|  |  |
| --- | --- |
|  **Project Name:**  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  **Project ID:**  |  | **Funding Year:**  |  |
|  | Is this the continuation of a prior year project? | [ ]  YES | [ ]  NO |
| **Project Type:**  | [ ]  Research | [ ]  Education | [ ]  Tech Transfer | [ ]  SDP | [ ]  Other |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Team:** |  |  |  |
| **Name** | **Role** | **Institution** | **Department** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

 **Project Summary:** *(Include objectives, scope & method. 300 words maximum or 1/2 page)*

. **Strategic Goals / Research or Educational Areas Addressed:**

 *(Check at least one under both USDOT Strategic Goals and NURail Center Topic Areas)*

|  |  |
| --- | --- |
| **U.S. DOT Strategic Goals** | **NURail Center Topic Areas** |
| [ ]  Safety | [ ]  Infrastructure | [ ]  Passenger/Public Transport |
| [ ]  State of Good Repair | [ ]  Rolling Stock / Equipment | [ ]  Freight |
| [ ]  Economic Competitiveness | [ ]  Safety & Risk | [ ]  Multimodal |
| [ ]  Livable Communities | [ ]  Operations | [ ]  Institutional |
| [ ]  Environmental Sustainability | [ ]  Capacity | [ ]  Education |
|  | [ ]  Reliability | [ ]  Workforce Development |
|  | [ ]  Planning | [ ]  Technology Transfer |
|  | [ ]  Economics | [ ]  Other |

**Detailed Scope of Work:** *(Include a description of the project, a list of tasks and associated deliverables and how students will be involved. 600 words maximum or 1 page)*

**How Project Relates to U.S. DOT Strategic and NURail Center Goals:** *(Provide an explanation of how the stated goals will be addressed in the project. 300 words maximum or 1/2 page)*

**Index Terms / Keywords:**

**Estimated Number of Students Involved:** *(by academic level)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Primary** | **Secondary** | **Bachelors** | **Masters** | **Doctoral** | **Post-Doc** | **Total** |
|  |  |  |  |  |  |  |

**Type of Student Involvement:** *(e.g. Research Assistant, Teaching Assistant, Other, etc.)*

**Proposed Project Schedule:**

|  |  |  |
| --- | --- | --- |
| **Proposed Project Start** | **Proposed Project Completion** | **Duration (months)** |
|  |  |  |

**Estimated Project Budget:** *(Note: Verify Cost Share requirements for Funding Year at Institutional Level)*

|  |  |  |  |
| --- | --- | --- | --- |
| **Source** | **Status** | **Amount** | **% Total Cost** |
| **NURail Funds** |  |  |  |
| **Cost Share:** |  |  |  |
|  Source 1 |  |  |  |
|  Source 2 |  |  |  |
|  Source 3 |  |  |  |
| **Subtotal Cost Share:** |  |  |  |
| **Total Estimated Project Cost:** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Submitted by:** |  | **Date Submitted:**  |  |

**Please submit completed Project Proposal form by email to LB Frye at** **lbfrye@illinois.edu**