Application

**Request for NCHRP Implementation Funding Assistance**

The NCHRP is making funding available for products or activities that will facilitate the implementation plans of NCHRP project panels. The total amount available in FY2016 is approximately $1.5 million, and requests can range from $2,000 to $150,000 depending on the nature of the proposed activity. For funding requests in excess of $150,000, the project panel should prepare a continuation request for the next cycle of the full NCHRP program. Funding requests will be reviewed and approved by NCHRP Panel 20-44, who will also help panels coordinate with other national implementation funding programs, such as Every Day Counts (EDC), Accelerated Innovation Deployment (AID), Transportation Pooled Fund, and others.

The range of eligible products and activities is broad; some examples are listed in the *Guide to NCHRP Implementation Plans***.** Eligible expenses include essential travel, production of materials, professional services, meeting costs, and necessary equipment.

The requests must be submitted by the chair or a member of the NCHRP project panel.

To apply for implementation funding assistance, please complete the following form, attach a copy of the panel’s implementation plan, and return them to NCHRP Implementation Coordinator at wdekelbab@nas.edu.

If the funding request is approved, a report will be provided to the NCHRP Manager within 3 months of completion. The report should describe the activities that were carried out, an assessment of how they facilitated implementation, and how the impacts will continue to be monitored over time.

Date:

NCHRP project number and title:

Submitted by (name, organization, email, and telephone numbers):

Circle one: you are (a) the panel chair, (b) the panel implementation leader, (c) other (please describe).

NCHRP Staff Officer:

Amount requested: $

Results of the project to date:

Implementation activities planned for the funding requested:

Do you have a commitment from all parties that will be involved in this effort? (Yes / No)

Lead state and other participating organizations or agencies:

In-kind or other contributions from participating agencies:

When will these activities be completed?

Describe how these activities will facilitate implementation of the research findings:

Describe how the success of these activities will be tracked, measured, and reported back to NCHRP:

Please attach a copy of your panel’s implementation plan.