

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

ST. CLOUD STATE UNIVERSITY

Reviewer Name:	Click or tap here to enter text.	
Applicant Name:	Click or tap here to enter text.	
Project Title:	Click or tap here to enter text.	
Total Amount Requested: Click or tap here to enter text.		

Previous Midcareer Grant:

 \Box No

 \Box If Yes,

Previous award date: Click or tap here to enter text.

Did the applicant fulfill all responsibilities associated with the award?

 \Box Yes \Box No

Using a scale of 5-15 points, evaluate how well the proposal meets the following criteria.

Evaluation Rubric (<i>completed by review panel</i>)	No Needs Attention 5	Partial Good 10	Yes Excellent 15
Project has at least 3 clearly formulated objectives.			
Project will clearly move applicant towards submission of an external grant application, or manuscript/publication.			
Project activities are measurable and manageable.			
Timeline is appropriate for work to be done.			
Budget is appropriate and budget items requested are clearly linked to associated project activities.			
Proposal is complete, concise and written in a persuasive manner.			

Total Points (90 maximum):

Reviewer Recommendation

 \Box Fund

□ Partially Fund

Amount:

 \Box Not Recommended

Reviewer Comments: