

**OKLAHOMA DEPARTMENT OF TRANSPORTATION  
CIVIL RIGHTS DIVISION, EXTERNAL PROGRAMS  
DISADVANTAGED BUSINESS ENTERPRISE (DBE) PROGRAM  
TRAINING GRANT REQUIREMENTS**

**Purpose:** To assist in paying tuition costs associated with training that can enhance the abilities of a qualifying DBE Firm to participate in the federal-aid highway program, either in the area of professional services or construction.

**Criteria:** Qualifying applications will be approved on a first-come, first-serve, funds available basis. **No training will be paid for unless prior approval is obtained from ODOT, Civil Rights Division.** Submit training request at least two months before date of event. Incomplete requests will not be approved.

**Who Qualifies?** Owners and Key Employees of currently certified DBE firms who actively bid on or work in the areas of highway construction.

**What Qualifies?** Training that can enhance a DBE's ability to obtain work in the federal-aid highway program. Training must be associated with a business activity or the work categories for which the firm is certified for DBE credit. Examples would be; estimating, accounting, safety, etc. Training must be offered and held at an accredited Institution.

**Travel Reimbursement?** None – mileage, meals and lodging will be the DBE firm's responsibility.

**Out of State DBE Firms:** Out of State DBE Firms are highly encouraged to contact their home State DBE Supportive Services Program for training opportunities.

In addition to the above mentioned grant requirements, Out of State DBEs must be Certified in the State of Oklahoma.

**How Much?** To the extent funds are available, the training limit is \$1,000 per qualifying DBE firm per federal fiscal year.

<b>DBE Firm:</b>	
Name _____	
Phone _____	Contact _____
Street Address _____	
City/State/Zip _____	
How will this assistance help your company? Company Enhancement _____ Bidding on upcoming project _____	
Other/Comments _____	
<b>Training Information:</b>	
_____	
Course Title/Location of Training (Name of Accredited Institution and Address)	
_____	
Time/Date of Training	
_____	
Name(s) of Participants	
_____	
Tuition Cost	Date of Request
_____	
Signature of DBE Owner	
_____	

**ODOT, EXTERNAL PROGRAM OFFICE USE ONLY**

Date Received \_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_ Approved, not to exceed (\$\$) \_\_\_\_\_  
Date Applicant Notified of Approval/Denial

Denied, reason \_\_\_\_\_

\_\_\_\_\_  
Authorized Signature/Date