NPE Offer No. _____ Adopt 3/19/2018
(For DOTD use)

New Product Evaluation Committee
Project Evaluation Form

Project Description and Scope: _____
_____
_____
_____

Cost of Project: $_____Cost of Materials being evaluated: $ _____

Project Address: _____
City State Zip

Project Owner: _____

Contact Name:_____ Contact Phone: _____

Contact Address: _____
City State Zip

Project Owner Type: ☐ Federal ☐ State ☐ County/Parish ☐ Private

Accessibility after 6-12 months? ☐ Yes ☐ No

Contact person and information for 6-12 month final evaluation site visit:
_____
_____
_____
_____