**IFACGP Key Information Table Template**

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| **Title** | **Instructions** |
| IFACGP Cooperative Agreement Name | *Enter the same title used in the Grants.gov SF-424 submission and the application narrative.* |
| Applicant Name | *Enter the same name used in the Grants.gov SF-424 submission Question 8.a.*  |
| State  | *Indicate State or territory or District of Columbia in which applicant is located.* |
| Applicant Unique Entity Identifier (UEI) | *See Section D.3 below for information about obtaining a UEI from SAM.gov.* |
| 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.* *Applicants should provide evidence of their qualification as an Eligible Entity.* |
| Certification of Applicant’s Authority to Transfer Benefits and Responsibilities for Relevant Assets | *Yes, Yes with limitations, or No**Specify any limitations on authority* |
| Certification of Applicant’s Asset Ownership/Control | *Yes or No* |
| 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 and at least 1 Existing Asset for an Expert Services Cooperative Agreement.* |
| 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* |
| If Applying for a Technical Assistance Cooperative Agreement, Which Category of Funding Requested? | *Asset Scan or Program of Existing Assets (Select One)* |
| 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.* |
| Brief Application Description | *Using no more than 250 words**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 USDOT might publish this Brief Application Description. You may provide a longer, narrative description in the Proposal Narrative (see ii. below for Proposal Narrative instructions).* *For Technical Assistance Cooperative Agreements, explain how grant funds will be used to build organizational capacity and the expanded capacity being sought.**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.* |
| Funding Requested | *Total dollar amount requested.* *If requesting more than $1 million, indicate amount and source of the 50 percent non-federal matching funds for the Proposed Activities.* |
| Proposed Duration (in months) | *Indicate requested cooperative agreement period of performance up to 36 months.* |