Please submit no later than **May 29th OF THE CURRENT YEAR** to be considered for **NEXT FFY** funding

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| Click here to enter text. |  | Click here to enter text. |  | Click here to enter text. |
| NAME |  | TITLE |  | EMAIL |

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| Click here to enter text. |  | Click here to enter a date. |  | Click here to enter text. |
| INSTITUTION |  | SUBMITTION DATE |  | PHONE NUMBER |

NOTE: Preparers of this form should be thorough and include detail. Include images, charts, graphs, figures, tables, etc. that describe the proposed project in as much detail as possible. This form is not restricted to a certain number of pages and will be distributed to the ODOT Research Steering Committee (RSC) for review. Incomplete or elementary proposal forms will not be considered. This form should be submitted through the preparer’s research administration personnel & the ODOT Materials & Research Division, Research & Implementation Office.

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| --- |
| Click here to enter text. |
| PROJECT TITLE (NOTE: Use the title of the RFP as it appears on the website.) |

INTRODUCTION:

|  |
| --- |
| Click here to enter text. |
|  |

OBJECTIVES:

|  |
| --- |
| Click here to enter text. |
|  |

BACKGROUND:

|  |
| --- |
| Click here to enter text. |
|  |

WORK PLAN:

|  |
| --- |
| Click here to enter text. |
|  |

TASKS TO BE PERFORMED:

(NOTE: Each proposed task should include a task number, a brief title and a description of the task)

|  |
| --- |
| Click here to enter text. |
|  |

ANTICIPATED BENEFITS:

|  |
| --- |
| Click here to enter text. |
|  |

IMPLEMENTATION:

|  |
| --- |
| Click here to enter text. |
|  |

EXPECTED DELIVERABLES:

|  |
| --- |
| Click here to enter text. |
|  |

TIME SCHEDULE:

(NOTE: Must be in “chart” form)

|  |
| --- |
| Click here to enter text. |
|  |

LITERATURE CITED / REFERENCES:

|  |
| --- |
| Click here to enter text. |
|  |

BUDGET & JUSTIFICATION:

(Facilities and Administrative Costs of 26% are allowed)

|  |
| --- |
| Click here to enter text. |
|  |

PERSONNEL QUALIFICATIONS:

|  |
| --- |
| Click here to enter text. |
|  |

LAB QUALIFICATIONS / QUALITY MANAGEMENT SYSTEM (QMS):

(NOTE: Attach QMS or QMS letter of Exemption Request here. Proposals will not be considered by the ODOT Research Steering Committee (RSC) without a QMS or a QMS letter of Exemption Request attached to this proposal.)

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| Click here to enter text. |

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|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  | Will this project conform to the strategic plan of the Southern Plains Transportation Center? |  | YES |  |  | NO |  |  | N/A |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
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Additional information pertinent to the proposed project described in this document may be attached to the end of this form.