**Email your application, résumé, and Conflict of Interest Form to** **grants@cdfa.ca.gov**

**Please be sure to review the committee participation schedule**

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| ***Name:*** | Enter name |
| ***Address:*** | Enter address |
| ***City:*** | Enter city | ***State:*** | Enter state | ***Zip:*** | Enter zip code |
| ***Phone:*** | Enter phone number | ***Email:*** | Enter email address |

**REVIEWER AND EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| ***New Reviewer*** | [ ]  |
| ***Returning Reviewer*** | [ ]  |

Provide your employment history for the past two years, including the name of the organization you currently work for and your position/title. If you are employed by a university or government entity, please specify your department or division.

|  |  |
| --- | --- |
| ***Employer Organization:*** | Enter employer organization name |
| ***Position / Title:*** | Enter position or title |

|  |  |
| --- | --- |
| ***Employer Organization:*** | Enter employer organization name |
| ***Position / Title:*** | Enter position or title |

**CONFLICT OF INTEREST DISCLOSURE**

Provide the names of any organizations, businesses, colleges/universities, boards, commissions, professional groups, etc. that you belong to that may present a conflict of interest and briefly describe the nature of your affiliation. For more information on what constitutes a conflict of interest, please refer to the Conflict of Interest Form.

**Affiliated Organizations / Nature of Affiliation:**

|  |  |
| --- | --- |
| ***1:*** | Enter affiliated organization name and nature of affiliation |
| ***2:*** | Enter affiliated organization name and nature of affiliation |
| ***3:*** | Enter affiliated organization name and nature of affiliation |
| ***4:*** | Enter affiliated organization name and nature of affiliation |