

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

PROJECT PROPOSAL FORM

Project Name: _____

Date of Proposal: _____

Proposal Sponsor/Champion: _____

County or City: _____

Principal Investigator: _____

Contact Phone #: _____

County or City Engineer: _____

Fax #: _____

Vendor/Organization Information:

Org Name: _____

Address: _____

City, State Zip: _____

Email address for PI: _____

Funding Requested: \$ _____

Proposal Title: _____

Problem (clearly & concisely describe the problem): _____

Detailed Description of Testing: _____

Proposed Evaluation Criteria: _____

Assumptions to be Made: _____

Project Implementation: _____

Submitted by: _____ Reviewed by:

County/City Engineer Proposer

E-mail this form to: Mindy Carlson at carlson@umn.edu
If e-mail is not available, submit by mail:
Mindy Carlson, Center for Transportation Studies,
200 Transportation and Safety Building,
511 Washington Avenue SE, Minneapolis, MN 55455-0375

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	Hours	Cost	Total	Donations	Funding Requested
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 Request		\$.

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												

Total Cost of Project: \$_____ Total OPERA Funding Requested:
\$_____

Submitted by: _____ Reviewed by:
Proposer County/City Engineer

Return this form to:
Mindy Carlson, Center for Transportation Studies,
200 Transportation and Safety Building, 511 Washington Avenue SE, Mpls, MN 55455-0375
Carlson@cts.umn.edu