

**PARTICIPATION AGREEMENT FOR  
 REVIEWER**

Review Dates: Fri, January 31 – Thurs, February 13, 2014

**Instructions**

1. Read this agreement and print the last page.
2. To indicate agreement, sign and date the last page and return it to the Corporation for National and Community Service (CNCS) no later than Monday, February 3<sup>rd</sup>, 2014.
3. Scan and email a **signed** copy to [PeerReviewers@CNS.gov](mailto:PeerReviewers@CNS.gov), or fax the signed last page to (202) 606-3477 'ATTN: External Review.'

This agreement is subject to the following Terms & Conditions:

1. If the terms of this agreement are not adhered to or if an exception to these terms is introduced through an alternative level of participation, CNCS reserves the right to modify the amount of the honorarium paid.
2. As a Reviewer you are not a federal employee of CNCS, and therefore are not entitled to workman's compensation benefits, unemployment insurance, or any other type of insurance or benefit normally provided to federal employees. In addition, CNCS is not responsible for withholding federal or state income taxes or Social Security from the honorarium paid. By January 31<sup>st</sup>, 2015, you will receive a Form 1099 to report fees paid for IRS tax purposes.
3. By signing this agreement and agreeing to participate in the review of applications, you are providing consent to CNCS to disclose your name, completed review forms, or portions of your completed review forms to applicants and the public after grant announcements are made. As a matter of policy and to the extent allowed by law, CNCS removes the names of Review Participants prior to releasing review forms and comments to applicants and the public.
4. By signing this agreement, you, as a Reviewer are committing to the following review schedule. All orientation and training sessions are **mandatory**:

Schedule	Date Due
Receive panel assignments, download applications from eGrants, review all applications for Conflict of Interest (COI), download COI and Participation Agreement (PA) from eGrants	Available beginning Friday, January 31 <sup>st</sup>
Review the 2014 AmeriCorps Review Handbook and Orientation Sessions ( <i>Pre-Recorded</i> )	Available through the Reviewer Resource Webpage beginning Friday, January 24 <sup>th</sup>
Panel Introduction Call – coordinate with Project Coordinator and Panel members (approx. 45 mins)	Between January 31 <sup>st</sup> and February 3 <sup>rd</sup> ; exact call time determined by each panel
Submit COI Statement and Participation Agreement	Monday, February 3 <sup>rd</sup>
Complete draft Individual Reviewer Forms (IRF) for each application reviewed	Rolling deadlines, complete in sets (prior to each Panel Discussion call)
Panel Discussion Calls (estimated 3 calls)	Call schedule determined by each panel
Revise and submit <i>Final</i> Individual Reviewer Forms for each application reviewed	Rolling deadlines, 2 Sets ( <i>after</i> each panel discussion call); all forms must be submitted no later than Thursday, February 14 <sup>th</sup>

## Reviewer Overview

As a Reviewer, you will carry out your duties and responsibilities under the direction of CNCS staff, including a Grants Application Review Process (GARP) Liaison and Program Officer Liaison (POL). All work must be completed in accordance with published CNCS guidelines and the 2014 AmeriCorps Review Handbook.

Your assessment of the quality of each application must be guided by the specific Selection Criteria and corresponding Standards. Your assessment should reflect your knowledge and understanding of the subject area as it relates to the Selection Criteria.

As a **Reviewer** you will be expected to:

- ◆ Complete all Orientations and training requirements;
- ◆ Check for possible COI upon receipt of panel assignment and applications, and notify your PC and GARP Liaison immediately if any conflicts exist
- ◆ **Sign and send the final page of the Confidentiality and Conflict of Interest Form and the Participation Agreement to CNCS**
- ◆ Maintain the confidentiality of applicants and Review Participants related to this review in a manner consistent with the Confidentiality and Conflict of Interest Form
- ◆ Maintain timely correspondence with your Panel Coordinator, assigned panel members, GARP Liaison, and the CNCS Review Coordinators throughout the review process
- ◆ Uphold a high level of cooperation with the Panel Coordinator and other Review Participants during the review and when receiving feedback
- ◆ Participate in your Panel Introduction Call and all subsequent Panel Discussions Calls
- ◆ Read each application assigned to the panel
- ◆ **Evaluate applications independently of any personal feelings or knowledge you may have about the applicant that is not included in the application**
- ◆ Provide a thorough and objective assessment of each application
- ◆ Complete your Individual Reviewer Form (IRF): all IRFs must meet the specifications and standards set forth in the 2014 AmeriCorps Review Handbook and Orientation sessions
- ◆ Send your completed IRF's to your Panel Coordinator (prior to your Panel Discussions)
- ◆ Participate in the Panel Discussion Calls for each application reviewed
- ◆ **Improve the quality of your IRF's based upon your Panel Coordinator's feedback**
- ◆ Return to your IRF after the Panel Discussion to revise and finalize the ratings and comments
- ◆ Complete the evaluation (on the 2014 AmeriCorps Review Process and your Panel Coordinator's performance) at the conclusion of the review
- ◆ Complete all review duties to the specifications and standards set by CNCS and covered in the training and review materials. The payment of honoraria is subject to the completion of all review duties in accordance with these specifications and standards.

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The following parties accept and agree to the specified Terms & Conditions of the Participation Agreement:

Name (printed):

Signature:

Date (mm/dd/yyyy):

Organization and Affiliation:

By signing this agreement to serve as a **Reviewer**, I consent to and understand that my name may be made public and that completed review forms or portions thereof may be disclosed after grant award announcements are made; and that to the extent allowed by law, my name will not be linked to specific applications or review forms.

Payment Amount: \$700.00

Check this box if you are ineligible (or are declining) to receive payment. (Federal employees that serve as External Reviewers are not eligible to receive payment.)

**For CNCS Use**

Period of Performance:

*Fri, January 31 – Thurs, February 13, 2014*

Office of Grants Policy and Operations, Review Coordinator:

Printed Name: Femi Estrada-Petersen

Signature:

Date:

*(Certifies all requirements for this review have been met by the Reviewer)*

Office of the Chief Financial Officer, Executive Officer:

Printed Name: Stephen Elias *or designee*

Signature:

Date:

*(Certifies Reviewer is paid from funds delineated for this purpose)*