Potential Conflicts of Interest: ARCC places a high priority on ensuring that the application review process is conducted without any actual or apparent conflict of interest. It is not always easy to identify a conflict of interest and it is important that potential conflicts be identified as early as possible. Reviewers should contact ARCC if they have any questions about a potential conflict before reviewing a proposal.

Reviewers are required to keep all information about applicant identity and application content confidential.

Overall Guidelines:
Grant awards will be awarded on the basis of a competitive review process.

The projects selected will be consistent with ARCC’s mission to improve community health equity and build stronger community-academic partnerships. Reviewers are encouraged to review the Partnership Development Request for Applications to see what is requested for this grant award.

Criteria:
- Quality and feasibility of community and academic partner engagement
- Quality and feasibility of proposed activities
- Potential for future research collaboration and funding
- Potential for positive community impact
- Reasonable and realistic budget

Specific considerations for each criteria are listed below.

Reviewer Scoring: We use a 5 point scale. Score of 1 = exceptionally strong application with essentially no weaknesses. Score of 5 = application with serious and substantive weaknesses with very few strengths. Ratings in whole numbers only (no decimals).

We have many requests and a limited amount of funding to disburse. Please be constructively critical in your reviews to help us narrow which applications are the strongest. A summary of all written feedback will be shared with applicants (reviewer identities will be confidential) so please be generous with your comments. Please write a short (1-3 sentence) feedback response for each criterion.

Partnership Development awards are intended to support newly developing community-academic partnerships in, for example, relationship building, creation of partnership structure, exploration of shared areas of interest, and the building of research capacity. If you have reviewed in the past, you will notice we have a shorter application this year.
Partnership Development Seed Grant REVIEW FORM

Name of Project:  
Grant Application Number:  
Reviewer Name:  

- **Quality and feasibility of community-academic partner engagement:** The application includes a plan for collaborative community-academic partnership. The partnership has the capacity/capability to complete the partnership project and has considered sustainability.
  - Clear structured plan for partnership building (Reviewer understands logistically and practically how they will achieve their goals and be prepared to collaborate on research together by grant completion).
  - *Community* partner(s) have appropriate knowledge/skills/experience with the community and interest in the identified research area.
  - *Academic* partner(s) have appropriate research credentials and interest in collaborative community research and interest in the identified health issue.
  - Partners described mutual interest in and plans for developing relationship/collaborative research capacity.
  - Evidence of Collaboration • Respect • Equity • Transparency • Impact (Center for Community Health Principles of Engagement).

Score: __/5 (1 is highest/best score, 5 is lowest/worst score)
Comments:

2. **Quality and feasibility of proposed activities:**
   - Clear explanations of community-academic partner roles, expectations, and contributions to proposed project.
   - Clear description of activities proposed (when, where and how partners will be engaged).
   - Clear description of collaborative capacity building needed by both community and academic partners, if applicable.
   - Potential challenges and how they will be addressed are presented and appropriate.
   - Timeline (up to 12 months) is realistic given work plan/budget resources.

Score: ___/5  (1 is highest/best score, 5 is lowest/worst score)
Comments:

3. **Potential for future research collaboration and funding**
   - Clear plan to lead to feasible research projects/proposals. Activities included that focus on collaboratively identifying possible research questions and research project designs.
   - Discussion of possible additional partners (academic and/or community) that may need to be engaged to design and conduct future research activities. This includes examples of mechanisms for engaging community members/residents and other stakeholders beyond community organizations/agencies on the application.
   - Clear description of specific goals for seeking additional fiscal support and sustaining partnership, including activities/time that focus on identifying potential research funding sources, etc.

Score: ___/5  (1 is highest/best score, 5 is lowest/worst score)
Comments:
4. Potential for positive community impact
   - Partnership/project addresses an issue important to the community
   - Evidence presented that proposed partnership/project focus is a community priority.
   - Clear description of how community(ies) may benefit from proposed outcomes.
   - Partnership and potential outcomes are mutually beneficial to all parties.

Score: ___/5  (1 is highest/best score, 5 is lowest/worst score)
Comments:

5. Reasonable and realistic budget
   - Budget is appropriate and reasonable and aligned with given tasks.

Score: ___/5  (1 is highest/best score, 5 is lowest/worst score)
Comments:

Overall Impact Score: ___ 5 points (1 is highest/best score, 5 is lowest/worst score)
This score should reflect your assessment of the likelihood for the partnership/project to exert a sustained, powerful influence on the community(ies) or field(s) involved and in consideration of the core review criteria.

Application’s main strengths:

Application’s main weaknesses/Areas of Concern:

Request for revisions/changes from applicant:

Any additional comments: Please add any additional comments about the proposal you believe to be important to the review process.

Resources to suggest to the applicant (e.g. links, organizations, programs, tools):

Use additional space if necessary.

Reviewer Signature ___________________________ Date ___________________________
To be completed by ARCC Staff and/or NMH and CDPH staff:

Priority Criteria (not required, but if relevant, applicants could include how their application meets one of the identified priority areas): Clear and compelling description and rationale for how application meets any of the three identified priority areas.

- Alignment with Healthy Chicago 2.0 2025 priorities
  
  YES  NO
  Comments:

- Alignment with Northwestern Memorial Hospital Priority Health Needs
  
  YES  NO
  Comments:

- Applicants who haven't received ARCC grant before or are new to engaged research
  
  YES  NO
  Comments: