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** |  |  | |
| **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.***