Note: This form is utilized to provide feedback and/or recommendations relating to specific CHOIR funding request. Item or elements are rated on a scale of 1 to 5 where the lowest rating is 1 and the highest rating is 5.

Requested by: _______________________
Project Title: ___________________________________

Reviewer Name: _____________________
Review Date: _______________________

<table>
<thead>
<tr>
<th>Item</th>
<th>Comment</th>
<th>Rating (1–5)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHOIR Mission Alignment</td>
<td>Is the project in alignment and supportive of CHOIRS missions?</td>
<td></td>
</tr>
<tr>
<td>Scientific Merit</td>
<td>Does the proposed project have sufficient scientific merit and will it advance the field(s) of health outcomes, comparative effectiveness, operations improvement or informatics?</td>
<td></td>
</tr>
<tr>
<td>Project likely to achieve external support</td>
<td>Is the project likely to lead to additional funding or support opportunities?</td>
<td></td>
</tr>
<tr>
<td>Project achievable</td>
<td>Is the project achievable in the time allowed and with the funding provided?</td>
<td></td>
</tr>
<tr>
<td>CHOIR priority / SPRINT project</td>
<td>Project should be a CHOIR priority.</td>
<td></td>
</tr>
</tbody>
</table>

Overall Rating

Scale of:
1 – funding not recommended
2 – with revisions project might warrant funding
3 – fund, neutral or low priority or value
4 – should fund, medium priority or value
5 – must fund, high priority or value

Comments:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________