

**2016 National Summer Transportation Institute  
Statement of Work Application**

**Transmittal Sheet**

**Host Site (College/University):**  
**Address (including zip):**

**Contact Representatives**

**Host Site**

Project Director:  
Title:  
Phone:  
E-Mail:

**State Transportation Agency Liaison:**

Name: Vanessa Crum  
Title: Administrator, Contracts  
Phone: 401-222-3260 x4431  
E-Mail: [vanessa.crum@dot.ri.gov](mailto:vanessa.crum@dot.ri.gov)

**Federal Highway Administration Division office**

Name: David Chandler  
Title: Civil Rights Program Manager  
Phone: (617) 494-2542  
E-Mail: [david.chandler@dot.gov](mailto:david.chandler@dot.gov)

Please complete and return this sheet along with your Statement of Work to Vanessa Crum via email at [vanessa.crum@dot.ri.gov](mailto:vanessa.crum@dot.ri.gov). You can also mail materials to *Civil Rights Specialist FHWA- Massachusetts and Rhode Island Divisions*  
*55 Broadway, 10th Floor*  
*Cambridge, MA 02142*

## 2016 National Summer Transportation Institute Statement of Work Application

### Section A: Program Information

Host Site (Name):			
State Abbreviation:			Zip:
Congressional District Number(s):			
FHWA Funding Requested:			
Is this a new STI? Y/N			
Number of years in existence:			
Type of In-Kind Contributions:	N/A		Monetary \$
	Other (Provide brief description):		

  

Program Length:	Program Dates:		
NSTI (weeks):			
FAA ACE Academy (days):			
ACE Academy Location:			
Anticipated Number of Students:			

  

Select Type of Program:	Residential		Non-Residential
Select Grade Levels:	Middle School (grades 6-8)		High School (grades 9-12)
Priority (if applicable, rank 1-5)			

**Each Summer Transportation Institute (STI) Host Site is responsible for the following:**

1. **Financial Reimbursement:** Submit all invoices in a timely manner. Note: Expenses on invoices should reflect only the expenses listed in the approved budget.
2. **Section 508 Standards of the Rehabilitation Act:** Ensure that their procurement of electronic and information technology takes into account the needs of all end users – including members of the public with disabilities who are seeking information or services, have access to and use of information and data that is comparable to that provided to others.
3. **Annual Post Program Questionnaire:** Complete the online NSTI Questionnaire via a web link provided by HCR at the end of the program. **PLEASE DO NOT SEND COPIES TO HCR.**
4. **Program Evaluations:** Conduct weekly and post program participant evaluations.

## **Section B: Program Overview**

Provide a one or two-page summary of the NSTI program the host site plans to implement. Information in this section should address the program objectives delineated in the solicitation memorandum, and include a description of curriculum, specific field trips planned, and examples of any enhancement activities planned.

## **Section C: Program Administration**

1. Recruitment and Student Selection Procedures
2. Staffing Requirements - *Complete Table A of "NTSI Proposal Application.xlsx"*
3. Program Cost (Detailed Budget Summary) - *Complete Table B*
4. Inter-Modal Advisory Committee - *Complete Table C*
5. Specific-Named Partners - *Complete Table D*
6. Implementation Schedule - *Complete Table E*
7. Program Curriculum (STEM-Focused)
  - Academic
  - Enhancement
  - Sports/Recreation (*residential programs*)
8. Follow-up Survey of Students

### **AVIATION CAREER EXPERIENCE:**

*For more information, please see the point of contact list provided.*

*Please review application in its entirety to confirm information is accurate.*

***Name of STA Representative who reviewed this proposal:***

***Date:***