

**Minnesota Local Road Research Board
Local Operational Research Assistance (OPERA) Program**

PROJECT PROPOSAL FORM

Project Details

Date of Proposal: _____

Agency Submitting Proposal: _____

County or City Engineer: _____

(The county or city engineer must approve this proposal before submittal and is considered the principal investigator for the project.)

Proposal Sponsor/Champion: _____

Funding Requested: \$ _____

Proposal/Project Title: _____

Please use additional pages if needed for detailing the problem, testing, evaluation, etc.

1) Please describe the problem your project will attempt to solve.

2) Please provided a detailed description of the testing you will conduct.

3) What evaluation criteria will you use to evaluate your project's success?

4) What assumptions are you making as part of your project?

5) How will your project be implemented?

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Estimated Project Cost and Timeline Information

| Estimated project costs | Hours | Cost | Total | Donations | Total |
|--|-------|------|----------------------------|-----------|-------|
| Fabrication Costs | | | | | |
| Application Costs | | | | | |
| Equipment Rental | | | | | |
| Material Costs | | | | | |
| Equip. Purchase Costs | | | | | |
| Testing Costs | | | | | |
| Report Preparation Costs | 1 | | | | |
| Note: Do not include your organization's staff time. | | | Total Project Costs | \$ | |

This section is for data inquiry only. You are not required to submit invoices from vendors.

| Estimated Time-line | Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|--|-------|---|---|---|---|---|---|---|---|---|----|----|----|
| Authorization & Start up | | | | | | | | | | | | | |
| Purchase materials/Equipment | | | | | | | | | | | | | |
| Installation of Equipment | | | | | | | | | | | | | |
| Field Preparation/Application Testing/Data Collection | | | | | | | | | | | | | |
| Evaluation | | | | | | | | | | | | | |
| Report Preparation | | | | | | | | | | | | | |
| Completion of Project | | | | | | | | | | | | | |

Does this project require work or testing that can only be done during a specific season?
If so, which season(s)? _____

Estimated completion date of project/study: _____

If you are selected to receive funding, do you have the capability to complete the following activities? Please select all that apply.

- Write a report
- Take photos
- Create a video
- Give a presentation and/or demonstration

Total Cost of Project: \$ _____

OPERA Funding Requested: \$ _____

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Organization and Contact Information

County or City Engineer: _____

Phone #: _____ E-mail: _____

Proposal Sponsor/Champion: _____

Phone #: _____ E-mail: _____

Organization Information (City/County/Township):

Financial Administrator Contact (handles contract process, invoices & payments)

Name: _____

E-mail address: _____

Phone #: _____ Fax #: _____

Organization Name
(City/County/Township): _____

Address: _____

City, State Zip: _____

Submitted by: _____ **Approved by** _____
Proposer County/City Engineer

Return this form by e-mail, mail or fax:
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