**NCHRP PROJECT 20-44**

**REQUEST FOR NCHRP IMPLEMENTATION FUNDING ASSISTANCE**

**Instructions:**

1. Please fill in information in the white boxes below. There is no limit in terms of how much information you can give.
2. Brief guidance on how to fill in this application is presented on page 3 onwards.
3. When submitting the application, please attach all relevant supporting documents along with the application, and send it to Sid Mohan at smohan@nas.edu.

|  |
| --- |
| **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:** |
|  |
| **Progress of the NCHRP project(s) to date:** |
|  |
| **Implementation activities planned for the funding requested:**  |
|  |
| **Anticipated completion date of the implementation activities:**  |
|  |
| **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.**

**Guidance for Preparing the Application**

The following are brief guidance on how to prepare an application for funding consideration from the Program. Applicants are strongly encouraged to make the application easy for NCHRP Panel 20-44 to quickly grasp the intended implementation activities and their benefits.

|  |
| --- |
| **Date:**  |
| *The date of the application.* |
| **NCHRP project number(s) and title(s):** |
| *List all relevant NCHRP project numbers and their titles that will be used in this implementation project. If available, also provide the corresponding NCHRP report number and title.* |
| **Submitted by (name, organization, email, and telephone numbers):**   |
| *Applications can be submitted by any state DOT employee, a member of an AASHTO Committee/Council, or any member of a current NCHRP panel. Please provide complete contact details to enable follow-up by the Program.* |
| **Mark one: You are a** |
| *See above and mark one or more of the options.* |
| **NCHRP Staff Officer:**  |
| *Name the appropriate NCHRP staff officer in charge of the NCHRP project. In the case of multiple NCHRP projects being listed, name only one staff officer.* |
| **Amount requested:**  |
| *Enter the total amount requested from the Program in this implementation project. Do not include the amount of the monetary contributions from the participating agencies. You will use this amount when developing the budget table later on.* |
| **Lead state and other participating organizations or agencies:** |
| *List as many states and organizations as feasible. These are entities that have already expressed an interest in participating in this implementation project.* |
| **Do you have a commitment from all parties that will be involved in this effort?** |
| *It is critical that all states and organizations mentioned above are committed to this implementation project to ensure its success. Please indicate if these commitments have already been secured, and if not, how they will be secured moving forward.* |
| **In-kind or other contributions from participating agencies:** |
| *No co-funding from any participating organization or agency is required. However, participating entities may offer meeting space and other logistics in support of the activities, along with employee time etc. A short paragraph should be enough on this.* |
| **Progress of the NCHRP project(s) to date:** |
| *In a short paragraph or two, discuss the progress of the NCHRP project that forms the basis of the implementation project, and how the research results will be used project.*  |
| **Implementation activities planned for the funding requested:**  |
| *List all the implementation activities and sub-activities planned, and provide a paragraph or two describing the nature of those activities. Provide enough detail here as necessary.* |
| **Anticipated completion date of the implementation activities:**  |
| *An approximate time frame is enough, mentioned in a line or two. Number of months or years is preferable, rather than a firm end date.* |
| **Describe how these activities will facilitate implementation of the research findings:** |
| *In a paragraph or two, describe how this implementation project can improve the state of practice, introduce new practice, and/or achieve appreciable impacts. Linking the activities in this project with those possible impacts is strongly recommended.* |
| **Describe how the success of these activities will be tracked, measured, and reported back to NCHRP:** |
| *We need to show demonstrable evidence that the implementation activities are contributing towards the stated objective of this implementation project. In a brief paragraph or two, describe what that evidence could be, how it could be collected, and how it will be shared with NCHRP.* |

**Budget table:** *Using the implementation activities listed above, fill in the budget table, and provide an estimation of the duration of the activity and its budget.*

**If applicable, please attach a copy of the project’s implementation plan:** *If the NCHRP project has a pre-existing implementation plan that would be used in this implementation project, attach it to your email when you send in the application. If there isn’t an implementation plan, disregard this.*