



--Review Form-- for EHHP Research and Development Support

This form is to be used to review EHHP Research and Development Support applications (including summer support). Applicants are expecting a decision within 5 business days of the 1st or the 15th of each month. If additional time is needed, the applicant should be notified. Each application shall be reviewed by three or more committee members, and the decision will be based on the review of all participating committee members.

Reviewer's Name *

Email *

Date of Review *

Name of Applicant *

Applicant's position *

Faculty

Amount requested *

\$

Primary purpose of requested funds *

Present scholarly work

Based on the information provided, rate the application on each of the following criteria. Please note that you must rate the application a minimum of 12 points to recommend funding. *

Very Strong (4) Promising (3 points) Adequate (2 points) Needs Work (1 point) Not included (0)

	points)			points)
Project is well described and relevant to the professional advancement of the applicant or department				
Justifies budget with clarity and specificity				
Describes an acceptable final product to document completion of the activity				
Demonstrates resourcefulness in seeking funds for the proposed activity				

Total score *

Recommendation *

Definitely fund this application (12 or more points)

Comments - please include comments to clarify your recommendation *

