

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

**PROJECT PROPOSAL FORM**

**Project Details**

Date of Proposal: \_\_\_\_\_

Agency Submitting Proposal: \_\_\_\_\_

County or City Engineer: \_\_\_\_\_

(The county or city engineer must approve this proposal before submittal and is considered the principal investigator for the project.)

Proposal Sponsor/Champion: \_\_\_\_\_

Funding Requested: \$ \_\_\_\_\_

Proposal/Project Title: \_\_\_\_\_

Please use additional pages if needed for detailing the problem, testing, evaluation, etc.

**1) Please describe the problem your project will attempt to solve.**

**2) Please provided a detailed description of the testing you will conduct.**

**3) What evaluation criteria will you use to evaluate your project's success?**

**4) What assumptions are you making as part of your project?**

**5) How will your project be implemented?**

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**Estimated Project Cost and Timeline Information**

<b>Estimated project costs</b>	<b>Hours</b>	<b>Cost</b>	<b>Total</b>	<b>Donations</b>	<b>Total</b>
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.			<b>Total Project Costs</b>	<b>\$</b>	

**This section is for data inquiry only. You are not required to submit invoices from vendors.**

<b>Estimated Time-line</b>	<b>Month</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>10</b>	<b>11</b>	<b>12</b>
Authorization & Start up													
Purchase materials/Equipment													
Installation of Equipment													
Field Preparation/Application													
Testing/Data Collection													
Evaluation													
Report Preparation													
Completion of Project													

Does this project require work or testing that can only be done during a specific season?  
If so, which season(s)? \_\_\_\_\_

Estimated completion date of project/study: \_\_\_\_\_

If you are selected to receive funding, do you have the capability to complete the following activities? Please select all that apply.

- Write a report
- Take photos
- Create a video
- Give a presentation and/or demonstration

Total Cost of Project: \$ \_\_\_\_\_

OPERA Funding Requested: \$ \_\_\_\_\_

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**Organization and Contact Information**

County or City Engineer: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Proposal Sponsor/Champion: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization Information (City/County/Township):

Financial Administrator Contact (handles contract process, invoices & payments)

Name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Organization Name  
(City/County/Township): \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Approved by** \_\_\_\_\_  
Proposer County/City Engineer

Return this form by e-mail, mail or fax:  
Katherine Stanley, Center for Transportation Studies,  
University Office Plaza, Suite 440, 2221 University Avenue SE, Mpls, MN 55414

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Phone: 612-626-1023  
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