Year Five Project Information Form

This form is to be completed by the proposed project PI and emailed to [nordback@hscr.unc.edu](mailto:nordback@hscr.unc.edu) and also submit it to our new online system at <https://www.roadsafety.unc.edu/projman/index.php> by end of day on **November 20, 2020**.

*If funded*, additional information may be required to populate the [CSCRS website](file:///\\storage.unc.edu\vcred\hsrc\projects\ProjectsNEOCvol%20(T)\CSCRS\Research%20Program\Project%20Info%20Forms\Quick%20Start%20_Year%201\Versions\roadsafety.unc.edu), the [RiP database](https://rip.trb.org/) and for progress reporting for this project. Questions? Contact Krista Nordback Nordback@hsrc.unc.edu.

**Section 1: Basic Project Information**

|  |  |
| --- | --- |
| Project Title: | |
| Is this relate to a previously funded CSCRS research project?  No  Yes / If Yes, Project Name: | |
| Project Start Date: (A*nticipated start date between 05/01/2021 - 08/01/2021)*  mm/dd/yyyy | Project End Date: *(no later than 05/31/2022)*  mm/dd/yyyy |

**Section 2: Proposed Principal Investigator Information**

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| Name of Principal Investigator (PI1) and Affiliation (select one):  /  UNC  Duke  FAU  UCB  UTK |
| PI1 ORCID (Open Research and Contributor ID) Number: (*Required; visit* [*orcid.org*](http://www.orcid.org) *to create an ID*) |
| PI1 Phone Number: |
| PI1 Email: |
| (*If applicable*) Name of Co-Principal Investigator (PI2) and Affiliation (select one):  /  UNC  Duke  FAU  UCB  UTK |
| PI2 ORCID (Open Research and Contributor ID) Number: (Required; visit [orcid.org](http://www.orcid.org) to create an ID) |
| PI2 Phone Number: |
| PI2 Email: |

**Section 3: Project Collaboration Details** *(Please add fields as needed.)*

|  |
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| Partner Organization 1 – University Name:  UNC  Duke  FAU  UCB  UTK  Other (select one) |
| Partner Organization 1 – Co-Investigator Contact Information:  Name: Email: |
| Partner Organization 2 – University Name:  UNC  Duke  FAU  UCB  UTK  Other (select one) |
| Partner Organization 2 – Co-Investigator Contact Information:  Name: Email: |

**Key Project Goals and Objectives**

Bulleted list of key project goals and objectives (related to project abstract):

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| * Goal 1 * Goal 2 |

**Section 4: Proposal Details**

**Subject Area Details *(check all that apply)***

Safety,Human Factors, Planning, Highway Design,  Pedestrians & Bicyclists, Teen Driver,

Other (Please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_

**Key Index Terms**

For RiP database, please provide a few keywords that describe the project. For example: Title, project description, notes, subject areas, project identifiers, project managers, principal investigators, funding agencies, terms from the Transportation Research Thesaurus. *(100 characters max including spaces)*

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**Project Abstract**

Brief summary of proposed project including key research questions, description of proposed activities or research approach and tasks, and project outcomes. Please describe any related professional development activities/plans for disseminating or implementing the research findings included in this budget, if appropriate. ***Limit response to 10,000 characters including spaces (approximately three pages)***

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**Statement of Work**

Brief description of the tasks that will be taken to complete the work of this project to reach the stated key goals/objectives.

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| --- |
| * Produce Data management plan, Work Plan and Detailed Budget (*CSCRS requirement for research projects*) * [insert task] * [insert task] * [insert task] * Produce final CSCRS deliverables: Final Report and PowerPoint summary slide deck (*CSCRS requirement for research projects*) |

**Define Impact of Project**

Please describe the expected impacts of this project. Who would use the research findings or products, or be involved in any professional development activities? How might this advance the state of transportation safety or practice? ***Please limit response to 6-8 sentences.*** *(300 characters max including spaces)*

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**Significance to CSCRS Strategic Roadmap**

Brief summary of how the proposed project will help achieve or advance specific goals and objectives of the *CSCRS Strategic Roadmap*. Consider also the timeliness of this effort and relation to any other CSCRS-funded efforts (completed, underway, or planned). ***Please limit response to 3-4 sentences.***

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| **This project addresses Goal *1******, 2*** ***and/or 3*****, Objective(s) \_\_\_\_\_\_\_\_\_\_ of the *CSCRS Strategic Roadmap* and helps us achieve this by*…*** |

**Section 5: Estimated Budget/Funding Information**

Estimated budgets should include F&A. Multi-year projects will be reviewed on an annual basis; additional year funding is not guaranteed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Estimated Total Funding Requested from CSCRS: | $ | | | |
|  | | Year 1 | Year 2 | Year 3 |
| Estimated Distribution of CSCRS Project Funds per Collaborator Organization(s): | UNC | $ | $ | $ |
| Duke | $ | $ | $ |
| FAU | $ | $ | $ |
| UCB | $ | $ | $ |
| UTK | $ | $ | $ |
| Estimated Total Match Funds from Non-Federal Sources: | $ | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| *University Obtaining Match Funds* | *Name of Organization Providing Match Funds* | *Match Amount* | *General Types of Activities* |
| UNC  Duke  FAU  UCB  UTK |  | $ |  |
| UNC  Duke  FAU  UCB  UTK |  | $ |  |
| UNC  Duke  FAU  UCB  UTK |  | $ |  |

**Project Timeline**

Please provide a project timeline by completing the following table of project tasks, milestones and deliverables. Timeliness and adherence to this schedule will be considered in future proposal granting activities. *(Final deliverables should be due no later than 05/31/2022.* ***No extensions will be given.****)*

|  |  |  |
| --- | --- | --- |
| *Task* | *Milestone (M) or Deliverable (D)* | *Due Date* |
| Data management plan *(CSCRS requirement for research projects)* | D | 04/30/2021 |
| Detailed budget and work plan *(CSCRS requirement for research projects)* | D | 04/30/2021 |
|  |  |  |
|  |  |  |
|  |  |  |
| Final Report (*CSCRS requirement for research projects*) |  | No later than 05/31/2022 |
| PowerPoint summary slide deck (*CSCRS requirement for research projects*) |  | No later than 05/31/2022 |

**Educational or Professional Development Activities**

*(1,000 characters max including spaces)*

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**Supplemental Notes**

Please provide any additional, relevant information not covered in other fields on this form. *(600 characters max including spaces)*

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**Section 8: Contract Information (For Internal Use Only)**

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| Date Updated:  Month, Day, Year |
| Project Status:  Proposed  Active |
| Contract Year:  *CSCRS Year 2* |
| CSCRS Contract Number (to be assigned by HSRC in format, CSCRS2018R1, IF/WHEN FUNDED):  *CSCRS2018RX* |
| CSCRS Project Manager (CSCRS Staff responsible for project schedules, progress, and management):  Caroline Mozingo (Education, Training)  Laura Sandt (Research) |
| USDOT Program and Sub-Program (if any):  *University Transportation Center Program* |
| Managing Organizations (Agency overseeing the management of the project):  *Collaborative Sciences Center for Road Safety* |
| Source Agency (Agency entering the record):  *Collaborative Sciences Center for Road Safety* |
| Record URL (External web link to project information on CSCRS website):  *TBD* |
| USDOT Contract Number:  *69A3551747113* |
| Source Agency (Agency entering the record):  *Collaborative Sciences Center for Road Safety* |
| Sponsor Organizations (agency or organization providing funding for the project):  *Office of the Assistant Secretary for Research and Technology* |