



Philip D. Murphy  
*Governor*

Sheila Y. Oliver  
*Lt. Governor*

State of New Jersey  
Department of State  
Center for Hispanic Policy,  
Research and Development  
Post Office Box 456  
Trenton, New Jersey 08625-0456

Tahesha Way  
*Secretary of State*

Sara Peña  
*Director*

## Peer Reviewer Application

Thank you for your interest in serving as a Peer Reviewer for the Center for Hispanic Policy, Research and Development (CHPRD) grant review and application process. This is an excellent opportunity to learn more about the grant-making process, develop your own grant-writing skills, and contribute your knowledge and experience to our efforts to select high-quality programs for CHPRD funding. To apply, you will need to complete the contact information and application questions below. Dates are subject to change.

Peer Reviewers must be available to read, score, and deliberate between 10 - 15 applications from May 2019 through June 2019, and discuss the outcome via on-site final deliberation meetings or via conference calls.

To conduct an initial in-home review and submit initial scores via the System for Administering Grants Electronically (SAGE). Dates to be determined.

To attend and on-site final deliberation meetings or Conference calls for deliberations and scoring at our Trenton Office between May 2019 – June 2019.

Reviewers must also be available for post deliberation follow up phone calls should a clarification be required.

You will be expected to provide detailed written responses concerning your review and score as well as participate in on-site meetings and/or conference call to discuss your scoring with the CHPRD staff. Potential reviewers are required to submit applications to the CHPRD by March 22, 2019. Please be aware that dates are subject to change.



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**CONTACT INFORMATION**

Name:

Current Profession:

Position Held:

Mailing Address:

Phone:

Email:

**APPLICATION INFORMATION**

Please indicate the issue area(s) that best fit your background, interests, and/or expertise by marking the appropriate box below:

*\*Please note peer reviewers may be assigned grant applications that are not in their specified issue areas. Please attached an additional sheet of paper if needed.*

- Hispanic Entrepreneurship
- Work Force Development
- Immigration Services
- Services for At-Risk Children
- Healthy Futures
- Mental Health Services
- Senior Services

1. If you have served as a Peer Reviewer for any New Jersey or Federal Grant Programs in the past three years, please indicate when and with whom. If you have never served as a Peer Reviewer for the CHPRD type, N/A.
2. Please briefly share why you are interested in being a Peer Reviewer for the CHPRD.





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6. Have you provided technical assistance and/or consultative services to organizations that will be submitting applications for the upcoming CHPRD grant application process?

Yes:  No:

7.

Are you available to read and score 10 applications at home and in Trenton, NJ within the allotted time Yes:  No:

**Please submit your application to CHPRD.**

1. Email your application to [maria.miranda@sos.nj.gov](mailto:maria.miranda@sos.nj.gov)
2. Subject line: Peer Review Application
3. In the Body of the Email: List your Name

**If you have any questions, please contact Maria (609)943-4990.**