	OMB Control No. 0518-0028 Expiration Date:
Project Title:	Expiration Date.
Lead Scientist:	Date:
Name of the Review Session:	
Reviewer ID Number:	
PANELIST REVIEW	OF ARS RESEARCH PROJECT PLAN
comments for improvement. The focus of this mission. Funding will be provided to carry our record using the format provided, to the 3 and the format provided.	chnical merit of the planned research and to make constructive is research has been deemed essential by ARS and critical to its it the proposed research upon the plan's certification. Please areas of interest below. It is important to state briefly the rationale ints, clarifications and recommendations may include specific by the research team.
 Adequacy of Approach and Procedures: A experiments, analytical methods, and approa objectives? How could the approach or research. 	Are the hypotheses and subobjectives well-conceived? Are the aches and procedures appropriate and sufficient to accomplish the arch procedures be improved?
Objective 1:	
Strengths:	
••	
Questions or Recommendations:	

Objective 2:

Strengths:

Questions or Recommendations:

Project Title:	•	
Lead Scientist:		Date:
Name of the Review Session:		
Reviewer ID Number:	•	
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2. Probability of Successfully Accomplishing the Project's Objectives: What is the probability of success in light of the investigator or project team's training, research experience, preliminary data, if available, and past accomplishments? Are the objectives both feasible and realistic within the stated timeframe and with the resources discussed? Do the investigators demonstrate having adequate knowledge of the literature and research field as it relates to the proposed project plan?

Project Title:		
Lead Scientist:	Date:	
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3. Merit and Significance: Are the project objectives relevant to the stated research goals and directions of the corresponding National Program? Will the successful completion of the project enhance knowledge of a scientifically relevant problem? Will the project outcomes lead to the development of new knowledge and/or technology? Are you aware of any other data/studies relevant to this research effort? If applied research, comment on the value of the research to its customers and stakeholders.

Project Title:				
Lead Scientist:		Date:	•	
Name of the Review Session:				
Reviewer ID Number:				
Additional Comments or Suggestions:	, , , , , , , , , , , , , , , , , , ,		**	
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Public Burden Statement: According to the Paperwork Reduction Act of 1995, an Agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0518-0028. The time required to complete this information collection is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.