



Kentucky Office of Homeland Security
FY2009 HSGP Peer Reviewer Information Sheet

Name & Title: _____

Agency/Organization: _____

Employer Address: _____

Office Phone Number: _____

Alternative Phone Number: _____

Fax Number: _____

Email Address: _____

Emergency Number: _____

Emergency Contact: _____

Please SELECT ONE of the following position types to describe your occupation:

- Strategic/Policy _____
- Leadership _____
- Programmatic _____
- Operational _____
- Training _____
- Other _____

If other was chosen, please specify below:

Please briefly describe your current position and job responsibilities:

Do you have experience with FY08 funding priority: improvised explosive device (IED) attack deterrence, prevention and protection capabilities?

Yes _____

No _____

If yes, please explain: _____

Do you have experience with preparedness planning which covers prevention, protection, response, and recovery activities?

Yes _____

No _____

If yes, please explain: _____

Do you have previous DHS/KOHS grant review process experience?

Yes _____

No _____

If yes, please explain: _____

Do you have experience completing an HSGP application?

Yes _____

No _____

If yes, in what capacity? _____ Application Writer

_____ Application Peer Reviewer (not peer reviewer)

_____ Other

If other, please specify: _____

Expertise: Please select up to five (5) target capability areas that best describe your most significant area(s) of expertise. For additional information on each target capability, please see <http://www.llis.gov>.

<u>Mission Area</u>	<u>Target Capabilities</u>	<u>Years of Relevant Experience</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Reviewer Expectation:

- Reviewers will be expected to participate in training session
- Reviewers will be asked to review any relevant supporting documents
- Reviewers must be available to participate in a one-week, in-person, panel review conference to review and discuss their assigned investment Justifications and compile feedback to be returned to applicants.

Timeline:

- Selected reviewers and alternates contacted: mid May 2009
- Training: first day of in-person conference
- Peer review in-person conference: June 15-17, 2009

As a potential peer reviewer, I certify that if selected, I agree to complete any preparatory work, attend the panel conference in its entirety, and fully and openly participate in the panel conference discussions. I also certify that I have informed my supervisor about my candidacy as a potential peer reviewer.

Signature: _____

Date: _____