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## **BACKGROUND**

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The South Carolina Department of Transportation's Division of Minority & Small Business Affairs is committed to providing training and supportive services, to include tuition assistance, to enhance the business and workforce development of qualifying Disadvantaged Business Enterprises (DBEs). This initiative was implemented through former Business Opportunity and Workforce Development (BOWD) Program.

## **PURPOSE**

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The DBE "Training Tuition Assistance Program" (TTA) is designed for eligible South Carolina DBE firms by providing financial assistance for training with the intent of developing the educational skill levels of employees, improving job-related or career-related capabilities, thereby, enhancing the firm's capacity. Areas qualifying for training assistance include, but are not limited to, technical/management development programs and relevant certifications.

## **PROGRAM COMPONENTS**

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- Approved tuition assistance will be made in the form of reimbursement.
- Only SCDOT DBE certified firms, who have been on the Department's Unified Certification Program Directory list for the last two (2) years and are in good-standing, are eligible for consideration.
- Only "key" employees of the DBE firm

will be approved for participation. A "key" employee is someone in a position whose decisions directly impact the day-to-day operations of the business.

- Firm must have attended at least two (2) SCDOT sponsored training events within the last two (2) years.
- Requested assistance must be directly related to training, which will enhance a firm's business skills allowing the firm to compete more successfully in the highway transportation industry.
- Requests for assistance must be made on the "DBE Training Tuition Assistance Request & Reimbursement Approval Form" (TTA-1). Request forms should be received at least thirty
- (30) days prior to the start of training. The TTA Program Coordinator will notify the firm, in writing, of approval or denial of the request.
- Assistance approval must be received, in writing, from the TTA Program Coordinator prior to attendance. Failure to receive proper approval prior to attendance will result in denial of the request for assistance.
- Request denials do not prohibit a firm from attending training. However, the denial does mean the Department will not provide the firm with financial assistance on the specific request.
- When evaluating requests for assistance, consideration will be given based on the adherence to the stipulated request process; the firm's program eligibility; the purpose of training and the benefit of the training to enhance the firm's business skills in the highway transportation industry.
- Assistance is limited to the availability of funds.

- An eligible DBE firm may be provided approved assistance up to \$1,500 per year. (Based on the availability of funds, this amount is not guaranteed and may be subject to change.)
  - Prior to the issuance of reimbursement, the firm must submit, for each participant, a completed "Reimbursement Attendance Acknowledgement Form" (TTA-2) signed by the trainer, along with a copy of the completed training sponsor's registration form and a copy of the paid invoice. To expedite processing, forms should be returned to the TTA Program Coordinator within five (5) working days of completion of training.
1. Failure to provide the completed "Reimbursement Attendance Acknowledgement Form," TTA-2, and stipulated attachments within fifteen (15) calendar days of completion of training will result in the forfeiture of reimbursement. Failure to attend or satisfactorily complete training approved for reimbursement will result in forfeiture of reimbursement and in disqualification for future training tuition assistance for the DBE firm.
  2. Trainer's signature may be subject to verification.
  3. Denial of tuition assistance is at the final discretion of the Department.

**Please send all correspondence to: South Carolina Department of Transportation, Division of Minority and Small Business Affairs, ATTN: TTA Program Coordinator-Business Development Center, PO Box 191, Columbia, South Carolina 29202**



SCDOT DBE TRAINING TUITION ASSISTANCE REQUEST & REIMBURSEMENT APPROVAL FORM

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Mailing Address (if different): \_\_\_\_\_

\_\_\_\_\_ City State Zip

Phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Original SCDOT Certification Date: \_\_\_\_\_ Last Certification Renewal Date: \_\_\_\_\_

In the last two years, my firm has attended the following SCDOT sponsored training events:

Event/Training & Date: \_\_\_\_\_

Event/Training & Date: \_\_\_\_\_

Event/Training & Date: \_\_\_\_\_

Reimbursement Requested For:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Title of Program (attach announcement/registration form):

Trainer: \_\_\_\_\_ Training Location: \_\_\_\_\_

Cost of Training: \$ \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_

Please provide a brief summary of the training and how it will enhance your firm's bussiness. You may attach additional pages, if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that reimbursement is contingent upon prior written approval, attendance/satisfactory completion of the above mentioned program and my compliance with the attendance acknowledgement procedure. My failure to adhere to the stipulated guidelines will result in my ineligibility of reimbursement and jeopardize my eligibility for future training tuition assistance. I understand that denial of assistance is at the final discretion of the SCDOT.

\_\_\_\_\_  
Signature Date

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\_\_\_\_\_  
TTA Program Coordinator Date  Recommended  Not Recommended

Approved  Denied

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\_\_\_\_\_  
Director of Supportive Services & Business Development Date

### SCDOT DBE TRAINING TUITION ASSISTANCE "REIMBURSEMENT" ATTENDANCE ACKNOWLEDGEMENT FORM

Participants Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Mailing Address (if different): \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip* \_\_\_\_\_  
FAX: (\_\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Title of Training: \_\_\_\_\_

Dates of Training: \_\_\_\_\_

\*\*\*CHECK ONE OF THE FOLLOWING\*\*\*

I certify that I DID attend the above training program as requested on the attached "SCDOT DBE TRAINING TUITION ASSISTANCE REQUEST & REIMBURSEMENT APPROVAL FORM".  
I have attached a completed copy of the training sponsor's registration form and a copy of the paid invoice. I have obtained the trainer's attendance verification signature.

This is to verify that the above listed participant successfully completed the training course described on this form.  
Trainer Signature \_\_\_\_\_ Date \_\_\_\_\_

I certify that I DID NOT attend/satisfactorily complete the above training program for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand requests for reimbursement are contingent upon prior approval, attendance/ satisfactory completion of the above mentioned program and my compliance with the "Attendance Acknowledgement Form" procedure. My failure to adhere to the stipulated guidelines will result in my ineligibility of reimbursement, and jeopardize my eligibility for future training tuition assistance. I understand that the "Trainer's Signature" is subject to verification. I understand that denial of assistance is at the final discretion of the Department.

Participants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return form(s) to: South Carolina Department of Transportation, Division of Minority and Small Business Affairs, ATTN: TTA Program Coordinator- Business Development Center, PO Box 191, Columbia, South Carolina 29202

(TTA-2) Revised 01-2020

