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| --- | --- | --- |
| **Project Name:** | | |
| **Agency:** | | |
| **Address:** | | |
| **Phone:** | | |
| **Email:** | | |
| **Innovation:** ([EDC](https://www.fhwa.dot.gov/innovation/everydaycounts/edc-3.cfm) identified innovation or other) | | |
| **Description of the Proposed Activity:** (Please provide a brief description of the activity/project or initiative that will have a statewide impact to make an innovation a standard practice | | |
| **End Product:** (Expected Outcomes, Benefits and/or Results) | | |
| **Proposed Schedule:** (Anticipated start date and when will product be delivered) | | |
| **Champion(s):** (Who will be reporting progress to STIC) | | |
| **Estimated Total Cost:** $ | **Amount of Funds Requested:** | $ |
| **Estimated Total Cost/Budget Breakdown:** (provide a breakdown of the project cost, how will funds be used and what will they be used for to complete this project) | | |
| **Source of Other Funds or Sponsors** (min. 20% non-federal match required)**:** | | |

[STIC Incentive Program Guidance](https://www.fhwa.dot.gov/innovation/stic/guidance.cfm)