

2015 Social Innovation Fund (SIF) External Review

Participation Agreement for **Alternate Panel Coordinator**

Review Dates: Thursday, April 2 – Friday, April 17, 2015

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 **noon Monday April 6, 2015**.
- 3) Scan and email a **signed** copy to PeerReviewers@CNS.gov or fax the **signed** last page to **(202) 606-3475 'ATTN: 2015 SIF External Review.'**

As an **Alternate Panel Coordinator**, your responsibilities for the review preparation period are identical to the responsibilities of participating Panel Coordinators – **all orientation sessions and training requirements must be completed on time**. This is because at some point during an External Review, we may select an Alternate Panel Coordinator to join an ongoing panel to ensure the continuity of the review.

As an Alternate Panel Coordinator, you are required to:

- Read the 2015 Social Innovation Fund (SIF) External Review Handbook, Panel Coordinator Supplemental Review Handbook, and training materials.
- Complete **all** orientation sessions by their respective deadlines.
- **Maintain availability throughout the entire review period.** Alternate Panel Coordinators should be prepared to join the review with only 1-2 days' notice in the event that someone drops out.

The **Alternate Panel Coordinator** role is a standby position, designed to be prepared and available to join the review as needed. Thus, the following conditions apply:

- If contacted to join the review, your role will be updated to (participating) Panel Coordinator. Your role responsibilities will broaden to include successful review participation, and you will be eligible for the full Panel Coordinator honorarium of \$1500. Once your role is changed to Panel Coordinator, you are required to complete all review duties to the 2015 Social Innovation Fund (SIF) specifications and standards set by CNCS (as outlined in the Participation Agreement for Panel Coordinator).
- If you do not complete the orientations to prepare for the review, or if you are called on to join the review and are unavailable: you will void the purpose of the Alternate Panel Coordinator role, and thus will not receive the Alternate Panel Coordinator honorarium.
- If you successfully complete all the **Alternate Panel Coordinator** requirements and are *not* called on to participate, you will qualify for a \$300 retention honorarium.

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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:

Payment Amount: \$300.00	<input type="checkbox"/> Check this box if you are ineligible (or are declining) to receive payment. <i>(Federal employees that serve as External Reviewers are not eligible to receive payment.)</i>
Adjusted Payment Amount: \$ _____	<input type="text"/> Review Coordinator initial if honorarium has been modified as specified.
Reason:	

For CNCS Use

Period of Performance:

Thursday, April 2 – Friday, April 17, 2015

Office of Grants Policy and Operations, Review Coordinator:

Printed Name: James Willie

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)