

# Disadvantaged Business Enterprise Supportive Services (DBE/SS) Statement of Work Template

OMB CONTROL NUMBER: 2125-XXXX  
EXPIRATION DATE: mm/dd/yyyy

## Paperwork Reduction Act Burden Statement

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All responses to this collection of information are required to obtain or retain a benefit [23 CFR 230.204]. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Department of Transportation, Federal Highway Administration, 1200 New Jersey Ave SE, Washington, D.C. 20590.

FHWA requires each State DOT to design an effective and feasible metric-based DBE/SS program for the purpose for increasing the capacity and to improve the overall business practices of DBEs. State DOTs are required to submit to FHWA a detailed Statement of Work (SOW) for meeting the requirements of 23 CFR 230.204(b).

The SOW must outline the State DOT's proposed budget, approximated, based on the provided estimated funding allocation. State DOTs must describe how the program will deliver business development services for identified DBEs and the process of how staff selects DBEs for the program. The SOW should contain goals and objectives tailored to the development of each identified DBE participant.

State DOTs must submit only one SOW per Federal fiscal year, although each SOW may include multiple concepts within a single submission. For example, the SOW may include an element of a concluding program and an additional Business Development element. State DOTs should announce all DBE/SS solicitations on their public website and must solicit proposals from qualified sources in such a way as to ensure the competitive nature of the procurement (23 CFR § 230.204 (e)).

Please complete the following outlined SOW template. Please contact your Division Civil Rights Specialist for additional assistance.

**PROGRAM DESIGN**

**Purpose Statement:**

*{Provide a detailed narrative of the DBE/SS purpose.}*

**Program Goals:**

*{Identify the program goals in your State to achieve the DBE/SS program's purpose.}*

**Business Development Program:**

*{Provide a detailed narrative of your State's Business Development Program.}*

**Coordination Plan for Engagement with Small Business Transportation Resource Centers (SBTRCs):**

*{Provide details for plans to coordinate with the Small Business Transportation Resource Centers (SBTRCs).}*

**Scope of Work:**

**A. Provide a summary narrative of your Scope of Work**

[ TEXTBOX ]

**B. Detail the schedule/timeline for activities/services**

[ TEXTBOX ]

**C. Provide a description of the State DOT personnel and resources devoted to the program**

[ TEXTBOX ]

**D. Will a service provider be used?**

[ ] Yes [ ] No

**If Yes, identify service provider and include contract information, description, expertise, and experience. Attach resumes using the Attach File button.**

[ TEXTBOX ]

**E. Identify current and/or anticipated partnerships with established programs**

[ TEXTBOX ]

**1. Identify Objective:**

*{Provide result-oriented objectives, identify the metrics and the measures of*

achievement for each objective.}

<b>Metrics:</b>	<b>Measure of Achievement:</b>
1.	
2.	
3.	

**2. Identify Objective:**

<b>Metrics:</b>	<b>Measure of Achievement:</b>
1.	
2.	
3.	

**3. Identify Objective:**

<b>Metrics:</b>	<b>Measure of Achievement:</b>
1.	
2.	
3.	

**BUDGET SUMMARY**

{Provide a short description for each category listed below, including a cost breakdown for each item and the purpose. Indirect cost not to exceed 10% unless STA has a Federally approved Indirect Cost Allocation Plan.}

Program Total Cost:	\$0	Federal Funds	\$0
		State Funds In-kind	\$0
		State Funds (504(e))	\$0

**Detailed Budget Breakdown**

Categories	Purpose (Short Description)	FHWA Funds Requested	State In-Kind Contribution(s)	Total Cost
Personnel		\$0	\$0	\$0
Fringe Benefits		\$0	\$0	\$0
Contractual Services		\$0	\$0	\$0
Equipment		\$0	\$0	\$0
Travel		\$0	\$0	\$0
Supplies		\$0	\$0	\$0
Direct Cost		\$0	\$0	\$0
Indirect Cost		\$0	\$0	\$0
Miscellaneous/Other		\$0	\$0	\$0
Any 504(e) Provided Funds?		\$0	\$0.00	\$0.00
<b>Total</b>		<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

**Budget Description:**

{Provide a narrative detailing the budget activities identified above.}

**EVALUATION, MONITORING & OVERSIGHT PLAN**

**Monitoring and Oversight Plan:**

{Provide a narrative detailing how the program will be monitored by the State DOT.}

**Data collection:**

*{Describe data collection procedures.}*

**Data collection frequency:**

*{Describe frequency of data collection and service provider reporting}*

**Provider Accountability:**

*{Describe how the State DOT will provide ongoing interaction with service provider to ensure timely completion of program tasks and ensure accomplishments are achieved}*

**Division Report Out Plan:**

*{Describe how the State DOT will identify and keep Division apprised of issues and concerns that may arise during the performance}*

**REPORTING REQUIREMENTS**

**Division Reporting:**

*{Describe how often the State DOT will provide progress reports to the Division Office detailing developments of the program}*

**Monthly**

**Quarterly**

**Annual**

**Reporting Elements:**

*{Describe how the State DOT will report accomplishments to Division (e.g., number of DBEs identified and analyzed; number of DBEs receiving services; DBEs with developed business development plans with measurable outcomes, etc.)}*

**Attachments:**

*{option to upload supporting attachment documentation}*

<<insert submit icon>