

## PARTICIPATION AGREEMENT FOR REVIEWERS 2017 DAY OF SERVICE REVIEW

**Review Dates: March 8 – March 20, 2017**

- Instructions:**
1. Read and print this document for easy reference throughout the review.
  2. To indicate agreement, sign and date the last page of the agreement.
  3. Scan and email the **signed** agreement to [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) by **Wednesday, March 8, 2017**.

By consenting to participate in this CNCS Grant Application Review Process (GARP), you are agreeing that you will complete your review activities consistent with the following review schedule. All orientation and training sessions are **mandatory**.

| Activities   | Schedule/Date Due  |
|--|--|
| Review all training and resource materials on the Reviewer Resource Webpage  | Available via email beginning <b>Friday, March 3, 2017</b>   |
| Participate in Live Training Call with CNCS  | <b>Monday, March 6, 2017 at 1pm Eastern Time</b>   |
| Sign and submit Confidentiality & Conflict of Interest Form and Participation Agreement  | No later than <b>Wednesday, March 8, 2017</b>  |
| Receive applications in Panel Assignment email   | <b>Tuesday, March 7, 2017</b>  |
| Preview applications and report any COIs to <a href="mailto:PeerReviewers@cns.gov">PeerReviewers@cns.gov</a>   | <b>Afternoon of Wednesday, March 8, 2017</b>   |
| Review and assess all assigned applications. Complete a draft Individual Reviewer Form (IRF) for each application.   | Prior to the Panel Discussion Calls<br><b>(March 8<sup>th</sup> – March 16<sup>th</sup>, 2017)</b>   |
| Review Check-in Call   | <b>Thursday, March 9, 2017 at 1pm Eastern Time</b>   |
| Panel Discussion Calls   | Call(s) scheduled between the two panelists<br><b>March 8<sup>th</sup> – March 16<sup>th</sup>, 2017</b>   |
| Submit IRFs to the Program Officer Liaison (POL) for review. Feedback may be provided.   | All forms should be submitted for initial review <b>no later than 12:00pm Eastern Time on Friday, March 17, 2017</b> . The POL will either provide feedback or approve as final. |
| Review POL feedback and revise IRF, if necessary. Submit <i>final</i> IRFs for each application reviewed. POL will submit final approved IRF to GARP Liaison and cc you. | All forms must be submitted as <i>final</i> no later than <b>5pm Eastern Time on Monday, March 20, 2017</b>  |
| Close-Out: confirm review responsibilities are complete  | <b>Monday, March 20, 2017</b>  |

### 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. You must complete all your work in accordance with published CNCS guidelines and review resources.

You must assess the application using the specific review criteria. Reviewers are selected and confirmed based on their appropriate qualifications and expertise. Use your experience and expertise to assess how the application addresses the criteria.

Before the review process begins, **Reviewers** are required to:

- **Complete the review preparation, and read the guidance materials.**
- Check for possible Conflicts of Interest (COI) upon receipt of organization names, and notify your GARP Liaison immediately of any potential conflicts, and if any arise during your participation.

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### **2017 DAY OF SERVICE REVIEW**

- **Sign and submit the final page of the Confidentiality & COI Form and the Participation Agreement to CNCS.**

Once the review process begins, **Reviewers** are required to:

- Maintain the confidentiality of information about applicants and Review Participants related to this review in a manner consistent with the Confidentiality & COI Form.
- At any time in the review, immediately report any concerns about potential COIs that arise throughout the review.
- Be timely in your correspondence with your assigned panel member, GARP Liaison, and the CNCS Program Office Liaison throughout the review process.
- Fully cooperate with the other Review Participants during the review and when receiving feedback.
- Read each application assigned to the panel.
- **Assess applications objectively – independent of any personal feelings or knowledge you may have about the applicant that is not included in the application.**
- Conduct a thorough and objective assessment of each application.
- Complete your draft IRF consistent with the specifications and standards set forth in the review guidance.
- Participate in your Panel Discussion Calls.
- Return to your IRF after the panel discussion to revise and finalize your results.
- Complete all review duties consistent with the specifications and standards set by CNCS and covered in the review guidance.

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Scan and email the **signed** agreement to [PeerReviewers@cns.gov](mailto:PeerReviewers@cns.gov) by **Wednesday, March 8, 2017**.

*If you do not adhere to the terms of this Agreement or an exception is made to these terms due to an alternative level of participation, CNCS reserves the right to modify or withhold the amount of the honorarium.*

*Your participation in this CNCS grant application review process does not make you an employee of CNCS or of the federal government, 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. CNCS will issue a Form 1099 to report the payment of any honorarium to you, the Internal Review Service, and any required State taxing authority.*

*By signing this agreement, you consent to and understand that CNCS may make your name public per agency policy, and that your completed review forms (or portions thereof) may be disclosed after CNCS announces its grant awards.*

*To the extent allowed by law, CNCS will not disclose your association with any specific applications or review forms.*

**I agree to participate in this CNCS Grant Application Review Process and to abide by the terms and conditions of this Agreement.**

**Name (printed):**

**Signature:**

**Date (MM/DD/YYYY):**

**Organization and Affiliation:**

|   |   |
|---|---|
| <b>Payment Amount: \$800.00</b>             | <input type="checkbox"/> <b>Check this box if you are ineligible (or are declining) to receive payment.</b> <i>(Federal employees that serve as Review Participants are not eligible to receive payment.)</i> |
| <b>Adjusted Payment Amount:</b><br>\$ _____ | <input type="checkbox"/> <b>Review Coordinator</b> initial if honorarium has been modified as specified.  |
| <b>Reason:</b>                              |   |

**For CNCS Use**

**Period of Performance:**

*March 8 - 20, 2017*

**Office of Grants Policy and Operations, Review Coordinator:**

|                                     |                   |       |
|-------------------------------------|-------------------|-------|
| Printed Name: Femi Estrada-Petersen | <i>Signature:</i> | 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<br>(or designee) | <i>Signature:</i> | Date: |
|--|-------------------|-------|

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