

INDOT Research Project Implementation Plan

Date: _____

Research Project Number: _____

Project Title: _____

Principal Investigator (PI): _____ *Project Administrator (PA):* _____

Note: If more than one implementor recommended, please fill in the information on each implementor's implementation items:

Name of Implementor: _____

Items (Research Results) to be implemented:

Help or resources needed for implementation (e.g., help from PI, funding, equipment, etc.):

Name of Implementor: _____

Items (Research Results) to be implemented:

Help or resources needed for implementation (e.g., help from PI, funding, equipment, etc.):

Name of Implementor: _____

Items (Research Results) to be implemented:

Help or resources needed for implementation (e.g., help from PI, funding, equipment, etc.):

Signatures of SAC members: _____

Please send a copy of this form to the INDOT Research Division and FHWA with the final report.