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**Research Awards Program**

**High-Risk Track Evaluation Criteria**

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| --- | --- | --- | --- |
|  | **Yes** | **No** | **N/A** |
| 1. Is this a proposal for an early-stage, high-risk proof-of-concept research project? |  |  |  |
| 1. Is the proposed project unlikely to receive funding support from other sources? |  |  |  |
| 1. Will the proposed project have a profound impact on the advancement of the field of focused ultrasound? |  |  |  |
| 1. If successful, will the proposed project lead to follow-on funding from other sources? |  |  |  |
| 1. Is the amount of funding requested approximately $100,000? |  |  |  |
| 1. Is the length of the proposed funding period approximately one year? |  |  |  |
| 1. Is there institutional/departmental support for a portion of the project? If yes, please provide details in the comment field below. |  |  |  |

**Comments:**