**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 | Research Report | |
| Data Management Plan | Software/Product | |
| Equipment/Tool | Specification | |
| Manual | Training | |
| 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: |  |