

PSEP Reviewer Recruitment Form

2023 CALL FOR REVIEWERS: ACF, OPRE - Prevention Services Evaluation Partnerships: Building Evidence for Mental Health, Substance Use, In-home Parent Skill-based, and Kinship Navigator Programs and Services

We are looking for potential panelists for this funding opportunity: Prevention Services Evaluation Partnerships: Building Evidence for Mental Health, Substance Use, In-home Parent Skill-based, and Kinship Navigator Programs and Services (HHS-2023-ACF-OPRE-FA-0041)

*Response required

- 1. Please upload your current resume or CV*.** Accepted formats: MSWord (doc, docx), Adobe (pdf), txt, rar, zip, jpeg
- 2. First Name*** [text box]
- 3. Last Name*** [text box]
- 4. Email*** [text box]
- 5. Best phone number to reach you*** [text box]
- 6. Organization*** [text box]
- 7. Are you a Federal government employee?***
 - ☐ Yes, I am a Federal employee
 - ☐ No, I am NOT a Federal employee
- 8. State of residence*** [text box]
- 9. Anticipated time zone during review dates ([TBD dates])**
 - ☐ Eastern
 - ☐ Central
 - ☐ Mountain
 - ☐ Pacific
 - ☐ Alaska
 - ☐ Hawaii
- 10. Areas of Expertise*** (Select all that apply):
 - ☐ Research and/or evaluation relevant to (check all that apply):
 - ☐ child abuse and neglect or maltreatment
 - ☐ foster care
 - ☐ mental health prevention and treatment
 - ☐ substance use prevention and treatment
 - ☐ parenting programs and services
 - ☐ kinship navigator programs
 - ☐ Evaluation design
 - ☐ Research methods
 - ☐ Advanced statistical techniques
 - ☐ Measurement
 - ☐ Development and/or implementation of Title IV-E Prevention Services Plans
 - ☐ Lived expertise relevant to child welfare
 - ☐ Preventive services with American Indian and Alaska Native populations

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- ☐ Research with populations that have been historically marginalized and/or have historic or ongoing disproportionate representation in the child welfare system
 - o Please indicate which populations: [text box]
- ☐ If you have “other” expertise, please explain: [text box]
- 11. How familiar are you with the standards and procedures described in the [Title IV-E Prevention Services Clearinghouse Handbook of Standards and Procedures](#)?***
 - o Very familiar
 - o Moderately familiar
 - o A little familiar
 - o Not familiar
- 12. Please confirm that you available the entire review period, from XX-XX (i.e., reviewer/chair orientation on XX; read and prepare comments between XX-XX; participate in a 4-5 hour panel discussion between XX-XX; and revise comments and respond to questions from the Panel Chair through XX).***
 - o Yes, I am available
 - o No, I am NOT available
- 13. Please explain any anticipated scheduling conflicts during the review period (XX-XX)** [text box]
- 14. Are you aware of any anticipated conflicts of interest or circumstances that might cause someone to question your impartiality in serving as a panelist for this competition?** For example, do you, your spouse, parent, minor child, or partner serve as an officer, director, trustee, partner, or employee of, or consultant to, an organization who may submit an application for this competition?
 - o Yes
 - Please describe: [text box]
 - o No
- 15. Have you previously served as a chair on a Federal grant review panel?**
 - o Yes
 - o No
- 16. Would you prefer to serve as a chair or a reviewer?**
 - o No preference
 - o I'd prefer to serve as a chair
 - o I'd prefer to serve as a reviewer

VOLUNTARY QUESTIONS: Diversity of Membership of Peer Review Panels

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 the two questions below. Please note that these

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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.

The information 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.

17. Voluntary - What is your Ethnicity? (Select one or more)

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

18. Voluntary - What is your Race? (Select one or more)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White

Thank you for your interest in serving as a panelist for the Prevention Services Evaluation Partnerships (PSEP) grant review. By submitting this form, you will be entered into a database of potential grant reviewers. You will be contacted later this summer if you have been selected to participate in the PSEP review. You may also be contacted to participate in future grant reviews.

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. OMB Control Number: 0970-0477 Expiration Date: 05/31/2026