**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.

1. What is your occupation? (check all that apply)

\_\_ Social Worker or Child Welfare

\_\_ Social Work Education

\_\_ Social Work or Child Welfare Administration

\_\_ Evaluator or Researcher

\_\_ Retired

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1a. For how many years have you been in this position?

\_\_ 0-3 Years

\_\_ 4-6 Years

\_\_ 7-10 Years

\_\_ More than 10 Years

1. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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

\_\_ University or other social service evaluator

 Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Are you currently a Federal Employee?

\_\_ Yes

 \_\_ No

4a. If “Yes” 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Reviewing 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you worked for an organization that has been a recipient of a Children’s Bureau discretionary 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.

1. 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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Voluntary - With which of the following ethnic classifications do you identify yourself?

\_\_ Hispanic/Latino

\_\_ Not Hispanic/Latino

\_\_ Prefer not to answer

1. 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

1. Voluntary – Gender Identity:

\_\_ Female

\_\_ Male

\_\_ Trans (MTF)

\_\_ Trans (FTM)

\_\_ Genderqueer

\_\_ Other: \_\_\_\_\_\_\_\_\_\_

\_\_ Decline to answer