**Project Evaluation**

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| Applicant’s Name: | Click here to enter text. |

To be completed by Department Chair (or Designate) of the lead applicant. An application received from a Chair or Director shall be evaluated by the Faculty Dean. On this page, or on a separate page, please evaluate the proposal in terms of:

* scholarly quality, originality and significance,
* methodological soundness,
* whether your academic unit can fully or partially provide any of the resources the applicant is requesting in this application,
* the appropriateness of the budget relative to the research proposed,
* strengths and weaknesses of the proposal.

If the grant applicant has requested funding for computer or other equipment, please comment on its appropriateness with respect to the applicant’s proposed research and departmental resources.

**NOTE:** Chairs may wish to send this form directly to the Research Grants Manager, on or before the deadline date. Nevertheless, it should be understood that this evaluation is the personal information of the applicant. As such, the applicant is entitled to request and be provided with the evaluation.

Evaluations will be required by the application deadline date.

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| Departmental funds / support provided: | | | |  | | | | | | |
| **SUMMARY:** I rate the scholarly quality of this project as: | | | | | | | | | | |
| Excellent |  | Very Good |  | | Good |  | | | Poor |  |
|  | | | | | | |  |  | | |
| Signature | | | | | | |  | Date | | |
|  | | | | | | |  |  | | |
| Name | | | | | | |  | Position | | |
|  | | | | | | |  |  | | |
| Department | | | | | | |  |  | | |