# Fiscal Year 2024

# National Summer Transportation Institute

# Statement of Work

**<<College/University>> NSTI Transmittal Sheet**

**University/College Host Site**

Host Site: <<College/University>>

Address (including zip): <<Address>>

Project Director: <<Name>>

Phone: << # >>

E-Mail: << e-mail>>

**State Transportation Agency Liaison:**

Name: Aldrin T. Sanders

Title: Civil Rights Program Manager

Phone: (850) 414-4764

E-Mail: [aldrin.sanders@dot.state.fl.us](mailto:aldrin.sanders@dot.state.fl.us)

**Federal Highway Administration (FHWA) Division Office Representative**

**Name:** Bob Seliskar

Title: Program Management Analyst and Civil Rights Specialist

Phone: 406-441-3903

E-Mail: [Bob.Seliskar@dot.gov](mailto:Bob.Seliskar@dot.gov)

The host site must complete this form and return it with its Statement of Work to the Florida Department of Transportation (FDOT), Equal Opportunity Office (EOO).

# Fiscal Year 2024

# National Summer Transportation Institute

# Statement of Work Application

###### SECTION A: PROGRAM INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **STATE ABBREVIATION:** | |  | | |
| **STATE NAME:** | |  | | |
| **STATE DOT/PASSTHROUGH ENTITY:** | |  | | |
| **HOST SITE (SCHOOL NAME):** | |  | | |
| **CONGRESSIONAL DISTRICT NUMBER(S):** | |  | | |
| **SCHOOL HAS BACKGROUND CHECK POLICY? (YES/NO)** | |  | | |
| **FUNDS REQUESTED IN DOLLARS** | | | | |
| **NSTI FUNDS:** | |  | | |
| **504E FUNDS (NHPP, STBG, HSIP, CMAQ):** | |  | | |
| **STATE/LOCAL FUNDS:** | |  | | |
| **IN-KIND CONTRIBUTIONS (MONETARY):** | |  | | |
| **ADVANCED CONSTRUCTION? (YES/NO)** | |  | | |
|  | |  | | |
| **PERIOD OF PERFORMANCE (Start and end date) (MM/DD/YY):** | |  | | |
| **ANTICIPATED OBLIGATION DATE (MM/DD/YY):** | |  | | |
| Is this a new NSTI? (Yes / No) | |  | | |
| Number of Years Hosting NSTI: | |  | | |
| Program Length for each Session I (***IN WEEKS***): | |  | | |
| Program Length for each Session II (***IN WEEKS***): | |  | | |
| Program Length for each Session III (***IN WEEKS***): | |  | | |
| Total # of Weeks (All Sessions Combined) | |  | | |
| **PROGRAM DATES: (MM/DD/YY)** | | **FROM** | | **TO** |
|  | |  |
| Anticipated Number of NSTI Students: | |  | | |
| Total NSTI Program Length ***(IN WEEKS):*** | |  | | |
| FAA ACE Academy ***(IN DAYS):*** | |  | | |
| ACE Academy Location (***CITY, STATE****):* | |  | | |
| Anticipated Number of ACE Students: | |  | | |
| **SELECT PROGRAM TYPE (X):** | **Residential (\_\_)** | | **Non-Residential (\_\_)** | |
| **Virtual (\_\_)** | | **Hybrid (\_\_\_)** | |
| **SELECT GRADE LEVEL (X):** | **Junior High School (or Middle; Grades 7-8; 7-9)** | | **High School**  **(Grades 9-12; 10-12)** | |
| **(\_\_)** | | **(\_\_)** | |

**SECTION B: PROGRAM OVERVIEW**

Host site must provide an abstract of how it plans to implement this year’s NSTI program. (What, who, when, where, and how). The abstract should address program objectives explained in Attachment 2 of the Call for Statements of Work memorandum and include specific measures. Include a description of curriculum, specific field trips planned, and examples of planned enhancement activities and activity schedule. Exclude history information.

**SECTION C: PROGRAM ADMINISTRATION**

1. Recruitment and Student Selection Procedures
2. Staffing Requirements (Table-A)
3. Intermodal Advisory Committee (Table-B)
4. Specific-Named Partners (Table-C)
5. Implementation Plan - (Table-D)
6. Program Cost Excel Budget Spread Sheet (Table-E, PDFs not accepted)
7. Program Curriculum (STEM-Focused); must include activity schedule
   * Academic
   * Enhancement
   * Sports/Recreation (only for residential programs)
   * Follow-up Survey of Students

***Note: Please review your application to ensure it is accurate & complete the Excel budget spreadsheet.***

**Host Site representative with authority to APPROVE this Statement of Work (Type information):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The proposed work plan and budget has been reviewed. By signing this, we agree that this meets all the requirement identified in the most recent desk reference:

**State DOT representative with authority to APPROVE this Statement of Work (Type information):**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Internal Use Only**

The Division Office has reviewed the Host Site package. The proposed SOW and all required supporting documentation has been reviewed. The submission is:

\_\_\_ Recommended for approval.

\_\_\_ Not recommended for approval.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Civil Rights Specialist: Please convert this document to PDF and sign using YOUR electronic signature within Adobe.***