



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: \_\_\_\_\_