**Research Implementation Plan**

**Project Number: RES20XX-XX**

**Project Completion Date: Select Date**

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| Principal Investigator: |  |
| TDOT Lead Staff & Division: |  |
| TAC Members(if applicable): |  |
| What are the final research deliverables? | [ ]  Data | [x]  Research Report |
| [ ]  Data Management Plan | [ ]  Software/Product |
| [ ]  Equipment/Tool | [ ]  Specification |
| [ ]  Manual | [ ]  Training |
| [x]  Final Presentation | [ ]  Workshop |
| [ ]  Other (Specify):  |
| Provide a brief explanation of the deliverables: |  |
| Did the research result in findings that can be implemented? | [ ]  Yes, by TDOT |
| [ ]  Yes, by another organization |
| [ ]  No, the findings cannot be implemented  |
| [ ]  More research is needed |
| If no, why not? Provide justification as to why the results cannot be implemented: |  |
| If yes, how were/will the findings be implemented? | [ ]  Inform Decision-Making | [ ]  Staff Training/Tech Transfer |
| [ ]  Modified Practices/Policies | [ ]  Technology Adoption |
| [ ]  Other (Specify):  |
| When will implementation occur? | [ ]  Implementation is complete |
| [ ]  Immediately after the research project concludes |
| [ ]  6 months after the research project concludes |
| [ ]  6 – 12 months after the research project concludes |
| [ ]  More than one year after the research project concludes |
| Describe how the results of this research project have been/will be implemented: |  |
| List the implementation tasks (not limited to 4 tasks): | Task 1: |
| Task 2:  |
| Task 3: |
| Task 4: |
| What is the estimated cost of implementation? |  |
| What are the benefits for TDOT? | [ ]  Monetary Savings |
| [ ]  Improved Efficiency/Time Savings |
| [ ]  Safety Improvements |
| [ ]  Other (Specify):  |
| How will the benefits/success be measured? When will they be quantifiable? |  |
| Are there any barriers to implementation? |  |
| Is additional assistance needed to implement the findings? | [ ]  Deployment/pilot funding |
| [ ]  Technology transfer/training |
| [ ]  Other (specify):  |
| [ ]  No further assistance is needed |
| Provide a brief explanation and justification of the assistance required: |  |
| To implement the research findings, will collaboration with other TDOT Divisions, state agencies, local transportation agencies, and/or other organizations be necessary? | [ ]  Yes[ ]  No |
| If yes, specify which division/agencies and how this collaboration will occur? |  |

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| **Research Oversight Task Force Approval** |
| Task Force Chair Name: |  |
| Task Force Chair Signature: |  |