

Call for Reviewers for the FY 09 Preschool for All Children Prevention Initiative Ages 0-3 Request for Proposals

- Reviewers should be available to read between May 19 June 2, 2008 exact dates and length of commitment will depend on the number of proposals and number of readers.
- Each reader will have approximately 10 proposals to review.
- Each reader reviews his/her proposals individually but may consult with other readers on his/her review team as needed. The team does not have to meet.
- Proposals, review rubrics and instructions will be mailed to reviewers.
- A reader orientation conference call will be scheduled participation is required.
- A toll free number and passcode for the conference call will be e-mailed to each reviewer.
- Anyone responding to this request will be notified by email whether or not their services are needed for this activity.
- Those not selected to review this RFP will be considered for future proposal review opportunities.
- Readers will be selected based on their individual qualifications and number of proposals received.

To Apply

- If you applied to be a reader last year, send an email to earlychi@isbe.net by Friday, April 25, 2008 stating that you are interested in being a reader this year and have previously sent in an application and resume. In the email, include the address where you would like your materials sent and any geographic areas that may present a conflict of interest.
- If you have never applied to be a reader, please complete the attached application and send it <u>along with your resume</u> by Friday, April 25, 2008. The application and resume can either be faxed to 217/785-7849 or emailed to <u>earlychi@isbe.net</u>: If you wish to mail them send the forms to the following address:

Illinois State Board of Education Early Childhood Division Attn: 0-3 Reviewer 100 North First Street, E-225 Springfield, IL 62777

In submitting this application you are committing your time and expertise to complete the review of approximately 10 proposals.

If you have questions or need more information, please contact Alicia Lynch-Deatherage at 217/524-4835. Thank you for your time and expertise!



FY 2009 REQUEST FOR PROPOSALS Preschool for All Children Prevention Initiative Ages 0-3

	Last Name:	First Name:		
	Where would you like your m	naterials sent?:	Program	Home
	Program Name:			
-	Program Address:	City/Zip Code:		
	Phone Number:	Email:		
	Home Address		City/Zip Code	
	Phone Number:		Email:	
	County:			
Please indicate highest level degree achieved and area of study: Associate degree: Baccalaureate degree:				
Masters degree:				
Advanced degree:				
Early childhood education experience:years Please elaborate:				
Background in Birth to Three:				

Please indicate any anticipated proposal(s) that would present a conflict of interest for you as a reviewer.