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| Color Indot Seal  **INDOT RESEARCH PROJECT IMPLEMENTATION PLAN**  *The Project Advisor is responsible for completing the first section of this form. The INDOT Business Owner is responsible for coordinating proper completion of the remainder of the form and obtaining the necessary signatures. Please note, while ownership of the Implementation Plan rests with the INDOT Business Owner (BO), the PI, PA and SAC are tasked with assisting the BO in completing the IP.* |
| **Research Project Number:**  **Research Project Title:**  **Principal Investigator (PI):**  **Project Advisor (PA):**  **INDOT Business Owner:**  **Responsible Deputy Commissioner:** |
| **IMPLEMENTATION IMPACT ON PRIORITY AREAS** (*select the primary priority area implementation of this project will impact - select only one*):  *Cost Savings*  *Safety*  *Mobility/Reduced Congestion*  *Quality*  *Time Savings*  *Others (specify):* |
| **Note**: If more than one implementer, please complete the information on each implementer’s tasks:  **Name of Primary Implementer:**        *Tasks for Implementation. For* ***each*** *task, provide the target date for completion:*      *Help or resources needed for implementation (e.g. help from PI, funding, equipment, etc.). Please be specific:*    *Signature/Date of Primary Implementer:* |
| **Name of Additional Implementer (if applicable):** *Signature/Date:*        *Tasks for Implementation. For* ***each*** *task, provide the target date for completion:*      *Help or resources needed for implementation (e.g. help from PI, funding, equipment, etc). Please be specific:* |
| **Name of Additional Implementer (if applicable):** *Signature/Date:*    *Tasks for Implementation. For* ***each*** *task, provide the target date for completion:*      *Help or resources needed for implementation (e. g. help from PI, funding, equipment, etc.). Please be specific:* |
| **Signature of Project Advisor:**  *Date:*  **Signature of INDOT Business Owner:**  *Date:*  **Signature of SAC Members (optional):**  *Date:*    *Date:*  *Date:*  *Date:* |