



MICHIGAN TRAUMA SYSTEM DEVELOPMENT PROJECT APPLICATION REVIEW WORKSHEET

PROJECT TITLE: _____

CATEGORY: _____ **FUNDING AMT:** _____

Score each project application on the following criteria. If the application completely fails to address the criteria under review assign 0 points, if it meets standards for the criteria under review assign 1 point, if it exceeds standards assign 2 points.

| Criteria | Fails Standard | Meets Standard | Exceeds Standard |
|---|----------------|----------------|------------------|
| 1. Background and Need a. Does the project clearly identify and substantiate a need? b. Is the target population clearly defined? | | | |
| 2. Project Plan a. Do the plan goals and objectives address activities that measurably reinforce and support the trauma system? b. Is the plan of operation clear and easy to understand? | | | |
| 3. Are the proposed project activities evidence-based? | | | |
| 4. Can the program/project be replicated? a. In other regions _____ b. Across the state _____ | | | |
| 5. Does the project have a significant impact and reach for the targeted region, community, agency and/or facility? | | | |
| 6. Does the budget support the proposed project and include details regarding personnel and staffing time? | | | |
| 7. Is the timeline reasonable based on stated goals, objectives and budget? | | | |
| 8. Does it expand on existing partnerships and/or create new collaborations among partners? Is there supporting documentation? | | | |
| 9. Does it support an innovative or promising practice? | | | |
| 10. Is there a detailed plan to review the project? | | | |
| Total Each Column | n/a | /10 | /20 |
| OVERALL PROJECT SCORE | /30 | | |

Recommendations/Comments

Reviewed by: _____

Date: _____