

PRS Questionnaire current screen before changes to Gender, Race , Ethnicity fields:

Questionnaire

OMB NO.: 0524-0041

Dear _____

Thank you for your service to USDA National Institute of Food and Agriculture (NIFA) and your community. Please take time to provide your information below as it will assist NIFA in identifying panelists and ensuring our peer review panels have the required expertise while being representative and diverse. Please verify and, if needed, update your information and fill in the fields that may be empty. The information you provide will be used by NIFA in selecting reviewers for grant applications submitted to NIFA programs. In addition, the contact information may be used to update records pertaining to active NIFA grant applications and grants. This information will not be used for any other purpose.

An asterisk (*) indicates a required field.

- Name basic details**

Prefix: Dr.

* First Name:

Middle Name: R

* Last Name:

Suffix:

* E-mail address:

* Phone number: (e.g. 202-456-1414)

* Race:

* Ethnicity:

* Gender:

* Military experience:
- Degree**

What is the highest degree you have earned? Doctoral Degree

In what field? Plant Breeding Plant Genet
- General expertise**

What is your primary expertise? Genetics (includes breeding)
- Detailed expertise**

Please provide some key words describing your specific expertise, e.g., scientific disciplines, courses taught, species/topics studied (such as sheep, red pine, potatoes, nitrogen oxides, fruit, forest soils):
- * Research/Education/Extension/Other appointment. Please classify the proportion of the function of your work: [term definitions](#)**

☐ Research 0 % Research %

☐ Education 0 % Education %

PK-12

Undergraduate

Graduate

Postgraduate

Type* Two-year Postsecondary/Technical

* On some browsers, it may be necessary to hold down either the CONTROL, APPLE, or SHIFT key to select multiple items

☐ Extension 0 % Extension %

☐ Other 0 % Other %
- Organization**

* Organization: Please choose from the list, or add your organization below if it is not on the list.

Your Organization: University of Wisconsin, Madison

Department:

Rank:

Additional Organization Information:

Mail Stop:

Fax number:

Street Address:

* City:

State:

**If Province: Enter After City

* Zip or Postal Code:

* Country: UNITED STATES
- Mailing info**

Address for delivery by courier if different:

Street Address:

City:

State:

**If Province: Enter After City

Zip or Postal Code:

Country: UNITED STATES

URL of personal Web page: (e.g. http://www.yourpage.esu.edu)
- Are you willing to provide written reviews of USDA/NIFA grant applications? Yes or No.**

☒ Yes When? (Choose all that apply)

☐ Winter 2025

☐ Spring 2025

☐ Summer 2025

☐ Fall 2025

☐ Winter 2026

☐ No If you are not available now, would you be willing to review for USDA/NIFA in the future?

Submit

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Paperwork Reduction Act information: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0524-0041. The time required to complete this information collection 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.

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Questionnaire

Change password

Confidentiality

Helpful items

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PRS Questionnaire mock up screen with proposed Gender, Race , Ethnicity field changes:

Questionnaire

OMB NO.: 0524-0041

Dear <FName LName>:

Thank you for your service to USDA National Institute of Food and Agriculture (NIFA) and your community. Please take time to provide your information below as it will assist NIFA in identifying panelists and ensuring our peer review panels have the required expertise while being representative and diverse. Please verify and, if needed, update your information and fill in the fields that may be empty. The information you provide will be used by NIFA in selecting reviewers for grant applications submitted to NIFA programs. In addition, the contact information may be used to update records pertaining to active NIFA grant applications and grants. This information will not be used for any other purpose.

An asterisk (*) indicates a required field.

1. Name basic details

| | |
|------------------------|---------------------|
| Prefix: | Dr. |
| * First Name: | |
| Middle Name: | |
| * Last Name: | |
| Suffix: | |
| * E-mail address: | |
| * Phone number: | (e.g. 202-456-1414) |
| Sex: | Male |
| * Military experience: | Male |
| | Female |

2. What is your race and/or ethnicity?

Which all best describes you? Select all that apply.

| | | | |
|--|---|--|--|
| <input type="checkbox"/> American Indian or Alaska Native | <small>Enter, for example, American Indian, Alaska Native, Hawaiian, or other tribal affiliation of the respondent.</small> | | |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Chinese | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Japanese |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Laotian | <input type="checkbox"/> Cambodian |
| <input type="checkbox"/> Hmong | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Asian | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino | <input type="checkbox"/> Hispanic or Latino |
| <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Middle Eastern or North African | <input type="checkbox"/> Middle Eastern or North African |
| <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander |
| <input type="checkbox"/> White | <input type="checkbox"/> White | <input type="checkbox"/> White | <input type="checkbox"/> White |

3. Degree

| | |
|---|----------------------------|
| What is the highest degree you have earned? | Doctoral Degree |
| In what field? | Plant Breeding Plant Genet |

4. General expertise

| | |
|---------------------------------|------------------------------|
| What is your primary expertise? | Genetics (includes breeding) |
|---------------------------------|------------------------------|

5. Detailed expertise

Please provide some key words describing your specific expertise, e.g., scientific disciplines, courses taught, species/topics studied (such as sheep, red pine, potatoes, nitrogen oxides, fruit, forest soils):

| |
|--|
| |
|--|

6. * Research/Education/Extension/Other appointment. Please classify the proportion of the function of your work: [Term definitions](#)

| | | |
|--|---|-------------|
| <input type="checkbox"/> Research | 0 | Research % |
| <input type="checkbox"/> Education | 0 | Education % |
| Type: PK-12 Undergraduate Graduate Postgraduate Two-year Postsecondary/Technical | | |
| <input type="checkbox"/> Extension | 0 | Extension % |
| <input type="checkbox"/> Other | 0 | Other % |

7. Organization

| | |
|--------------------------------------|---|
| * Organization: | Please choose from the list, or add your organization below if it is not on the list. |
| Your Organization: | University of Wisconsin, Madison |
| Department: | |
| Rank: | |
| Additional Organization Information: | |
| Mail Stop: | |
| Fax number: | |
| Street Address: | |
| * City: | Madison |
| State: | Wisconsin |
| **If Province Enter After City: | |
| * Zip or Postal Code: | |
| * Country: | UNITED STATES |

8. Mailing info

| | |
|--|------------------------------------|
| Address for delivery by courier if different | |
| Street Address: | |
| City: | |
| State: | |
| **If Province Enter After City: | |
| Zip or Postal Code: | |
| Country: | UNITED STATES |
| URL of personal Web page: | (e.g. http://www.yourpage.edu.edu) |

9. Are you willing to provide written reviews of USDA/NIFA grant applications? Yes or No.

| | |
|--------------------------------------|---|
| <input checked="" type="radio"/> Yes | When? (Choose all that apply) |
| | <input type="checkbox"/> Winter 2025 |
| | <input type="checkbox"/> Spring 2025 |
| | <input type="checkbox"/> Summer 2025 |
| | <input type="checkbox"/> Fall 2025 |
| | <input type="checkbox"/> Winter 2026 |
| <input type="radio"/> No | If you are not available now, would you be willing to review for USDA/NIFA in the future? |
| | |

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