

Paperwork Reduction Act Burden Statement

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number. The OMB Control Number for this information collection is 2105-0584. Public reporting for this collection of information is estimated to be approximately 19 hours, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. All responses to this collection of information are required to obtain according to the [Infrastructure Investment and Jobs Act, Pub. L. No. 117-58, \(2021\)](#). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Jennifer.Hara@dot.gov, U.S. Department of Transportation, 1200 New Jersey Avenue, Washington, D.C. 20590.

IFAC Key Information Table Template

IFAC applicants must provide the information in the Key Information Table via an online form, available here: https://dotocio.gov1.qualtrics.com/jfe/form/SV_cBICZpDE1v3DUTs

This template is available to applicants to draft responses in advance of official application submission.

No.	Title	Instructions
1.	IFAC Cooperative Agreement Name	Enter the same title used in the Grants.gov SF-424 submission and the application narrative.
2.	Applicant Name	Enter the same name used in the Grants.gov SF-424 submission Question 8.a.
3.	State	Indicate State or territory or District of Columbia in which applicant is located.
4.	Applicant Unique Entity Identifier (UEI)	See Section V.D of the NOFO for information about obtaining a UEI from SAM.gov.
5a.	Eligible Entity Type	Enter the letter corresponding to the Eligible Entity type for your application: A. State; B. Tribal government; C. unit of local government; D. agency or instrumentality of a State, Tribal government, or unit of local government; or E. special purpose district or public authority.
5b.		Applicants should provide evidence of their qualification as an Eligible Entity.

6.	Certification of Applicant's Authority to Transfer Benefits and Responsibilities for Relevant Assets	Yes, Yes with limitations, or No Specify any limitations on authority
7.	Certification of Applicant's Asset Ownership/Control	Yes or No
8.	Name or Description of Existing Asset(s)	Narrative discussion that includes place names, extant facility names, mile markers, addresses, geo-location, or other identifying characteristics. The applicant should identify: at least 2 Existing Assets for a Technical Assistance Cooperative Agreement or at least 1 Existing Asset for an Expert Services Cooperative Agreement.
9.	Type of Grant Requested	Enter the letter corresponding to the grant type you are applying for: A. Technical Assistance Cooperative Agreement or B. Expert Services Cooperative Agreement
10.	If applying for a Technical Assistance Cooperative Agreement, which category of funding are you requesting?	Asset Scan or Program of Existing Assets (Select One)
11.	Was Federal funding previously received for any Existing Asset in this cooperative agreement application?	Yes or No If yes, indicate the amount of Federal funding received and the relevant grant number and program.
12.	Brief Application Description	Use no more than 250 words in this section. Please do not include detailed lists or describe background or alignment with the selection criteria in this field. Do not include classified, proprietary, or confidential information, as DOT might publish this Brief Application Description. You may provide a longer, narrative description in the Proposal Narrative (see Section IV.B in the NOFO for Application Narrative instructions).

		<p>For Technical Assistance Cooperative Agreements, explain how grant funds will be used to build organizational capacity and the expanded capacity being sought.</p> <p>For Expert Services Cooperative Agreements, explain how grant funds will be used to leverage public and private funding in connection with the development of a specific Existing Asset.</p>
13a.	Funding Requested	Total dollar amount requested.
13b.		If requesting more than \$1 million, indicate amount and source of the 50 percent non-Federal matching funds for the Proposed Activities.
14.	Proposed Duration (in months)	Indicate requested cooperative agreement period of performance up to 36 months.