

# THE LYMPHATIC MALFORMATION INSTITUTE

## *Grant Review Template*

---

### **Proposal Information:**

- Investigator:
- Title of application:
- Institution:

### **Overall Score:**

### **Summary:**

### **Significance:**

- Strengths
- Weaknesses
- Criterion Score:

### **Innovation:**

- Strengths
- Weaknesses
- Criterion Score:

### **Investigator(s):**

- Strengths
- Weaknesses
- Criterion Score:

### **Approach:**

- Strengths
- Weaknesses
- Criterion Score:

## **OTHER REVIEW CRITERIA**

### **Resource Sharing Plan:**

- Acceptable or unacceptable. Comments required if unacceptable.

### **Budget:**

- Recommend as requested or budget modifications recommended. Comments required if budget modifications are recommended.

### **Vertebrate Animals:**

- Acceptable or unacceptable. Comments required if unacceptable.

**Human Subjects:**

- Acceptable or unacceptable. Comments required if unacceptable.