# Fiscal Year 2025

# 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: Tynesha Bryan**

Title: Diversity & Inclusion Specialist

Phone: (573) 522-9482

E-Mail: [tynesha.bryan@modot.mo.gov](mailto:tynesha.bryan@modot.mo.gov)

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

**Name: Laura Paulwell**

Title: Civil Rights Specialist

Phone: (573) 638-2635

E-Mail: [lauren.d.paulwell@dot.gov](mailto:lauren.d.paulwell@dot.gov)

The host site must complete this form and return it with its Statement of Work to the Missouri Department of Transportation.

# Fiscal Year 2025

# 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 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 (***provide narrative***)
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 (STEM-Focused) Curriculum; (***provide narrative***); 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.***