# Fiscal Year 2020 DBE Supportive Services Statement of Work

**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 2020 DBE Supportive Services Statement of Work Application

**Section A: Program Information**

|  |  |
| --- | --- |
| Host site: |  |
| Responsible Agent Name |  |
| Responsible Agent Contact Information |  |
| FHWA Funding Proposed Allocation: |  |
| Proposed Districts |  |

**Section B: Program Overview**

In this section, the host site, must provide a synopsis of how it plans to implement the DBE/SS program. The synopsis should address program objectives explained by the Scope of Work.

**Section C: Budget- Need One For Each District That You Propose To Cover**

|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Cost Per Occurrence** | **Anticipated Occurrences** | **Total Costs** |
| Enrollment and Assessment |  |  |  |
| DBE Certification Application Assistance |  |  |  |
| Complete Business Plan and offer technical assistance |  |  |  |
| Facilitate Bid Submittal |  |  |  |
| Contract Award Bonus |  |  |  |

**Section D: Staffing**

Staff who will be directly working with the DBE’s or Caltrans should be listed below.

Please include resumes for any staff noted below. If staff changes, Caltrans must be notified immediately, and new resumes sent. Caltrans must accept any staffing changes.

|  |  |
| --- | --- |
| Information Categories | Assigned Personnel’s Information |
| Name: |  |
| Position Title: |  |
| Affiliation: |  |
| Job Description: |  |
| Name: |  |
| Position Title: |  |
| Affiliation: |  |
| Job Description |  |
| Name: |  |
| Position Title: |  |
| Affiliation: |  |
| Job Description |  |
| Name: |  |
| Position Title: |  |
| Affiliation: |  |
| Job Description |  |
| Name: |  |
| Position Title: |  |
| Affiliation: |  |
| Job Description: |  |
| Name: |  |
| Position Title: |  |
| Affiliation: |  |
| Job Description: |  |