



## CORPORATION FOR NATIONAL AND COMMUNITY SERVICE

### EXTERNAL REVIEWER PARTICIPATION AGREEMENT FY2014 RSVP GRANT COMPETITION BLENDED REVIEW

**Review Dates: Tuesday, September 24 – Friday, October 11, 2013**

#### **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 September 25, 2013
3. Fax the signed last page to (202) 606-3475 'ATTN: 2014 RSVP Review' or email a scanned copy to [PeerReviewers@CNS.gov](mailto:PeerReviewers@CNS.gov).

This agreement is subject to the following Terms & Conditions:

1. If the terms of this agreement are not adhered to, we reserve the right to modify the amount of the honorarium paid. <sup>[1]</sup>
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. If you receive an honorarium for your participation: by January 31, 2014, 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 are committing to the following review schedule. All orientation, education, and training sessions are **mandatory**.

Schedule & Deliverables	Date Due
Access CNCS Webpage for forms and training materials	Available beginning Thursday, September 12
Review the 2014 RSVP Review Handbook and Orientation Modules ( <i>Pre-Recorded</i> )	Available on CNCS Webpage, beginning Thursday, September 12
Final Live Orientation Session ( <i>Webinar, Live Call; also Recorded</i> )	Monday, September 23 at 1:00 p.m. ET
Panel Introduction Call – coordinated with Panel Coordinator (approx 45 mins)	Between September 24 and September 26, 2013; exact call time determined by each panel
Complete draft Individual Reviewer Form (IRF) for each application reviewed	Rolling deadlines, 3 Sets ( <i>prior</i> to each panel discussion call)
Panel Discussion Calls (estimated 3 - 4 calls)	Call schedule determined by each panel
Revise and submit <i>Final</i> Individual Reviewer Form for each application reviewed	Rolling deadlines, 3 Sets ( <i>after</i> each panel discussion call); all forms must be submitted no later than October 11, 2013.

Schedule & Deliverables	Date Due
Submit as the Lead Reviewer the Panel Discussion Report for the applications you are the discussion leader	Rolling deadlines, 2-3 forms (submitted after each discussion call) all forms must be final no later than October 11, 2013

## Reviewer Overview

To serve as a Reviewer, you will carry out your duties and responsibilities under the direction of CNCS staff and Grants Application Review Process (GARP) Liaison. All work must be completed in accordance with published CNCS guidelines and the FY2014 RSVP Blended Review Handbook.

Your panel's assessment of the quality of each application must be guided by the specific Selection Criteria that you are provided and should reflect your knowledge and understanding of the subject area.

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 the GARP Liaison immediately if any conflicts exist for you;
  - **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 COI Form;
- ◆ Uphold a high level of cooperation with GARP Liaison and Program Officer Liaison during the review and iterations of feedback;
- ◆ Participate in your Panel Introduction Call and all subsequent Panel Discussion Calls;
- ◆ Read each application assigned to your 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 appraisal of each application;
- ◆ Complete your Individual Reviewer Form (IRF);
- ◆ All IRFs must meet the specifications and standards set in the FY2014 RSVP Blended Review Handbook and Orientation sessions;
- ◆ **Improve the quality of your IRF's based on your Program Officer Liaison's (POL) feedback;**
- ◆ Participate in the Panel Discussion Calls of each application with your panel members;
- ◆ Return to your IRF to revise and finalize the score and comments after the Panel Discussion;
- ◆ Maintain timely correspondence with your Panel Coordinator, fellow panel members, GARP Liaison, POL, and the CNCS Review Administrators throughout the review process;
- ◆ Complete the evaluation (on the FY14 RSVP Grant Competition and your Panel Coordinator's performance) at the conclusion of the review; and
- ◆ 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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By signing this agreement, you agree that your name, contact information, and organization 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.

The following party accepts and agrees to the specified Terms & Conditions of the Participation Agreement.

Name (printed):

Signature:

Date (mm/dd/yyyy):

Organization and/or Affiliation:

Payment Amount: \$800.00

Check this box if you are ineligible (or are declining) to receive honorarium. (Federal employees are not eligible to receive honorarium.)

Adjusted Payment Amount: \$ \_\_\_\_\_

Reason:

\_\_\_\_\_ ] Review Administrator initial if honorarium will need to be modified as specified <sup>[1]</sup>

#### For Corporation Use

Period of Performance:

Tuesday, September 24 – Friday, October 11, 2013

Office of Grants Policy and Operations Review Administrator:

Printed Name: James Willie

Signature:

Date:

(Affirms Reviewer will receive an honorarium, if requirements of this agreement are satisfactorily met).

Office of the Chief Financial Officer:

Printed Name:

Signature:

Date:

(Attests the funds for the work are necessary, and if available payment shall be made.)