**URC review submission form**

For help please see [URC reviewer guide](http://nccat.nysbc.org/reviewercentral/urc-reviewer-guide/) or email nccathelp@nysbc.org.

**1) Reviewer Name**:

**2) Reviewer Email**:

**3) NCCAT Proposal identifier**:

**4) Proposal user name or eRAcommons name from user's Biosketch**:

**5) Proposal review**

Please rate the user's proposal on NIH scale from 1 (excellent) to 5 (poor). If not enough information is provided you may score the proposal NR, but please write comments to the user so that they may improve. Mark the score in each category with an [x].

**(i) scientific impact:** *Scientific and technological importance.*

| 1 \_\_\_ | 2 \_\_\_ | 3 \_\_\_ | 4 \_\_\_ | 5 \_\_\_ | | NR (No review) \_\_\_ |

**(ii) scientific feasibility:** *Fit as a cryoEM project.*

| 1 \_\_\_ | 2 \_\_\_ | 3 \_\_\_ | 4 \_\_\_ | 5 \_\_\_ | | NR (No review) \_\_\_ |

**(iii) technical feasibility:***Ability to be completed within a defined amount or resources/time.*

| 1 \_\_\_ | 2 \_\_\_ | 3 \_\_\_ | 4 \_\_\_ | 5 \_\_\_ | | NR (No review) \_\_\_ |

**(iv) NCCAT resources requested** (including number of Krios sessions):

*Appropriate amount of NCCAT resources requested for the proposal.*

| 1 \_\_\_ | 2 \_\_\_ | 3 \_\_\_ | 4 \_\_\_ | 5 \_\_\_ | | NR (No review) \_\_\_ |

**(v) geographical demographics or need:**  *Resources available at home institution and geographical proximity to similar resources requested.*

| 1 \_\_\_ | 2 \_\_\_ | 3 \_\_\_ | 4 \_\_\_ | 5 \_\_\_ | | NR (No review) \_\_\_ |

**6) How many Krios days should the proposal be awarded**?

**7)** **Comments to NCCAT.***These comments will only be shown to NCCAT staff.*

**8) Comments to user.***These comments will be forwarded to the user.*