# Fiscal Year 2023

# 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 Liaisons:**

Name: Eric Smith

Title: Equal Employment Opportunity Director

Phone: 860-594-2211

E-Mail: [eric.d.smith@ct.gov](mailto:eric.d.smith@ct.gov)

Name: Sharon Okoye

Title: Transportation Engineer 3

Phone: 860-594-2367

E-Mail: sharon.okoye@ct.gov

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

**Name: Michael Chong**

Title: Civil Rights Specialist (CT & RI)

Phone: 860-494-7572

E-Mail: michael.a.chong@dot.gov

The host site must complete this form and return it with its Statement of Work to the <<State>> DOT.

# Fiscal Year 2023

# 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)**: | |  | |
| **FUNDS REQUESTED IN DOLLARS** | | | |
| **NSTI FUNDS**: | |  | |
| **OJT/SS FUNDS:** | |  | |
| **504E FUNDS (*NHPP, STBG, HSIP, CMAQ*):** | |  | |
| **STATE/LOCAL FUNDS:** | |  | |
| **IN-KIND CONTRIBUTIONS (MONETARY):** | |  | |
| **ADVANCED CONSTRUCTION? (YES/NO)** | |  | |
|  | |  | |
| **ANTICIPATED OBLIGATION DATE (MM/YY):** | |  | |
| Is this a new NSTI? (Yes / No) | |  | |
| Number of Years Hosting NSTI: | |  | |
| Program Length for Session I (IN WEEKS): | |  | |
| Program Length for Session II (IN WEEKS): | |  | |
| Program Length for Session III (IN WEEKS): | |  | |
| Total # of Weeks (***All Session 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**

In this section host site, must provide a one to two-page synopsis of how it plans to implement this year’s NSTI program. The synopsis 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. **The SOW should not exceed 10 pages (*the Excel budget workbook is excluded from page limitation*)**.

**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 document to PDF and sign using YOUR electronic signature within Adobe.***