

Instructions: Please submit the completed application and signed conflict of interest statement by emailing them to Amanda Lopez at A.Lopez@Transformconsultinggroup.com. **Applications are due no later than Friday, December 18th.** If you have any questions, please contact Amanda Lopez at A.Lopez@transformconsultinggroup.com. Reviewers will be notified of their status by Wednesday, December 30th.

Applicant Information		
Name:		
Male/Female:	Date of Birth:	
County of Residence:	Highest Degree Completed::	
Employment Information		
Current employer:		
Position:	How long?	
Phone:	E-mail:	
Work Address (street):		
City:	State:	ZIP Code:
Experience		
Do you have any experience writing or reviewing grant applications? Please describe.		
Do you have experience or training in early childhood education? Please describe.		
Please list all early childhood organizations (providers) in Indiana that you have worked with directly.		
If you are selected as a grant reviewer, can you commit to the following? Yes or No [Training via webinar week of January 5 th ; Individual review of assigned grants from January 19 th – February 5 th .]		
Is there any additional information you would like for us to know as we consider your application to review EEMG grant applications? Please indicate below:		
References		
Name:	Address:	Phone:
I certify that the above information is true and correct to the best of my knowledge and ability. I understand that answers found to be incomplete or inaccurate may eliminate me from becoming an EEMG grant reviewer.		
Signature of Applicant:		Date: