# 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 Liaison:**

Name: << Name >>

Title: << Position >>

Phone: << # >>

E-Mail: <<e-mail>>

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

**Name: << Name >>**

Title: << Position >>

Phone: << # >>

E-Mail: << e-mail >>

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

|  |  |
| --- | --- |
| Host site: | (Name) |
| State: | (State) |
| Congressional District Number(s): | (Number) |
| FHWA Funding Proposed Allocation: | $0.00  |
| **Anticipated Obligation Date:** |  |
| Is this a new NSTI? | Yes / No |
| Years Hosting NSTI: | # |
| Program Length for Session I: | (Weeks of Session I) |
| Program Length for Session II: | (Weeks of Session II) |
| Program Length for Session III: | (Weeks of Session III) |
| Total Weeks (All Session Combined) | (Weeks) |
| **Program Dates:** | From | To |
| x/xx/xx | x/xx/xx |
| Anticipated Number of NSTI Students: | (Number) |
| Total NSTI Program Length: | (Weeks) |
| FAA ACE Academy: | (Days) |
| ACE Academy Location: | (City, State) |
| Anticipated Number of ACE Students: | (Number) |
| **Select Type of Program:** | **Residential** | **Non-Residential** |
| (Yes/No) | (Yes/No) |
|  | **Virtual** | **Hybrid** |
|  | (Yes/No) | (Yes/No) |
| **Select Grade Levels:**  | Junior High School (or Middle; Grades 7-8; 7-9) | High School(Grades 9-12; 10-12) |
| (X-X) | (X-X) |
| Priority (if applicable, rank 1-5) | (#) |

**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.

**Section C: Program Administration**

1. Recruitment and Student Selection Procedures
2. Staffing Requirements *(Tab A)*
3. Intermodal Advisory Committee *(Tab B)*
4. Specific-Named Partners *(Tab C)*
5. Implementation Plan - *(Tab D)*
6. Program Cost Excel Budget Spread Sheet (*Tab 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**:

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

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

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**:

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

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

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

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

**Internal Use Only**

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

\_\_\_ Recommended for approval.

\_\_\_ Not recommended for approval.

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

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