

## **Iowa 21<sup>st</sup> Century Community Learning Centers FY18 Grant Reviewer and Facilitator Application**

The Iowa Department of Education uses a peer review process to score applications for 21<sup>st</sup> Century Community Learning Centers grants. This process is used to ensure quality proposals are selected for funding. The Iowa Department of Education is currently seeking qualified individuals with diverse expertise, geographic, gender, racial, and ethnic representation to participate as individual grant reviewers and team facilitators in the peer review process. The best reviewers will be individuals who are familiar with high quality youth programs in communities, schools, faith-based organizations and other organizations. The best facilitators will be individuals familiar with adult group dynamics, reaching consensus, and federal grant requirements and expectations. Examples of the types of individuals we are seeking include (but are not limited to):

- Experts in extended learning and out-of-school time practitioners
- Teachers, principals, and para-educators
- Youth development experts and practitioners
- Community and youth service providers
- Representatives of faith-based organizations
- Representatives from foundations and other charitable organizations
- College and university staff

### **Reviewer and Facilitator Expectations**

Reviewers are expected to provide well-written comments for every scoring criterion. This is a requirement and will be monitored for compliance. Facilitators are expected to familiarize themselves with all written comments and scores and will be expected to lead all individual grant reviewers through consensus scoring while ensuring sufficient documentation of the process. Please see the separate expectations document for further details.

### **Reviewer and Facilitator Compensation**

Contingent upon your in-person attendance at the Reviewers and Facilitators Conference, there is a stipend of \$250 for participating as an individual peer reviewer for the Iowa 21<sup>st</sup> Century Community Learning Centers. Team facilitators will be provided a \$300 stipend. The Iowa Department of Education will also reimburse reviewers and facilitators up to \$65 for one night hotel stay and your mileage to and from West Des Moines at \$.39 per mile. You must be traveling outside of a 90-mile radius of West Des Moines, Iowa, to receive travel reimbursement.

Participating in the peer review process is an opportunity to not only help the State of Iowa expand access to high quality afterschool programming across the state, but also an opportunity to review new program models, strategies, and practices in out-of-school time. Your work will serve the children, youth, and families of the state of Iowa in many different ways. While State of Iowa employees can participate, as either readers or facilitators, they cannot be compensated. Iowa Department of Education employees; however, can only serve as facilitators, and not grant readers.

**Thank you for your interest.**

### Application

If you have any questions, please contact Michelle Rich, Iowa Afterschool Alliance, at [mrich@sppg.com](mailto:mrich@sppg.com) or 515-237-0328.

I am applying to serve as a (check one):  Facilitator  Reviewer

## APPLICANT INFORMATION

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address (for mailing materials and reimbursement): \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Email Address: \_\_\_\_\_

Highest Degree Received: \_\_\_\_\_

Do you have any experience reviewing local, state or federal competitive applications?  Yes  No

Have you been involved in writing any local, state or federal competitive applications?  Yes  No

[Facilitators only] Do you have experience with facilitation of small or large groups of adults?  Yes  No

Do you currently have a relationship with an organization submitting a 21CCLC application?  Yes  No

IF YES, YOU ARE NOT ALLOWED TO PARTICIPATE IN THE PEER REVIEW (ESSA). DO NOT CONTINUE.

## PROFESSIONAL AND PERSONAL EXPERIENCE

The Iowa Department of Education will select reviewers and facilitators based upon their professional and personal experiences as it relates to the goal, purpose, and needs of the 21<sup>st</sup> Century Community Learning Centers (21<sup>st</sup> CCLC) Grant Program. **Please indicate your experience and background.**

### 21<sup>st</sup> CENTURY COMMUNITY LEARNING CENTER PROGRAM EXPERIENCE

Please indicate if you have any direct experience with the 21<sup>st</sup> Century Community Learning Center Program in the following capacities:

21<sup>st</sup> CCLC State Director/SEA Staff

21<sup>st</sup> CCLC Project Director/Coordinator

Current Subgrantee

Parent and/or Parent Liaison

### GRANT WRITING AND/OR REVIEW EXPERIENCE

Please list any grants that you have reviewed or helped to write in the past:


**FACILITATION EXPERIENCE**

Please provide an overview of your history facilitating small and/or large groups of adults to reach consensus (does not necessarily have to be grant-specific):


**OTHER AREAS OF EXPERTISE**

Please check all that apply. I have experience and/or expertise in the following:			<b>Check level(s) at which you have experience and enter the number of years at that level</b>		
			<u>Level</u>	<u># of Years</u>	
<input type="checkbox"/>	Title 1 Students	<input type="checkbox"/>	Youth Development	Early Childhood/Preschool	
<input type="checkbox"/>	After School Programs	<input type="checkbox"/>	Special Education Instruction	Elementary School	
<input type="checkbox"/>	Summer Programs	<input type="checkbox"/>	LEP/NEP Instruction	Middle School	
<input type="checkbox"/>	Reading/Writing/Language Arts	<input type="checkbox"/>	Family Literacy program	High School	
<input type="checkbox"/>	Mathematics	<input type="checkbox"/>	Academic Enrichment Programs	K-12	
<input type="checkbox"/>	Science Education	<input type="checkbox"/>	Character Education Instruction	Postsecondary	
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Drug/Violence Prevention Programs	List other areas of expertise:	
<input type="checkbox"/>	Homework Help	<input type="checkbox"/>	Health/Physical Education		
<input type="checkbox"/>	Cultural (Art, Music, etc.) Activities	<input type="checkbox"/>	Educational Leadership		
<input type="checkbox"/>	Technology Instruction/Activities	<input type="checkbox"/>	Non-profit Management		
<input type="checkbox"/>	Service Learning	<input type="checkbox"/>	Fiscal Reviews		

Please explain what qualities you bring to the grant review process.

## DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to selection as a reviewer for the 21<sup>st</sup> CCLC grant competition, I understand that false or misleading information in my application may result in my disqualification from candidacy or my release from the review panel.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**THE IOWA DEPARTMENT OF EDUCATION IS COMMITTED TO ENSURING A FAIR, EQUITABLE, AND TRANSPARENT GRANT REVIEW PROCESS. AS A POTENTIAL GRANT REVIEWER, PLEASE LOOK OVER THE FOLLOWING EXAMPLES OF POSSIBLE CONFLICTS OF INTEREST TO DETERMINE YOUR ELIGIBILITY TO PARTICIPATE IN THIS PROGRAM.**

**1. YOUR AFFILIATIONS WITH AN APPLICANT INSTITUTION.**

A conflict may exist if you or an immediate family member(s) are:

- Currently employed, in any capacity, with the applicant institution.
- Previously employed with the applicant institution within the last 12 months.
- Being considered for employment with the applicant institution.
- Re-employed, through a formal or informal arrangement, with the applicant institution.
- Owner(s) of securities of firms involved in the proposal or application.
- Member(s) on a visiting committee or similar body at the applicant institution.
- Holder(s) of an office, governing board member(s), or relevant committee chairperson in the applicant institution. (Ordinary membership in a professional society or association is not considered an office.)
- Receiver(s) and retainer(s) of an honorarium or award from the applicant institution within the last 12 months.

**2. YOUR RELATIONSHIP WITH A PERSON WHO HAS A PERSONAL INTEREST IN THE PROPOSAL OR OTHER APPLICATION.**

A conflict may exist if you have a:

- Known family relationship as spouse, child, sibling, or parent.
- Business or professional partnership.
- Past or present association as thesis advisor or thesis student.
- Collaboration on a project or on a book, article, report, or paper within the last 48 months.
- Co-editing of a journal, compendium, or conference proceedings within the last 24 months.

**3. AFFILIATIONS OR RELATIONSHIPS ARE DEFINED AS:**

- Your spouse, minor child, a relative living in your immediate household or of anyone who is legally your partner that you are aware of.
- Other relationship(s), such as close personal friendship, that you think might tend to affect your judgment or be seen as doing so by a reasonable person familiar with the relationship.

**Iowa Department of Education**

**CONFLICT OF INTEREST AND NON-DISCLOSURE STATEMENT**

I agree that I will not discuss with, or reveal to, any representative of any business organization or entity, or any individual person either within or outside of Iowa, any aspects of any current, pending or upcoming grant competition. The term “any aspects” includes, but is not limited to, information such as the identity and number of applicants, the technical evaluation plan, the ranking of the proposals, the number and identity of DE personnel on the evaluation committee, the schedule of key events in the evaluation committee’s work and any information, including technical cost or price, submitted as a part of any application. Except as specifically authorized by the Iowa Department of Education (DE) designee, the release of such information constitutes the unauthorized release of grant competition information and is subject to personnel action and/or dismissal.

I recognize that a significant factor in the successful and proper completion of the grant competition process is the strict confidentiality observed by all staff concerning all of the activities and procedures involved in the selection of reviewers, and that failure to comply with these requirements may compromise the ultimate selection and may be grounds for protests or termination.

I further affirm that in the event that any business entity, either as a prime or subcontractor, in which I or any member of my family or household have holdings, financial interest, an employment relationship or a prospective employment relationship, of whatever nature and to whatever extent, submit an application, proposal or bid in response to any grant competition for which I have or might have any involvement, I will notify the Department of Education designee in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Please return a copy of this form with your completed application to [mrich@sppg.com](mailto:mrich@sppg.com). Thank you.