

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

2. 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 _____

PAPERWORK REDUCTION ACT OF 1995 (Pub. L. 104-13) STATEMENT OF PUBLIC BURDEN: The purpose of this information collection is to register discretionary grant review candidates from which to recruit grant reviewers. Public reporting burden for this collection of information is estimated to average 5 minutes per respondent, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information. This is a voluntary collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information subject to the requirements of the Paperwork Reduction Act of 1995, unless it displays a currently valid OMB control number. The OMB # is 0970-0477 and the expiration date is 06/30/2023. If you have any comments on this collection of information, please contact Jan Rothstein at jan.rothstein@acf.hhs.gov.

3. 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 _____

4. 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 _____

5. 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 _____

6. 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.

7. 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 AANAPISI

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 _____

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

- Hispanic/Latino
- Not Hispanic/Latino
- Prefer not to answer

9. 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

10. Voluntary - Gender Identity:

- Female
- Male
- Trans (MTF)
- Trans (FTM)
- Genderqueer
- Other: _____
- Decline to answer

