

The DBE U Reimbursement Program

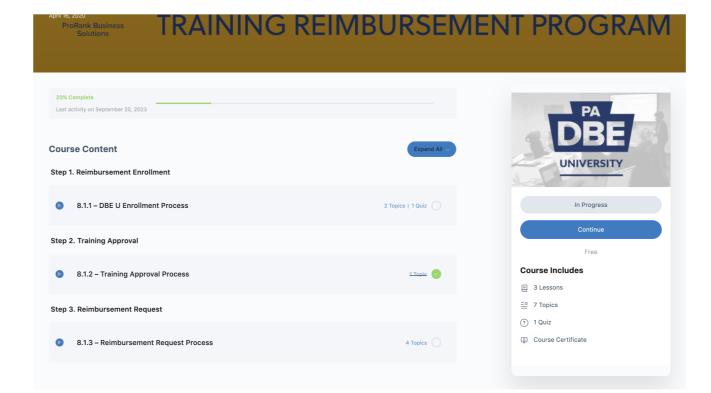
If you are a PAUCP Disadvantaged Business Enterprise (DBE) NOT Already In ProRank Academy, please begin by completing the survey below. • ANA.PENNDBE.COM (Requested only once per firm every 12 months)

<u>Who's Eligible:</u>

Currently Certified <u>PA Unified Certification Program</u> DBEs.

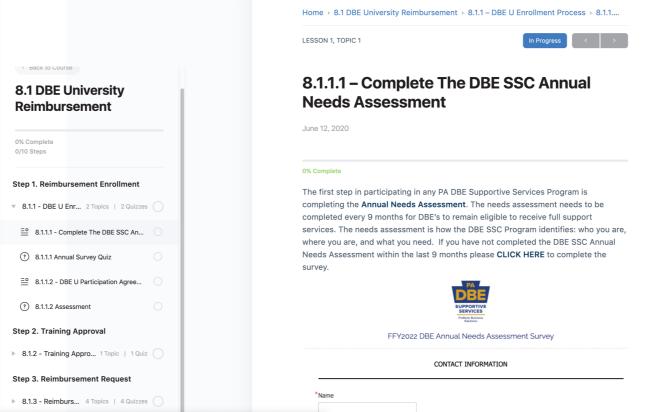
By completing this survey you will receive a username and credentials for ProRank Academy. You will also completed DBE U Reimbursement Step1A.

We'll start in Course 8.1 DBE University Reimbursement

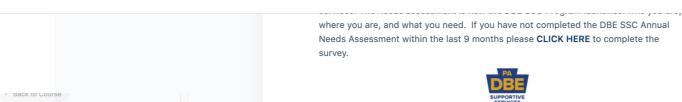


Step 1. Reimbursement Enrollment

Step 1A - Complete The DBE SSC Annual Needs Assessment



Answer the quiz question after survey has been completed.



8.1 DBE University Reimbursement	FFY2022 DBE Annual Needs Assessment Survey						
0% Complete 0/10 Steps	CONTACT INFORMATION						
Step 1. Reimbursement Enrollment							
8.1.1 - DBE U Enr 2 Topics 2 Quizzes	*Email Address						
≝ 8.1.1.1 - Complete The DBE SSC An	*Company Name						
③ 8.1.1.1 Annual Survey Quiz							
≅ 8.1.1.2 - DBE U Participation Agree	Do not take the quiz until you have completed the Annual Needs Assessment.						
(?) 8.1.1.2 Assessment	QUIZZES						
tep 2. Training Approval	40.220						
8.1.2 - Training Appro 1 Topic 1 Quiz	(?) 8.1.1.1 Annual Survey Quiz						
Step 3. Reimbursement Request							
8.1.3 - Reimburs 4 Topics 4 Quizzes							

Step 1B: Complete the DBE Participation Agreement

	Home > 8.1 DBE University Reimbursement > 8.1.1 – DBE U Enrollment Process > 8.1.1
	LESSON 1, TOPIC 2
S Back to Course	
8.1 DBE University	8.1.1.2 – DBE U Participation Agreement
Reimbursement	April 16, 2020
0% Complete 0/10 Steps	
Step 1. Reimbursement Enrollment	Download the DBE Participation Agreement below.
8.1.1 - DBE U Enr 2 Topics 2 Quizzes	Complete the form and upload the document back to us using the module at the bottom of the page.
8.1.1.1 - Complete The DBE SSC An	PENNSYLVANIA DBE SUPPORTUE SERVICES
③ 8.1.1.1 Annual Survey Quiz	DBE Staff Training Reimbursement Program
🚆 8.1.1.2 - DBE U Participation Agree	DBE Participation Agreement
3 8.1.1.2 Assessment	L
ep 2. Training Approval	stated below is true: 1. My firm is a certified DBE (w/ PA UCP) in accordance with federal and state guidelines.
	2. We are a registered PennDOT Business Partners on ECMS.
8.1.2 - Training Appro 1 Topic 1 Quiz	 The employees who participate in training for whom we request reimbursement are full time employees of this company. All training activities will have occurred between October 1, 2022 and September 30, 2023.
	5. We will provide one of the following: an invoice from the training provider showing receipt of payment, or a copy of both sides of a
ep 3. Reimbursement Request	cancelled company check for payment.

Download the agreement, sign i,t and upload your signed form at the botton of the page.

	9. Requests for reimbursement shou Page - 1. 1. pp. /omp/il on of all summing se Q. (Rein + source completed trainings up to \$1.000.00 kp.prmitted)
	Download the DBE Participation Agreement
	NOTE: If you have already submitted this form AFTER Octobe
•-	 STOP, This form <u>DOES NOT need to be resubmitted</u> again
<i>rsity</i>	generated on October 1, 2024.
ent	 If you have not completed the above document after Octo
	submit your completed agreement in the section below.
	If you have issues accessing the agreement, saving the agree
	into the module below, please contact us at P: (833) 736-632
	penndbe@prorankllc.com
Iment	
2 Quizzes	ASSIGNMENTS
BE SSC An	Upload Assignment (Maximum upload file size: 128M Allowed file ty
Quiz	
<u>.</u> 0	Browse No file selected
Agree	
	01117755
al	QUIZZES
I Topic 1 Quiz ()	(?) 8.1.1.2 Assessment

Step 2. Training Approval

Step 2: Complete the DBE U Training Program Approval

	LESSON 2, TOPIC 1	In Progress <
to Course	8.1.2.1 – 2020 DBE	U Training Program
BE University	Approval.pdf	
bursement	April 16, 2020	
lete s	0% Complete	
leimbursement Enrollment	The approval form below will need to submitted after October 1st, 2023.	be completed for all initial training reque
BE U Enroll 2 Topics 2 Quizzes	need to include this information v	our confirmed "Approval Requests" as yo vith your future requests for the same or
raining Approval	training.	
raining Approva 1 Topic 1 Quiz	Training Approval Document Down	iining that has already been approved. oad
2.1 - 2020 DBE U Training Program		
.2.1 – Assessment		PENNSYLVANIA DBE SUPPORTIVE SERVICES Proffanie Business Solutions
		Training Program Approval Request
eimbursement Request	must be shown to increase a firm's ability	ning program to DBE University's curriculum. All trainings to compete in the highway construction industry. Please
Reimburse 4 Topics 4 Quizzes	All requests will be reviewed on a case by	ination can be reached absent any supporting documentation. ase basis. The DBE Supportive Services Center and PennDOT
	reserve the right to deny any request. Section A -	To be completed by DBE Firm
	DBE Firm Name:	
	PennDOT Business Partner	

Upload the completed training program approval document.

 Back to Course 8.1 DBE University Reimbursement 0% Complete 0/10 Steps 	Date(s) of Training: Duration: Choose Category Choose Category Choose Category Delivery Method/Format: Choose Method/Format Description of Training: Learning Learning Outcomes & Objectives: Materials Needed: Materials Needed: NOTE: If you have proof of training approval for this training. NOTE: If you have proof of training approval for this training is the Needed is the Next Step - Submit your proof of previously approved training request below. If you have issues locating proof of your previous training your info into the module below, please contact us at P: penndbe@prorankllc.com	ceived approval for this ning after October 1, 2023, of training approval or ng approval, or re-uploading
Step 1. Reimbursement Enrollment	ASSIGNMENTS	0/0 APPROVED
Step 2. Training Approval	Upload Assignment (Maximum upload file size: 128M)	
8.1.2 - Training Approva 1 Topic 1 Quiz	Browse No file selected	Upload
≅ 8.1.2.1 - 2020 DBE U Training Program		
8.1.2.1 - Assessment	QUIZZES	



Upon submission, you will see a notice that looks like this.

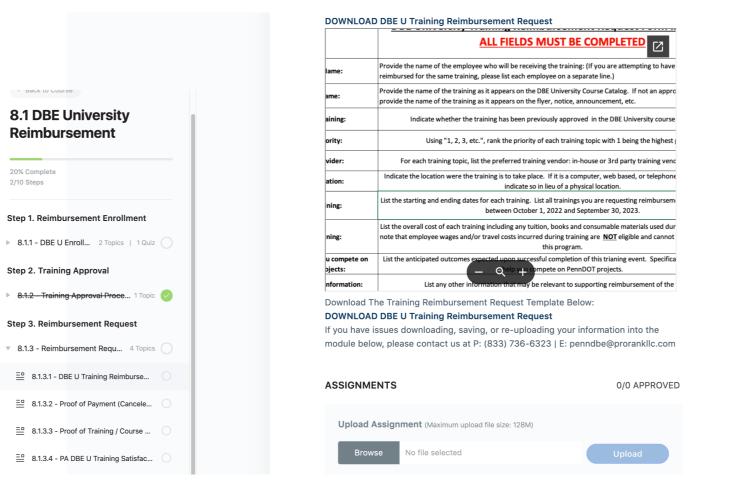
	Download and complete this form if you have not yet rece training. NOTE: If you have proof of training approval for this trainin Please Do Not Submit A New Form!					
	 To Continue to the Next Step – Submit your proof of previously approved training request below. 	training approval or				
 Back to Course 8.1 DBE University Reimbursement 	If you have issues locating proof of your previous training approval, or re-upload your info into the module below, please contact us at P: (833) 736-6323 E: penndbe@prorankllc.com					
0% Complete 0/10 Steps	Assignment successfully uploaded.					
Step 1. Reimbursement Enrollment	() You have an assignment awaiting approval.					
 8.1.1 - DBE U Enrollme 2 Topics 1 Quiz Step 2. Training Approval 	ASSIGNMENTS	0/1 APPROVED				
8.1.2 - Training Approval Process 1 Topic	× ≟ assignment_4784_	S Waiting Review				
≅ 8.1.2.1 - 2020 DBE U Training Program	Upload Assignment (Maximum upload file size: 128M)					
Step 3. Reimbursement Request 4 Topics	Browse No file selected	Upload				

Upon approval you will receive an email and the page will now look like this.

		oose Category Choose Category oose Method/Format Choose Method/Format					
< Back to Course	Download and complete this form training.	n if you have not yet received approval for this					
8.1 DBE University Reimbursement	 NOTE: If you have proof of training approval for this training after October 1, 2023, Please Do Not Submit A New Form! To Continue to the Next Step – Submit your proof of training approval or previously approved training request below. 						
20% Complete 2/10 Steps		of your previous training approval, or re-uploading please contact us at P: (833) 736-6323 E:					
tep 1. Reimbursement Enrollment							
8.1.1 - DBE U Enrollme 2 Topics 1 Quiz	ASSIGNMENTS	1/1 APPROVED					
tep 2. Training Approval	ی assignment_4784_169	✓ Approved					
8.1.2 Training Approval Process 1 Topic	Upload Assignment (Maximum u	upload file size: 128M)					
step 3. Reimbursement Request	Browse No file selected	Upload					
8.1.3 - Reimbursement Request 4 Topics							

Step 3. Reimbursement Request

Step 3A. Complete Reimbursement Request Spreadsheet and upload back to the site.



Review the DBE U Training Reimbursement Request Instructions before submitting.

PA DBE SUPPORTIVE SERVICES Putter Busines Soldions	DBE University Training Reimbursement Request Form Instructions: ALL FIELDS MUST BE COMPLETED
Employee Name:	Provide the name of the employee who will be receiving the training: (If you are attempting to have multiple employees reimbursed for the same training, please list each employee on a separate line.)
Training Name:	Provide the name of the training as it appears on the DBE University Course Catalog. If not an approved training, please provide the name of the training as it appears on the flyer, notice, announcement, etc.
Approved Training:	Indicate whether the training has been previously approved in the DBE University course particpation.
Training Priority:	Using "1, 2, 3, etc.", rank the priority of each training topic with 1 being the highest priority.
Training Provider:	For each training topic, list the preferred training vendor: in-house or 3rd party training vendor, if applicable.
Training Location:	Indicate the location were the training is to take place. If it is a computer, web based, or telephone based training please indicate so in lieu of a physical location.
Date of Training:	List the starting and ending dates for each training. List all trainings you are requesting reimbursement for that happended between October 1, 2022 and September 30, 2023.
Cost of Training:	List the overall cost of each training including any tuition, books and consumable materials used during the training. Please note that employee wages and/or travel costs incurred during training are <u>NOT</u> eligible and cannot be reimbursed through this program.
How does it help you compete on PennDOT Projects:	List the anticipated outcomes expected upon successful completion of this trianing event. Specifically, indicate how will it help you compete on PennDOT projects.
Other Significant Information:	List any other information that may be relevant to supporting reimbursement of the training.

Step 3B - Submit proof of payment

Please provide proof of payment for your training by uploading your canceled check or a bank statement below. • The made out to name on the canceled check or the bank statement should match the name of the trainer or training organization. • The amount of the canceled check or bank statement should be in line with the amount that is being requested. In Progress < > LESSON 3, TOPIC 2

8.1.3.2 – Proof of Payment (Canceled Check or Bank Statement) Step 1. Reimbursement Enrollment April 17, 2020 ▶ 8.1.1 - DBE U Enr... 2 Topics | 2 Quizzes Step 2. Training Approval 0% Complete 8.1.2 - Training Appro... 1 Topic | 1 Quiz Please provide proof of payment for your training by uploading your canceled check or a bank statement below. Step 3. Reimbursement Request The made out to name on the canceled check or the bank statement should match 8.1.3 - Reimburs... 4 Topics | 4 Quizzes (the name of the trainer or training organization. • The amount of the canceled check or bank statement should be in line with the 🚊 8.1.3.1 - DBE U Training Reimburse... amount that is being requested. Accessing your banking statements online is the easiest way to obtain this information if you don't already have it. Please upload your supporting documentation below. If you have any issues or have any further questions, please contact us at P: (833) 736-8.1.3.2 - Proof of Payment (Cancele... 6323 | E: penndbe@prorankllc.com = 8.1.3.3 - Proof of Training / Course ... ASSIGNMENTS 0/0 APPROVED Upload Assignment (Maximum upload file size: 128M) E 8.1.3.4 - PA DBE U Training Satisfac... Browse o file selected

Recap Of Required Form Submission

Step 1B: Complete the DBE Participation Agreement

		PENNSYLVANIA DBE SUPPORTIVE SERVICES Pusifieti Builters Solutions			
DBE Staff Training Reimbursement Program DBE Participation Agreement					
I,(Authorized S	granoryj (Name of Organization)	, with a Pennsylvania Department of			
Transportation i	PennDOT) Business Partner Identification Number of	agree to adhere			
to the following stated below is	guidelines as a participant in the DBE Staff Training Rein	nbursement Program and affirm that all of the following			

1. My firm is a certified DBE (w/ PA UCP) in accordance with federal and state guidelines. 2. We are a registered PennDOT Business Partners on ECMS. 3. The employees who participate in training for whom we request reimbursement are full time employees of this company. All training activities will have occurred between October 1, 2022 and September 30, 2023. 5. We will provide one of the following; an invoice from the training provider showing receipt of payment, or a copy of both sides of a cancelled company check for payment. For each employee trained we will provide either a certificate of completion or a signed statement from the training provider indicating that an employee completed the training.

 We agree that all training costs reimbursed through this program will enhance the company's ability to compete in the highway construction Industry.8. Requests for reimbursement must be submitted no later than September 1, 2024. Requests for reimbursement should be submitted upon completion of all training sessions. (Reimbursement for multiple completed trainings up to \$1,000.00 is permitted) 10. All training regardless of the method of delivery must be at least 30 minutes in duration. 11. Company orientation sessions are not eligible for reimbursement. 12. A training satisfaction survey provided by the DBE Supportive Services Center will be completed by each employee for whom training reimbursement is requested. 13. The DBE SS Center reserves the right to deny any request for reimbursement at its discretion. BDP Participants will have first right of refusal in cases where funding is limited. 14. My firm, and against all claims, demands, liabilities, obligations, costs and expenses whatsoever arising out of participation in the training activities of DBE University.

Authorized Company Representative Printed Name DATE

PA DBE Supportive Services P:(833) 736-6323 | E:perindbe@proranklic.com Page 1 of 1

Step 2: Complete the DBE U Training Program Approval

DEE University - Training Program Approval Request This form is a request to add a training program to DBE University's curriculum. All trainings must be shown to increase a firm's ability to compete in the highway construction industry. Please provide sufficient information so a determination can be reached absent any supporting documentation. All requests will be reviewed on a case by case basis. The DBE Supportive Services Center and PennDOT reserve the right to deny any request. Section A - To be completed by DBE Firm DBE Firm Name: PennDOT Business Partner Identification Number: Date of this Request: Service Category: N/A; N/A; N/A Description of Services: Course Name: Training Provider: Training Provider: Training Provider Phone: Date(s) of Training: Duration: Category: Choose Category Description of Training: Learning Outcomes & Objectives: Materials Needed: Prerequisites: Point of Contact: Point of Contact Email: Section B - To be completed by Training Program Evaluator Date Request Reviewed : Briefly describe how this will assist a firm in competing		PENNSYLVANIA DBE SUPPORTIVE SERVICE
must be shown to increase a firm's ability to compete in the highway construction industry. Please provide sufficient information so a determination can be reached absent any supporting documentation. All requests will be reviewed on a case by case basis. The DBE Supportive Services Center and PennDOT reserve the right to deny any request. Section A – To be completed by DBE Firm DBE Firm Name: PennDOT Business Partner Identification Number: Date of this Request: Service Category: N/A; N/A; N/A Description of Services: Course Name: Training Provider: Training Provider: Training Provider: Training Provider Phone: Date(s) of Training: Duration: Category: Choose Category Choose Category Delivery Method/Format: Choose Method/Format Choose Method/Format Description of Contact: Point of Contact: Point of Contact: Point of Contact Email: Section B - To be completed by Training Program Evaluator Date Request Reviewed : Briefly describe how this will assist a firm in competing in the Highway Construction Industry: Action to be taken: Action to Beta	DBE	University - Training Program Approval Request
All requests will be reviewed on a case by case basis. The DBE Supportive Services Center and PennDOT reserve the right to deny any request. Section A – To be completed by DBE Firm DBE Firm Name: PennDOT Business Partner Identification Number: Date of this Request: Service Category: N/A ; N/A; N/A Description of Services: Course Name: Training Provider: Training Provider: Date(s) of Training: Description of Training: Learning Outcomes & Objectives: Point of Contact: Point of Contact: Point of Contact: Phone: Point of Contact Phone: Point of Contact Phone: Point of Contact Phone: Point of Contact: Point of Contact Phone:	must be shown to increase a fi	irm's ability to compete in the highway construction industry. Please
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Date of this Request:	PennDOT Business Partner	
Service Category: N/A; N/A; N/A Description of Services:	Identification Number:	
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	Action to be taken:	Approve
	Name of Evaluator:	

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Step 3A. Complete Reimbursement Request Spreadsheet

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	Date of Request:		DBE University Tr	aining Re	eimburs	ement Request	Name of Firm/Company:				Basiness Partner identification Number:		
		Employee Name:	Training Name:	Approved Training:	Priority:	Training Provider:	Training Location:	Proposed Starting Date:	Proposed Ending Date:	Cast of Training	How does it help you compete on PennDOT Projects:	Other Significant Information:	
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3	Completed by:		Position/Title:						Total:	\$0.00			

Step 3D - PA DBE U Satisfaction Survey

PENNSYLVANIA DBE SUPPORTIVE SERVICES Profilarik Business Solutions

PA DBE University	Training	Satisfaction	Survey

DBE Firm Name: PennDOT BPID#: Course Name: Dates of Training:

Signature:

Training Provider: Employee(s) that Attended: 1. Briefly describe how this training was expected to benefit your employee(s)/ firm:

2. Do you believe that this training has accomplished your intended objective?

3. On a scale from (1-5), (1-*Not* beneficial) and (5-*Very* beneficial) How beneficial was this training to your firm? 1 2 3 4 5 (**To choose select a radial button below.**)

4. Would you recommend this training to other firms? 5. Would you have taken this training without PA DBE University reimbursement?

Select Option Below 6. In your opinion did this trainer adequately cover all of your learning objectives?

7. Did this trainer utilize a professional delivery format in a comfortable environment?

8. Open end feedback/ comment section

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? 8.1.3.1 – Assessment

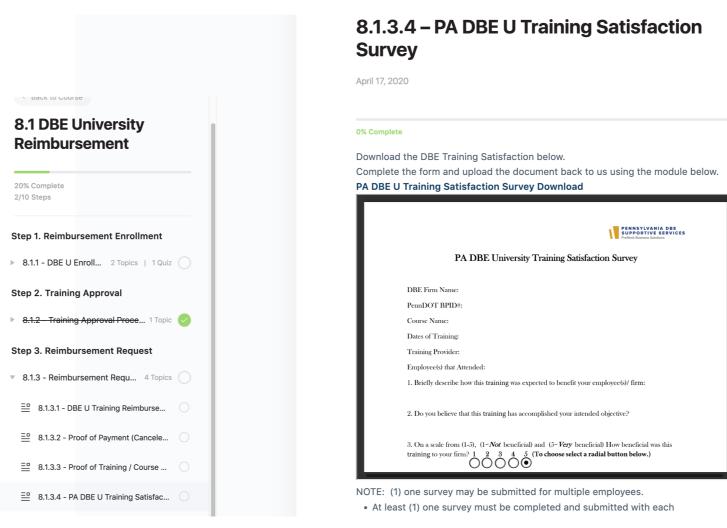
? 8.1.3.2 – Assessment

? 8.1.3.3 – Assessment

? 8.1.3.4 – Assessment

	8.1.3.3 – Proof of Training / Completion	Course
/ Dark In Compa	April 17, 2020	
8.1 DBE University Reimbursement	0% Complete	
20% Complete 2/10 Steps	Please provide proof of completion for your training by uploading your certificate of completion or an equivalent statement from your training organization printed on the training organization's letterhead. • There should be at least (1) one certificate of completion for each employee if you	
Step 1. Reimbursement Enrollment	are requesting reimbursement for multiple emplo	
▶ 8.1.1 - DBE U Enroll 2 Topics 1 Quiz	 A letter or statement on your training organization's letterhead can also be used to verify training completion for multiple employees if those employees are listed by name on the document. 	
Step 2. Training Approval 8.1.2 Training Approval Proce 1 Topic	Please upload your supporting documentation below. If you have any issues or have any further questions, please contact us at P: (833) 736-6323 E: penndbe@prorankllc.com	
Step 3. Reimbursement Request		
• 8.1.3 - Reimbursement Requ 4 Topics	ASSIGNMENTS	0/0 APPROVED
🚆 8.1.3.1 - DBE U Training Reimburse	Upload Assignment (Maximum upload file size: 128M)	
8.1.3.2 - Proof of Payment (Cancele		
■ 8.1.3.3 - Proof of Training / Course	Browse No file selected	Upload
≞ 8.1.3.4 - PA DBE U Training Satisfac ◯		

Step 3D - Download and complete the PA DBE U Satisfaction Survey



NOTE: (1) one survey may be submitted for multiple employees. • At least (1) one survey must be completed and submitted with each reimbursement request.

	Dates of 1 raming:	
	Training Provider:	
	Employee(s) that Attended:	
	1. Briefly describe how this training was expected to benefit you	r employee(s)/ firm:
A Dack to course	2. Do you believe that this training has accomplished your intended objective?	
8.1 DBE University Reimbursement	3. On a scale from (1-5), (1= <i>Not</i> beneficial) and (5= <i>Very</i> beneficial) How beneficial was this training to your firm? 1 2 3 4 5 (To choose select a radial button below .)	
20% Complete	4. Would you recommend this training to other firms? Page 1 / 1 —	२ +
2/10 Steps		
	NOTE: (1) one survey may be submitted for multiple employees. At least (1) one survey must be completed and submitted with each 	
Step 1. Reimbursement Enrollment	 At least (1) one survey must be completed and submitted with each reimbursement request. 	
8.1.1 - DBE U Enroll 2 Topics 1 Quiz	Once the Training Satisfaction Survey has been completed and submitted below, your PA DBE U Reimbursement submission will be reviewed for completeness and you will	
Step 2. Training Approval	receive notice of your submission status via email.	
8.1.2 - Training Approval Proce 1 Topic	If you have any issues accessing the survey, saving the survey, or uploading the survey into the module below, please contact us at P: (833) 736-6323 E: penndbe@prorankllc.com	
Step 3. Reimbursement Request	p	
8.1.3 - Reimbursement Requ 4 Topics	ASSIGNMENTS	0/0 APPROVE
≝ 8.1.3.1 - DBE U Training Reimburse		
≝ 8.1.3.2 - Proof of Payment (Cancele	Upload Assignment (Maximum upload file size: 128M)	
≝ 8.1.3.3 - Proof of Training / Course	Browse No file selected	Upload

Once the Training Satisfaction Survey has been completed and submitted below, your PA DBE U Reimbursement submission will be reviewed for completeness and you will receive notice of your submission status via email. If you have any issues accessing the survey, saving the survey, or uploading the survey into the module below, please contact us at P: (833) 736-6323 | E: penndbe@prorankllc.com