NCDOT Managers and their staff are invited to consult appropriate faculty at any [**UNC system university or at Duke University**](https://www.northcarolina.edu/institutions/) for technical assistance. Discussion with the faculty member should involve defining the scope of the assistance needed and estimating the time required to complete the assignment.

To initiate the work, the NCDOT business should fill out the scope of work, consulting faculty information, and receive verbal Division/Manager approval. R&D will review and process this request form with ITRE. A technical assistance project should be limited to activities requiring **no more than 120 hours (15 work-days)** of individual consultation and may include the use of research assistants, temporary labor, travel or laboratory equipment rentals.

Any technical assistance request that is **not completed within ninety days of the start date shown below will be canceled**. One extension can be granted upon request by the PI to the ITRE project administrator.

Payment by ITRE will be made upon completion of the work and delivery of a satisfactory summary report or other documents as required by the scope of work outlined below.

**Submit this document in MS Word format to R&D. R&D will initiate the signature process through DocuSign.**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Nature and Scope of Work** – Be detailed and specific. Include estimated work hours required per task | | | | | | | | | | | | | | | |
| **Title:** | |  | | | | | | | | | | | | | |
| **Start Date:** | |  | | | | | | | | **Completion Date:** | | |  | | |
| **Description of Work (***box will expand as needed***):** | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | |
| **Faculty / Researcher Information** | | | **Name:** | | | | | |  | | | | | | |
| **Affiliation:** | | | | | |  | | | | | | |
| **Phone:** | | | | | |  | | | | | | |
| **Email:** | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | |
| **NCDOT Requester Information** | | | **Name:** | | | | | |  | | | | | | |
| **Division/Unit** | | | | | |  | | | | | | |
| **Phone:** | | | | | |  | | | | | | |
| **Email:** | | | | | |  | | | | | | |
| Budget | | | | | | | | | | | | | | | |
| Personnel | | | | | | | $ | | | | | | |  | |
| Other Direct Costs | | | | | | | $ | | | | | | |  | |
| Indirect Costs | | | | | | | $ | | | | | | |  | |
| Total Cost | | | | | | | $ | | | | | | |  | |
| NCDOT Approval (Division Official or other Manager) | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | |  |  | | |
| Print or Type Name | | | | |  | Signature | | | | | |  | Date | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Faculty/Researcher Approval | | | | | | | | | |  | |  | |  | |  | |  | | Print or Type Name |  | | Signature | |  | | Date | |  NCDOT Approval (Research and Development Manager) | | | | | | | | | | | | | | | |
| Neil Mastin, PE | | | | |  |  | | | | | |  |  | | |
| Print or Type Name | | | | |  | Signature | | | | | |  | Date | | |
| Approval (ITRE Director) | | | | | | | | | | | | | | | |
|  | | | | |  |  | | | | | |  |  | | |
| Print or Type Name | | | | |  | Signature | | | | | |  | Date | | |
| **Total Hours:** |  | | | **Cost: $** | | | |  | | | **Technical Assistance #: TA-** | | | |  |