(Based on Genomic Clinical Care Project Grant Application Items)

Project Leader:

Title of Proposal:

**OVERALL PROJECT SCORE**

Reviewers will provide an overall project score to reflect their assessment of the likelihood for the project to exert a sustained, beneficial influence relevant to genomics on the clinical care/practice involved in consideration of the following five scored review criteria, and additional review criteria. An application does not need to be strong in all categories to be judged likely to have major clinical impact.

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| **Overall Project Score** - After considering all of the review criteria, briefly summarize the significant strengths and weaknesses of the application and state the likelihood of the project to exert a sustained beneficial influence relevant to genomics on the clinical care/practice. |
| **Preliminary Score:** |
| **FINAL SCORE: \_\_\_\_\_\_ out of 21 points (highest possible score)** |
| **Strengths**  **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

**SCORED REVIEW CRITERIA**

Assigned reviewers will consider each of the five review criteria below in the determination of scientific and technical merit, and give a separate score for each.

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| **1. Project aim/outcome** – Does the project address an important clinical problem, gap in patient care, a critical barrier to clinical practice, a tool kit, or objective in patient care delivery? Does the description of the project clearly described relevance to genomic care? Is supporting information provided to substantiate the relevance of the desired project outcome? Are potential barriers clearly identified? If the aims of the project are achieved, how will clinical practice and, ultimately, patient care and/or outcomes be improved? |
| **Score: LIKERT SCALE HERE- to match project score criteria below 1-3 (Higher score is better)** |
| **Strengths**  **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

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| **2. Target Patient Population-** Is the target population identified? Is the rationale for choosing this population for this project explained? Does is appear to be appropriate for this project? |
| **Score: LIKERT SCALE HERE- to match project score criteria below 1-3 (Higher score is better)** |
| **Strengths**  **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

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| **3. Describe how project success will be measured**- Is the success of the project and how that success is measured clearly explained? Is the measurement tool identified and appropriate? |
| **Score: LIKERT SCALE HERE- to match project score criteria below 1-3 (Higher score is better)** |
| **Strengths**  **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

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| **4. Project Leader(s)** – Are the Project Leader(s) and Team members identified? Are responsibilities for each identified? Do the leader and team members’ responsibilities demonstrate professional, educational, and/or clinical achievements appropriate for the project? |
| **Score: LIKERT SCALE HERE- to match project score criteria below 1-3 (Higher score is better)** |
| **Strengths**    **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

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| **5. Environment** – Is the setting/environment described? Will the setting or environment in which the work will be done contribute to the probability of success? |
| **Score: LIKERT SCALE HERE- to match project score criteria below 1-3 (Higher score is better)** |
| **Strengths**  **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

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| **6. Plans for Project to be Sustained** – Are plans for the project to be sustained after the grant funding ends adequately explained? Do they seem appropriate for the project in this organization? |
| **Score: LIKERT SCALE HERE- to match project score criteria below 1-3 (Higher score is better)** |
| **Strengths**  **Weaknesses** *(Please provide comments, especially if your score is 2 or less)* |

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| **7. Timeline**– Is a timeline for project completion identified? Does it seem appropriate for this project in this organization? |
| **Score: Yes: 1 point No: 0 points** |

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| **8. Budget:** –Is the budget itemized on how the money will be used? Does it seem reasonable for this project? |
| **Score: Yes: 2 points No: 0 points Some gaps: 1 point [specify gap(s)]** |

**ADDITIONAL COMMENTS TO APPLICANT**

Reviewers may provide guidance to the applicant or recommend against resubmission without fundamental revision.

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| **Additional Comments to Applicant (Optional)** – Please provide any additional guidance to the applicant. |
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| **Project Score Criteria** | |
| **Score** | **Criteria** |
| 3 | Includes Features of Effective Clinical Project |
| 2 | Needs Further Development |
| 1 | Lacks Features of Effective Clinical Project |