

2023 MICHIGAN SYSTEMS OF CARE TRAUMA/ STROKE/ STEMI PROJECT APPLICATION REVIEW WORKSHEET

ORGANIZATION: _____

PROJECT TITLES: _____

AMT: _____ (TOTAL AMOUNT FACILITY IS REQUESTING)

CHECK EACH CATEGORY AND FUNDING REQUESTED IF MORE THAN ONE CATEGORY IS CHOSEN:

____ TRAUMA INJURY PREVENTION (AMOUNT OF FUNDING REQUESTED)_____

____ TRAUMA EDUCATION (AMOUNT OF FUNDING REQUESTED)_____

____ TRAUMA PERFORMANCE IMPROVEMENT (AMOUNT OF FUNDING REQUESTED)_____

____ TRAUMA INFRASTRUCTURE (AMOUNT OF FUNDING REQUESTED)_____

(CIRCLE APPROPRIATE SERVICE LINE)

____ STROKE/STEMI RISK EDUCATION/PUBLIC EDUCATION (AMOUNT OF FUNDING REQUESTED)

____ STROKE/STEMI PROVIDER EDUCATION (AMOUNT OF FUNDING REQUESTED)

____ STROKE/STEMI INFRASTRUCTURE (AMOUNT OF FUNDING REQUESTED)

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.

Criteria	Fails Standard	Meets 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 support the 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 project have a significant impact and reach for the targeted region, community, agency and/or facility?		
5. Does the budget support the proposed project and include details regarding personnel and staffing time?		
6. Is the timeline reasonable based on stated goals, objectives and budget?		

7. Does it expand on existing partnerships and/or create new collaborations among partners? Is there supporting documentation?		
8. Does it support an innovative or promising practice? Peds Readiness?		
9. Is there a plan to evaluate the project (personal stories, process, reach and impact)		
10. Has the entity applied for a grant in the past? Does this build on that work? Same project? Were reporting requirements met for previous project?		
Total Each Column	n/a	/10
OVERALL PROJECT SCORE		

Recommendations/Comments

Reviewed by: _____

Date: _____