



Cooperative Transportation Research Program Project Task Order

Task Order Number: _____

This task order is made and entered into this _____ day of _____, 20____, by and between the State of Idaho, acting by and through the Idaho Transportation Board and the Idaho Transportation Department, whose address is 3311 West State Street, Boise, Idaho 83703, hereinafter called ITD and [university name], whose address is [address], hereafter called [university initials].

The task order describes research to be conducted by [university name] for ITD. Any deviation from the work outlined in the task order must first be approved in writing by ITD. In addition, work performed under this task order is subject to the provisions of the master agreement entered into by the aforementioned parties on the _____ day of _____, 20____. The master agreement and this task order constitute the entire agreement. No oral understanding or agreement shall be binding on any of the parties hereto.

Project Title		Project ID Numbers	
		ITD _____ [university name] _____	
Start Date (mm-dd-yy)	Duration (number of months)	Estimated Completion Date (mm-dd-yy)	
Maximum University Budget	Maximum Budget for ITD Expenses (if any)	University Cost Share (if any)	Total Project Budget
			\$

Contacts

ITD Project Manager's Name	
Phone Number	E-mail Address

Technical Advisory Committee Members

Name	
Phone Number	E-mail Address
Name	
Phone Number	E-mail Address
Name	
Phone Number	E-mail Address
Name	
Phone Number	E-mail Address
Name	
Phone Number	E-mail Address

[university name] Principal Investigator Name(s)	
Address	
Phone Number	E-mail Address
Co-Principal Investigator Name(s) (if applicable)	
Address	
Phone Number	E-mail Address
Peer Reviewers Name	
Address	
Phone Number	E-mail Address
Report Editor's Name	
Address	
Phone Number	E-mail Address
FHWA Project Advisor's Name	
Address	
Phone Number	E-mail Address

Note: Submit invoices and monthly Professional Agreement and Invoice and Progress Reports (ITD 0771) to:
Planning Division - Research Program Manager
Idaho Transportation Department
PO Box 7129
Boise ID 83707-1129

Description of Work

Research Problem Statement
Objectives
Project Tasks
Project Communication Schedule
Needs and Requirements
Required Outputs/Deliverables
Implementation
Expected Outcomes/Savings to ITD

Exhibit 1A – ITD Project Related Costs (ITD project manager/sponsor provides this information)

ITD costs associated with the project may be included if they were included in the original project request.

a. ITD Salaries and Benefits

Full time salaries	\$ _____
Temporary salaries	\$ _____
Hourly wages	\$ _____
Full time fringe benefits	\$ _____
Temporary fringe benefits	\$ _____
Subtotal for ITD Salaries and Fringe Benefits	\$ _____

b. Other ITD Costs

Equipment	\$ _____
In-state travel	\$ _____
Out-of-state travel	\$ _____
Materials and supplies	\$ _____
Other expenses	\$ _____
	\$ _____
	\$ _____
Subtotal for Other ITD Costs	\$ _____

Total ITD Project Related Costs (a+b) \$ _____

Total Costs for Project (total cost for 1 + total cost for 1A) \$ _____

Exhibit 2 – Capital Equipment Acquisition List

Capital equipment includes any equipment costing \$500 or more with a useful life of at least two years.

If a project is multi-year, note in which year the equipment will be purchased.

Equipment	Estimated Purchase Price	Year to be Purchased	Disposition After Project Completion

Exhibit 2A – ITD Capital Equipment Acquisition List

Equipment	Estimated Purchase Price	Year to be Purchased

Project Authorization

Authorizing Signatures

ITD Representative's Name (Printed)	Title	
ITD Representative's Signature		Date

University Representative's Name (Printed)	Title	
University Representative's Signature		Date

Acknowledged and Understood

ITD Representative's Name (Printed)	Title	
ITD Representative's Signature		Date

University Representative's Name (Printed)	Title	
University Representative's Signature		Date