



## Positive Alternatives Program Grant Reviewer Application

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

### Check any experiences you have in the following areas: *(check all that apply)*

- Working with pregnant women
- Working with post-partum women
- Working with parenting women or families
- Educating on or contributing to the establishment of economic self-sufficiency or experience supporting someone in an unplanned or challenging pregnancy
- Establishing, managing, or administering a business or organization
- Grant Writing
- Grant Administration
- Grant Scoring
- Other (Describe): \_\_\_\_\_

I am interested in reviewing grant applications for the Positive Alternatives Grant Program. I am available to participate in the **reviewer's training** via Webex **Tuesday, August 18, 2020 from 10:00 AM – 11:30 AM** and I am available to participate in the **reviewer's discussion on Wednesday, September 9, 2020 from 9:30 AM to 1:30 PM** in St. Paul. Detailed information will be sent regarding both meetings.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return this completed form no later than **Monday, August 10, 2020** via email to: [Mary.Ottman@state.mn.us](mailto:Mary.Ottman@state.mn.us)

or postal delivery to:

Mary Ottman – Positive Alternatives  
Minnesota Department of Health – CFH  
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