, and foster civic engagement through service and volunteering. An important component of our success is the success of our review processes, teamwork and collaboration of our review participants in support of our values and mission.

To accomplish this mission, all AmeriCorps review participants must exercise the highest degree of ethical conduct, integrity, and compliance. They must remain objective and impartial, reviewing applications without bias. AmeriCorps expects reviewers to exemplify dependability, professionalism, teamwork, collaboration, respect, inclusion, and excellence. The AmeriCorps review Code of Conduct reflects the expectation that all review participants will strive to successfully perform their assigned tasks while promoting a healthy environment of professionalism, accountability, engagement, efficiency, and effectiveness, free of any kind of harassment, discrimination, or wrongdoing. In adhering to this Code of Conduct, together we create adiverse, equitable, inclusive, and accessible environment, which fosters a sense of belonging for all AmeriCorps employees and partners.

Any review participant who fails to comply with the AmeriCorps Code of Conduct as described above may be subject to removal from the review process. The actions taken will consider several factors including the nature and seriousness of the offense and the review participant's previous review participation conduct. If a review participant is removed from the review, they will be provided with the appropriate reply and appeal rights.

AmeriCorps review participants are encouraged to report any offensive or inappropriate behavior, perceived harassment or discrimination, violations of rules or regulations, or misconduct of any type to the Office of Grant Administration via [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov). There will be no reprisal or retaliation against any review participant reporting misconduct. Compliance with the Code of Conduct is critical to the continued success of AmeriCorps reviews.

Thank you for the work you do during the review period to support AmeriCorps' mission of service.

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| Scan and email the **signed** agreement to **PeerReviewers@cns.gov** by 12:00 p.m. Eastern MM/DD/YYYY | |
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| *Your participation in this AmeriCorps grant application review process is wholly voluntary on your part. Your participation does not make you an employee of AmeriCorps or of the federal government, and therefore are not entitled to workman’s compensation benefits, unemployment insurance, or any other type of insurance or benefit normally provided to federal employees.*  *AmeriCorps may (per Comptroller General Decision B-20517, September 24, 1941) pay a discretionary honorarium in recognition of your professional services in participating in this grant application review process. Historically, this amount has been up to $1000 for external reviewers and $200 for alternate external reviewers. AmeriCorps may not pay honoraria to federal employees or to any individual whose terms of employment prohibit the employee from receiving direct honoraria. If any honorarium is paid, AmeriCorps is not responsible for withholding federal or state income taxes or Social Security from the payment. AmeriCorps will issue a Form 1099 to report the payment of any honorarium to you, the Internal Review Service, and any required State taxing authority.*  *By signing this agreement, you consent to and understand that AmeriCorps may make your name public per agency policy, and that your completed review forms (or portions thereof) may be disclosed after AmeriCorps announces its grant awards.*  *To the extent allowed by law, AmeriCorps will not disclose your association with any specific applications or review forms.* | |
| **I agree to participate in this AmeriCorps Grant Application Review Process and to abide by the terms and conditions of this Agreement.**   |  |  |  | | --- | --- | --- | | **Name (printed):** |  |  | |  | |  | | **Signature:** |  | **Date (MM/DD/YYYY):** | |  | |  | | **Organization and Affiliation:** | |  | |  | | | |  | | | | |
| **[ ]** | **ONLY check this box if you are ineligible (or are declining)to receive any honorarium payment.** *(Federal employees that serve as a Review Participants are not eligible to receive an honorarium. All honoraria payments must be paid to individuals. If your employer requires an honorarium to be paid to the employer rather than you individually, you are not eligible to receive a AmeriCorps honorarium.)* |

PUBLIC BURDEN STATEMENT: Public reporting burden for this collection is estimated to average 45 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 AmeriCorps, 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).)