

INSTRUCTIONS TO REVIEWERS
Department of Surgery Small Grant Review
(Tentatively scheduled for spring 2019)

Please write 2 - 3 sentences justifying your score for each of the review criteria. The reviews are intended to help the applicants improve their grantsmanship.

Please use a **9-point scale**. A score of 1 indicates an exceptionally strong application with essentially no weaknesses. A score of 9 indicates an application with serious and substantive weaknesses with very few strengths; 5 is considered an average score.

Reviewers should consider not only the relative number of strengths and weaknesses noted, but also the importance of these strengths and weaknesses to the criteria or to the overall impact when determining a score. For example, a major strength may outweigh many minor and correctable weaknesses

REVIEW CRITERIA

SIGNIFICANCE SUB-SCORE:

Does this study address an important problem in a manner sufficient to yield insight or important information? If the aims are achieved, is extramural funding likely?

APPROACH SUB-SCORE:

Are the conceptual framework, design, methods, and analyses adequately developed, well integrated, and appropriate to the aims of the project? Does the investigator acknowledge potential problem areas and consider alternative tactics?

INNOVATION SUB-SCORE:

Does the project challenge existing paradigms or employ novel technologies, concepts, approaches or methods? Are the aims original and innovative? Does the project have the potential to develop new methodologies or technologies?

OVERALL EVALUATION SUMMARY SCORE:

Briefly summarize the "score-driving" strengths and weaknesses of the application. With a **priority placed on funding junior faculty members**, please note if you perceive supporting this grant will lead to or sustain the applicant's long-term academic career success.

FUNDING RECOMMENDATION (SEE OPTIONS BELOW):

Please note if you think this proposal should be funded (pending funds being available), funded with modifications (please specify modifications required), or not funded (please identify insurmountable challenges). In summary, please choose to support one of the following 4 different funding decisions:

1. **FUND CURRENT PROPOSAL**: Approve for funding as written
2. **MODIFY CURRENT PROPOSAL**: Approve for funding with modifications [a.k.a., "fixable"] (please specify modifications needed)
3. **UNCERTAIN**: Need more information (please specify information needed)
4. **INSURMOUNTABLE CHALLENGES IDENTIFIED**: Do not approve for funding