



2021 MICHIGAN TRAUMA SYSTEM DEVELOPMENT PROJECT FIDUCIARY APPLICATION REVIEW WORKSHEET

PROJECT TITLE: _____ **FUNDED AMT:** _____

CATEGORY: ___ Education ___ Infrastructure ___ Performance Improvement ___ Injury Prevention

Score each project application on the following criteria. If the application completely fails to address the criteria under review check no. Approved applications must meet at a minimum all criteria in #1-5.

Criteria	Yes	No
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 support the trauma system (prehospital-rehabilitation)? b. Are the deliverables (objectives, activities, and timelines) clear and easy to understand?		
3. Are the proposed project activities evidence-based?		
4. Does the budget support the proposed project and include details regarding personnel and staffing time?		
5. Is the timeline reasonable based on stated goals, objectives, and budget?		
6. Does it expand on existing partnerships and/or create new collaborations among partners?		
7. Does it support an innovative or promising practice?		
8. Has the entity applied for a trauma grant in the past? Any concerns from that work?		
Total Each Column		
OVERALL PROJECT APPROVED?		

Recommendations/Comments

Fiduciary: _____

Date: _____