DISADVANTAGED BUSINESS ENTERPRISE (DBE) TRAINING TUITION ASSISTANCE PROGRAM

THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE A CONTRACT BETWEEN THE FIRM AND THE AGENCY. THIS DOCUMENT DOES NOT CREATE ANY CONTRACTUAL RIGHTS OR ENTITLEMENTS. THE AGENCY RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT.

BACKGROUND

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

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:

- 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.
PROGRAM COMPONENTS continued:

- 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.

- 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

Revised 01-2020
SCDOT DBE TRAINING TUITION ASSISTANCE REQUEST & REIMBURSEMENT APPROVAL FORM

***PLEASE TYPE OR PRINT***

COMPANY NAME: ____________________________________________________________

COMPANY ADDRESS: __________________________________________________________

COMPANY MAILING ADDRESS, IF DIFFERENT: ____________________________________

TELEPHONE NUMBER: ____________________ FAX NUMBER: ________________________

E-MAIL ADDRESS: _____________________________________________________________

ORIGINAL SCDOT CERTIFICATION DATE: ____________________ LAST CERTIFICATION RENEWAL DATE: ____________________

MY FIRM HAS ATTENDED THE FOLLOWING SCDOT SPONSORED TRAINING EVENTS DURING THE LAST TWO (2) YEARS:

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 TRAINING AND HOW IT WILL ENHANCE YOUR FIRM’S/EMPLOYEE’S BUSINESS SKILLS. 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.

_________________________________________       DATE: _____________________

Signature Date

(TTA Program Coordinator)       DATE: _____________________ RECOMMENDED [ ] NOT RECOMMENDED [ ]

( ) APPROVED    ( ) DENIED

Director of Supportive Services & Business Development

(TTA-1) Revised 01-2020
SCDOT DBE TRAINING TUITION ASSISTANCE
“REIMBURSEMENT”
ATTENDANCE ACKNOWLEDGEMENT FORM

{PLEASE TYPE OR PRINT}

PARTICIPANT'S NAME: ____________________________________________________________

COMPANY NAME: ________________________________________________________________

COMPANY ADDRESS: _____________________________________________________________

COMPANY MAILING ADDRESS, IF DIFFERENT: _______________________________________

TELEPHONE NUMBER: _______________________________ FAX NUMBER: ___________________

E-MAIL ADDRESS: _______________________________________________ FEIN#: ______________

TITLE OF TRAINING: _____________________________________________________________

DATE(S) 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.

_________________________________________ ____________________________
PARTICIPANT’S SIGNATURE DATE

NOTE: PLEASE RETURN THIS FORM 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 29201

(TTA-2) Revised 01-2020