APPLICATION

**REQUEST FOR NCHRP IMPLEMENTATION FUNDING ASSISTANCE**

|  |
| --- |
| **Date:**  |
| **NCHRP project number(s) and title(s)**:  |
| **Submitted by (name, organization, email, and telephone numbers):**   |
| **Mark one: You are a**

|  |  |  |
| --- | --- | --- |
| **a. State DOT Employee** |[ ]   | **b. AASHTO Committee/Council Member** |[ ]
| **c. Member of a current NCHRP Project Panel** |[ ]   |

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| **NCHRP Staff Officer:**  |
| **Amount requested:** $  |
| **Lead state and other participating organizations or agencies:**  |
| **Do you have a commitment from all parties that will be involved in this effort?**  |
| **In-kind or other contributions from participating agencies:**  |
| **Results of the NCHRP project(s) to date:**  |
| **Implementation activities planned for the funding requested:**  |
| **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:**  |
| **Budget table:**

|  |  |  |
| --- | --- | --- |
| Implementation activity | Estimated duration of activity | Estimated Budget of activity |
| *Activity*  |  | $ |
| *Activity* |  | $ |
| *Activity* |  | $ |
| … |  | … |
| … |  | … |
| … |  | … |
| Total |  | **$ Total** |

 |

***If applicable, please attach a copy of the project’s implementation plan.***