**Grant Proposal Review Form**

Proposal Information:

|  |  |
| --- | --- |
| MVD Grant Number |  |
| Project Title |  |
| Principle Investigator |  |
| Date of Review (DD/MM/YYYY) |  |
| Reviewer (LN, FN) |  |

Grant Proposal Score:

|  |  |
| --- | --- |
| **Category** | **Score** |
| Overall Impact |  |
| Clinical Significance |  |
| Investigators & Environment |  |
| Innovation |  |
| Study Design |  |
| Bonus (subtract from score) | - |
| **TOTAL** |  |

Notes (optional):

**A. Overall Impact**

Strengths:

Weaknesses:

**B. Clinical Significance**

Strengths:

Weaknesses:

**C. Investigators & Environment**

Strengths:

Weaknesses:

**D. Innovation**

Strengths:

Weaknesses:

**E. Study Design**

Strengths:

Weaknesses: