

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?

Privacy information: 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.

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.

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.

☐ American Indian or Alaska Native	Enter, for example, American Indian, Alaska Native, Navajo, Hopi, Pima, etc.
☐ Asian	Enter, for example, Chinese, Japanese, Korean, etc.
☐ Black or African American	Enter, for example, African American, Black, etc.
☐ Hispanic or Latino	Enter, for example, Mexican, Puerto Rican, Cuban, etc.
☐ Middle Eastern or North African	Enter, for example, Arab, Iranian, etc.
☐ Native Hawaiian or Other Pacific Islander	Enter, for example, Hawaiian, Samoan, etc.
☐ White	Enter, for example, English, Scottish, Norwegian, etc.

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)
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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):

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

☐ Research	0	Research %
☐ Education	0	Education %
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 %

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.

☒ 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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