

**COLLEGE OF REHABILITATION SCIENCES  
ENDOWMENT FUND PROJECT COMMITTEE  
APPLICATION EVALUATION FORM**

Project Title:

Name of Reviewer:

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**PLEASE RATE THIS APPLICATION USING THE SIX CRITERIA LISTED BELOW:**

1. The **Rationale and Objectives** of this proposal are:

Not at all clear

Very clear

**Score (1-5)**

1

2

3

4

5

Select one

Comments:

2. The **Plans and Methods** outlined in this proposal are:

Not appropriate

Very appropriate

**Score (1-5)**

1

2

3

4

5

Select one

Comments:

3. The project **Schedule** outlined in this proposal is:

Not appropriate

Very appropriate

**Score (1-5)**

1

2

3

4

5

Select one

Comments:

4. The detailed **Budget** for this proposal is:

Not appropriate

Very appropriate

**Score (1-5)**

1

2

3

4

5

Select one

Comments:

5. The **relevance and breadth** of this proposal to the professions/programs of Occupational Therapy, Physical Therapy and Respiratory Therapy is:

Very low

Very high

Score (1-5)

1

2

3

4

5

Select one

Comments:

6. The **direct benefit** of this proposal to the College of Rehabilitation Sciences is:  
*(This criterion is weighted x 5)*

Very low

Very high

Weighted Score (5-25)

5

10

15

20

25

Select one

Comments:

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**TOTAL SCORE (Sum of scores from items 1 through 6):**            out of a possible 50

Additional comments:

**BASED ON YOUR OVERALL ASSESSMENT, SHOULD THIS PROPOSAL BE FUNDED?**

YES

MAYBE

NO