IMMEDIATE CALL FOR REVIEWERS

Grant Review Opportunities at the U.S. Department of Health and Human Services

The three centers of the Substance Abuse and Mental Health Services Administration (SAMHSA) are seeking professionals to evaluate applications for Federal grants. Applications will be accepted at any time. However, if you wish to be considered for the FY 2004 grant cycle, applications must be received by June 30, 2004. Persons who have previously served as SAMHSA grant reviewers do not need to resubmit.

SAMHSA reviewers must have related program experience and education, be able to analyze grant applications effectively against specific criteria, be able to express their evaluation clearly in writing, and be interested in contributing to the advancement of knowledge. Specifically, the agency is interested in reviewers with the following specific program experience and knowledge:

- Individuals with background in mental health services and knowledge of community-based systems of care and services for adults with serious mental illnesses and children with serious emotional disturbances.
- Individuals with background and knowledge of substance abuse prevention, who have expertise or experience in working with activities that discourage substance abuse and behaviors increasing the risk of substance abuse.
- Individuals with expertise in evidence-based effective substance abuse treatment services, programs and activities.

Grant reviewers gain many skills out of their experience such as:

- Understanding of the grant-making process
- Opportunity to network with colleagues
- · Chance to exercise professional judgment and expertise
- · Intellectual challenge

Reviewers are chosen for particular grant programs, based on their knowledge, education and experience. Applicants being considered to serve as reviewers will receive a telephone call to explain their review responsibilities.

Minimum requirements for Grant Reviewers: Must be willing and able to read and evaluate approximately 1000 pages of typed text spread out across several days. Must be able to provide both written and oral evaluative comments based on professional knowledge measured against published criteria - not personal opinion. As a team member working under the leadership of a Chairperson, must be able to listen attentively to the input of other panelists, engage in discussion, bridge differences, and work with the Chairperson to synthesize evaluative comments. Must have the highest personal standards of ethically reviewing proprietary information, maintaining confidentiality, and avoiding any conflict of interest. Expertise in the subject area to be reviewed is a must.

Minimum requirements for Chairpersons: Must have good communication skills (oral and written). Must have high level of comfort facilitating a group process toward a specific goal in a time-limited situation. Must manage paperwork well and be able to synthesize information from a variety of written and conversational sources. Must have the highest personal standards of ethically reviewing proprietary information, maintaining confidentiality and avoiding any conflict of interest. Experience being a SAMHSA reviewer is required. Expertise in the area to be reviewed is a plus.

Selected reviewers will be precluded from reviewing any application for which they may have a potential conflict of interest, including reviewing in priority areas to which they or their affiliated organizations have applied.

Grant reviews are usually completed by conference call and time commitments vary based on grants being reviewed. Some grant reviews will require on-site meetings, generally in the Washington, DC area.

Reviewers selected will receive taxable compensation for their services.

Applicants who wish to serve as <u>new SAMHSA</u> grant reviewers are asked to submit the completed application and their resume in one of the three ways listed below. If you have questions, you may contact the SAMHSA Grants Review Office at 301-443-4266.

Application Procedures

There are three ways to apply:

- **1. Online**: You may fill out our <u>online application by clicking here</u>. If you use this option, you must also submit your resume by e-mail or regular mail to the address shown below.
- **2. Via E-mail:** You may use the Word version of our application format and submit it by e-mail to reviewer@samhsa.gov or regular mail, along with your resume.
- **3. Regular Mail:** If you do not submit online or by e-mail, please send hard copy of the application and/or resume to:

SAMHSA Grants Review Office Room 17-89, Parklawn Building 5600 Fishers Lane Rockville, MD 20857

Form Approved OMB No. 0930-0255 Approval expires: June 30, 2004

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to SAMHSA Reports Clearance Officer; Paperwork Reduction Project (0930-0255); Room 16-105, Parklawn Building; 5600 Fishers Lane, Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0255.

REVIEWER CONTACT INFORMATION

First Name:	Last Name:			
Home Street Address:				
	Home State:			
Home Phone: ()	Home Email: _			
Home Fax: ()				
Organization:				
Title (If Applicable):				
Work Street Address:				
Work City:	Work State:	Zip Code		
Work Phone: ()	Work Email:			

Additiona	ll Contact Number (cell p	hone): () _		
Preferred	Contact Method:	_ Phone	Emai	il
Preferred	Contact Location:	_ Home	Work	Alternate
REVIEV	WER INFORMATION	N AND EXPE	RTISE	
Ethnicity	Hispanic/Latino Not Hispanic/Lat	ino		
Race (Se	elect one or more) American Indian Asian Black or African A Native Hawaiian o White	merican		
Gender	Male Female			
Professio	onal Affiliation (Select on Community Base Consultant Consumer Faith Based orga Government Research Service Delivery University	d organization	(Specify)	
	Other		(Specify)	
Level 1 G general e	General Expertise Plea Expertise	ase select the o	ne area that best de	scribes your
	Substance Abuse			
	Substance Abuse	Treatment		
	Mental Health			

Level 2 Expertise -- Please choose no more than 4 areas that describe your specific level of expertise ____ State systems ____ Research/Evaluation ____ Criminal Justice ____ Faith based and community approaches ____ Program planning/management ____ HIV/AIDS ____ Adolescents ____ Alcohol ____ Fetal Alcohol Syndrome ____ Crack/Cocaine ____ Ecstasy ____ Heroin ____ Marijuana ____ Methadone Treatment ____ Methamphetamine ____ OxyContin ____ Co-occurring Substance Abuse and Mental Health ____ Children's Mental Health ____ Traumatic Stress ____ Seriously Mental III Adults ____ Violence ____ Counseling ____ Other_____(Specify) Grant Reviewing Experience (Select one) ____ Experienced SAMHSA reviewer ____ Experienced Federal reviewer ____ Experienced Non-Federal reviewer ____ Limited/No review history Please describe your experience in grant reviewing, listed from most recent to least recent. Please include dates, location, agency and topic. Remember to also send your resume by: Email to: reviewer@samhsa.gov OR Regular mail to: SAMHSA Grants Review Office Room 17-89, Parklawn Building 5600 Fishers Lane

Rockville, MD 20857