**Museum Assessment Program Site Visit**

**Peer Review Agreement**

Thank you for agreeing to undertake a Peer Reviewer assignment for AAM’s Museum Assessment Program (MAP). The program would not be able to function without the contribution of time and expertise by individuals like you.

**Please read and complete this agreement regarding details about your upcoming service, sign at the bottom, and return to your Program Officer prior to the site visit.**

I **(PR NAME)** agree to be the Peer Reviewer for the **(MUSEUM NAME)** located in **(CITY, STATE, ZIP)** which is completing a(n) **(ASSESSMENT TYPE)** MAP assessment.

In this capacity agree to the following deadlines and policies unless other arrangements have been approved in writing by the MAP staff, and understand that if all are not met I may only receive a partial honorarium or none. I understand that I am serving in a voluntary capacity for the American Alliance of Museums and my expenses are paid out of federal funds granted to AAM from the Institute of Museum and Library Services.

**Site Visit Dates:** I agree to conduct the visit between May 15 and August 15, 2017.

**Report:**  I will submit my assessment report to the MAP staff no later than four weeks after the site visit is complete.

**General Roles and Responsibilities:** I have read/viewed the information about my roles and responsibilities for this assignment, provided by the MAP staff, including the Peer Reviewer Manual.

**Honorarium**: I understand that I will receive my honorarium after the museum receives the final version of the report from AAM; and if do not meet all assigned deadlines and obligations that I may only receive a partial honorarium or none.

**Reimbursement**:

* I will submit any reimbursement request for my site visit expenses to the MAP staff by September 30, 2017 using the reimbursement form provided/directed towards. I understand that AAM cannot reimburse me after that date.
* I will abide by the Peer Reviewer Travel Policy and Reimbursement Form Instructions provided when the visit date is confirmed.
* I understand that I will be reimbursed for my transportation, lodging, and selected other expenses based on actual cost backed up with itemized receipts and mapped mileage.
* I understand I will be paid for my meals and incidental expenses (“M&IE”) on a per diem basis, not their actual cost, based on federal (GSA) practices and rates for my destination. This includes: the first and last day of travel are each paid at 75% of the per diem rate; all other days devoted to the site visit are paid the full amount.

**My M&IE per diem rate is: $\_\_\_\_\_\_\_\_**

Look up at destination city at [www.gsa.gov/perdiem](http://www.gsa.gov/perdiem); see last column; amount will be between $51 and $74; subject to AAM verification.

I have read and will adhere to the above mentioned deadlines and policies. If I have any questions about specific aspects of this agreement or MAP policy I will discuss them with the MAP staff.

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Name (Print) Date

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Signature