

**Peer Review of funding applications for
Extended School Day School Violence Prevention (ESDSVP)
Program 2016 – 2021
Statement of Confidentiality**

Please complete, sign and return this form to:

NYS Education Department
ESDSVP
318-M EB
89 Washington Ave.
Albany, NY 12234

I, _____
(please print name)

understand the following:

- The entire ESDSVP grants review process is confidential.
- Reviewers' comments are also confidential. Debriefing letters are provided to applicants without reviewers' names.
- A list of reviewers' names may be furnished to anyone upon written request to the NY State Education Department.

agree to the following:

- I will not discuss an application or my written comments or scores with anyone else before, during, or after my review.
- I will not divulge the names of applicants or the number of applications I review.
- I will not share with anyone else copies of applications, completed rubrics or any other documents related to the review.
- I will not, under any circumstances, contact an applicant to obtain further information or otherwise discuss the application.

(Signature)

(Date)

Please help us protect your confidentiality by using your reviewer code on all review forms.