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FY26 Maine STIC Incentive Program Application Form

Submit by email to MaineDOTInnovates@Maine.gov by November 18, 2025 Send questions to Dawn Bickford, MaineDOT Innovation Coordinator, at the same address or at dawn.bickford@maine.gov

(download form to complete)

Proposal Title:	
Contact Info Name: Email: Phone:	Legal Recipient Entity:
STIC/State Name: Maine	FY: 2026
Estimated Total Project Cost: (This should be STIC amount PLUS Match)	
Total Amount of STIC funds requested (This value should be ≤ 80% of total budget cost AND ≤ \$125,000 max.)	
1. Your Innovation and its Significance: Describe (a) the innovation that you are looking to implement, (b) its value over defined legacy practices, and (c) potential benefit to the state of Maine.	
2. Your Project in Context: Describe (a) the current state of this innovation with Maine, (b) any barriers to its full implementation, and (c) how your project will further its deployment.	
3. EDC-7 Relevance: If your project is related to an EDC-7 initiative, name it here:	
4. Description of the Proposed Work: Describe (a) the scope of work that is to be completed with this funding request, (b) who will perform this work, (c) what stakeholders/beneficiaries will be involved, and (d) the qualifications of those performing the work to successfully complete it.	
Check whether this is <input type="checkbox"/> a complete project or <input type="checkbox"/> part of larger phased project.	

5. End Product/Result: Describe the anticipated product or result of the project and its significance in furthering deployment of the intended innovation.

6. Project Schedule: List the proposed schedule of activities by calendar quarter, including proposed start and end (*note program requirements in that regard*). Include six-month progress reports due each January and July and final report at conclusion.

7. Champion(s): Who will be (a) leading this project, and (b) reporting progress on this work to the Maine STIC? (*Note: If the applicant entity is other than MaineDOT, a MaineDOT co-champion must be identified in the proposal who is willing to serve as department liaison.*)

Estimated Total Cost/Budget Breakdown: Provide a cost estimate that is reflective of the total cost of the proposed work by line item. Each line item should be associated with a completed task, deliverable, or outcome that contributes to the completed funding request. Include other sources of cash or in-kind funding and their status (confirmed or pending). Fill in table below or attach a similar spreadsheet if desired. If part of larger effort, clearly distinguish what is being requested of the STIC Incentive Program. Requested STIC Federal funds must be matched by 20% State STIC and/or other non-federal funds supplied by applicant so that STIC federal share does not exceed 80% of total budget.

Expenditure	Funding Source			
	STIC Federal	STIC State	Other Funding (describe source and whether cash or in-kind)	Other Funding Status (Confirmed or Pending)
Direct Personnel				
Contractual				
Travel				
Supplies				
Other				
Direct Total				
Indirect %				
Total				

Total STIC Funds Requested:

Total Project Budget:

(The two above numbers should be the same as those listed on the first page of this application and should reflect what is listed in the above table)

Budget Justification: Explain the rationale for the estimate of each line item below.