# 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: Chrystal Section

Title: Supervisor, Title VI Nondiscrimination Programs

Phone: 609-963-2046

E-Mail: titlevi@dot.nj.gov

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

**Name: Jody-Ann Ovesen**

Title: PDP EEO Specialist

Phone: 609-637-4227

E-Mail: jody-ann.ovesen@dot.gov

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

# Fiscal Year [20XX]

# National Summer Transportation Institute

# Statement of Work Application

###### SECTION A: PROGRAM INFORMATION

|  |  |
| --- | --- |
| **STATE ABBREVIATION:** | **NJ** |
| **STATE NAME:** | **New Jersey** |
| **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: Chrystal Section

Title: Supervisor, Title VI Nondiscrimination Programs

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.***