Click or tap here to enter text. **NSTI Transmittal Sheet**

**University/College Host Site**

Host Site: Click or tap here to enter text.

Address (including zip): Click or tap here to enter text.

Project Director: Click or tap here to enter text.

Phone: Click or tap here to enter text.

E-Mail: Click or tap here to enter text.

**State Transportation Agency Liaison:**

Name: Rosana Marshall

Title: Compliance Manager

Phone: 405-204-3573

E-Mail: [rosana.marshall@odot.ok.gov](mailto:rosana.marshall@odot.ok.gov)

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

Name: Steve Duskin

Title: Civil Rights Specialist

Phone: (405) 254-3313

E-Mail: steve.duskin@dot.gov

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

# Fiscal Year 2024

# National Summer Transportation Institute

# Statement of Work Application

###### Section A: Program Information

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

**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)- already completed*
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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_