



Individual Investigator Grant Critique Form - October, 2009

IMPORTANT - Please return forms only by email to alison.cleaver@ucsf.edu

Instructions for Completion: This form should be completed by each reviewer. Please consider each area of review carefully, and make sure the form is as complete as possible. Please direct questions to: Alison Cleaver, Senior Senate Analyst, (415) 476-3808, alison.cleaver@ucsf.edu or to Jim Sorensen, Chair, Committee on Research at James.Sorensen@ucsf.edu.

Analyst, (415) 476-3808, alison.cleaver@ucst.edu or to Jim Sorensen, Chair, Committee on Research at James.Sorensen@ucst.edu.							
FINAL PRIORITY SCORE:			ROVE AWARD?	YES	NO		
	,						
Reviewer's Name:							
Reviewer's Telephone:	Fax:		E-mail:				
Applicant's Name:							
Department:		Total \$	Amount Requested:	Date:			
Academic Senate grants are ma To help the Senate Office when placed be applied to this project. In identified by the applicant that yo	processing awards, please of the general comments secti	check a	all funding categories in	the table prov	vided below that		
Epilepsy			Heart				
Cancer			Eye				
Parkinson's			Circulatory				
Other:							
The final priority score awarded to each application is determined by secret ballot during the review meeting. Please indicate a score below to guide committee members in their review of the application.							
1.0- 1.9 Outstan	ding						
2.0 - 2.9 Excelle	nt						
3.0 - 3.9 Good							
4.0 - 5.0 Not Fun	dable						

Please note: it is essential that reviewers include constructive suggestions to improve the application. Regardless of whether the application is selected for funding, this information will be inserted into the award notice. Space for comments is provided at end of form.

Revised: September, 2009

The tables below are provided to aid you in your review. Please do not hesitate to contact Shilpa or the Research Committee Chairperson should you have any questions regarding their completion.

Application Categories

To assist you in evaluating the current proposal, the following two tables have been provided that itemizes the general criteria for each funding category. Please check the "Yes" or "No" column for each item.

Start up	YES	NO	
			Is the applicant junior faculty?
			Is there a letter of support from the Department Chair?
			Is the applicant independent?
			Is the project distinctly that of the applicant?
			Are funds available to the applicant from other sources (e.g., start-up funds, matching funds), as indicated in the Letter from the applicant's Dept. Chair?
Short-term Lapse			
			Is the previous 5 year funding history included?
			Are reviewer comments and rebuttal included?
New Direction			
			Does this application represent a distinct new direction of research for the applicant?
Re-Entry			
			Is the applicant proposing to re-enter research from a non-research pathway (e.g. a pathway dedicated to teaching or clinical practice?)

General Review			
Research Plan	YES	NO	
			Is the PI directly involved in project?
			Are the aims, scope and rationale clearly described?
			Is the background well described and appropriate?
			Are the preliminary studies well described and pertinent?
			Are the research methods well described?
General			
			Is the application written to permit an easy review?
			Is there scientific overlap with pending or existing grants?
			Is the applicant a new PI?
			Is the applicant a senior PI?
			Is the funding category well-justified?
			Is it clearly explained how the results to be obtained will be used to support a subsequent application for outside funding?
			Will the results of the proposed work advance the knowledge in this specific field and lead to extramural support?
			Is the use of human subjects/vertebrate animals justified?
Budget			
			Is there budgetary overlap w/pending or existing grants?
			Has an application been made to REAC?
			If so, does the REAC budget overlap COR budget request?
			Are personnel costs justified/appropriate?
			Are travel costs justified/appropriate?
			Is supply budget justified/appropriate?
			Are equipment purchases justified/appropriate?
			For any equipment, is the manufacturer's price quote included?
			Is the overall budget justified?

Comments
Please provide additional comments below, detailing the strengths and weaknesses of the application. Please do not limit your comments to a summary of the application, but include detailed criticisms. These comments will be given to applicants verbatim, and should be phrased appropriately.