**Submit your completed Project Proposal to:** [**info@nacoe.com.au**](mailto:info@nacoe.com.au) **and** [**meagan.m.white@tmr.qld.gov.au**](mailto:meagan.m.white@tmr.qld.gov.au)

**Due Date: Select due date**

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| --- | --- | --- | --- | --- | --- |
| **Proposed Project Name:** | Insert full project name. | | | | |
| **Department:** | Select a department. | | | | |
| **Proposed Commencement Year: *(tick)*** | Continuing Commencement Year 20 | | New | | Outer Years  20/20 |
| **Aim/Purpose/Background:** | Insert business need – why is this project a priority? | | | | |
| **Outcomes from previous year(s):** | Insert if applicable – can be drawn from reports and/or provide background details (including project numbers/title) if this project has originated from a previous NACoE project | | | | |
| **Methodology:** | Insert intended approach, consider hold points, deliverables and include monetary value against each milestone. | | | | |
| **Major Deliverables / Anticipated Benefits:** | * Insert deliverables and anticipated benefits which could be achieved by undertaking this project. * Improvements to current practice / changes in specifications/processes or procedures * $$ savings to TMR and community (ie saving lives, time, materials and labour) * Environmental Benefits * Benefit Cost Ratio * Technical outcomes * Capability development | | | | |
| **Stakeholders:** | Insert all stakeholders involved with this project including type and method of communication. Identify stakeholders that have or may contribute financially or in other ways to the project.  *Note: Given the national nature of NACOE the submission should comment on current of past projects delivered by other research bodies such as Austroads or WARRIP and ensure there is no duplication*. | | | | |
| **Risks / Confidentiality:** | Insert list all possible risks or potential exposure, provide details regarding any sensitivity or confidentiality concerns. | | | | |
| **Timetable:** | Insert proposed timetable of activities. | | | | |
| **Procurement and Contract Management:** | Insert all procurement and contract management requirements including estimated costs for goods, services, software, hired items, APT testing, laboratory testing, data collection etc.  Identify who is responsible within project for negotiations, raising purchases orders and managing the contracts. | | | | |
| **Resourcing:** | Insert both staffing and funding requirements ARRB & TMR required to complete project, including PM/QM, sub-contractors, internal administrative and technical review etc). | | | | |
| **Dissemination of learnings:** | Insert information for the following:   * Strategy for dissemination of learnings across TMR * Report type to be delivered and any required process for national coordination * Is FINAL report anticipated to be published on the NACoE Website?   ***Please Note: Multi-year projects require an Annual Progress Report to be completed by the TMR/ARRB Project Managers and submitted to the NACoE Agreement Mangers at the end of each project year*** | | | | |
| **Implementation of learnings:** | Describe your output and how this will be implemented across the department eg:   * updated Specification or Technical Note to be published * assisting with on-site application of new technology or products in districts/regions | | | | |
| **Linkages:** | Insert all linkages to this project past and current eg WARRIP, Austroads, other TMR research projects. | | | | |
| **Anticipated Budget:**  *(include all labour/goods & services)* | **Financial year** | **ARRB budget** | | **TMR budget** | |
| Year 1 |  | |  | |
| Year 2 |  | |  | |
| Year 3 |  | |  | |
| Year 4 |  | |  | |

**Proposed Project Name: Insert full project name.**

**TMR Project Manager ARRB Project Manager**

|  |  |  |
| --- | --- | --- |
| Signature |  | Signature |
|  |  |  |
| Name |  | Name |
|  |  |  |
| TMR Role |  | ARRB Role |
|  |  |  |
| Date: |  | Date: |

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| ***Office use only:***  **Agreement Managers**   |  |  |  | | --- | --- | --- | | Signature |  | Signature | |  |  |  | | Name |  | Name | |  |  |  | | TMR Role |  | ARRB Role |   TMR/ARRB Board Agreement approval **YES / NO**  Comment:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |