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| **Pooled Fund Study Participation Request** |
| **Solicitation or Pooled Fund Study #**  |  |
| **Study Title** | All projects must have a title |
| **Justification** | Describe the current situation, why participation in study is needed, and how the study affects your office’s mission critical focus areas  |
| **Impact** | How shall the results impact practice? Consequences of not participating in the study? |
| **Funding Amount Requested Per Year** |  | **Anticipated Duration (# of years you wish to participate in study)** |  |
| **Technical Contact** | Identify the champion for implementing the study results. |
| **Implementability** | Score 1-5 1=greatest likelihood of and proximity to implementing results | Comments\* (consider both the likelihood of implementation and the length of time and resources required to implement the results of the research.) Identify any prerequisites to, requirements for, or barriers to implementing the anticipated results of this research (e.g., new or change to existing specifications, development of production units of prototype device, legislative change); please indicate if multiple phases of work shall be required |
| **Project Benefits (Succinct, complete explanation)** |
| **Project Benefits****(Select all that apply and explain)** | **Quantifiable Benefits (units, dollars, etc…if applicable)** | **Methodology or Data Sources Used to Determine Quantifiable Benefits. If not applicable, please give justification of project benefits** |
| * Materials Enhancement
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| * Materials Savings
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| * Time Savings
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| * Lives Saved/Injuries Prevented
 |  |  |
| * Other (Explain)
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\*Comments should explain and support participation in the pooled fund study, financial benefit, and implementability scores