U.S. Department
of Transportation
**Federal Aviation
Administration**

FAA 5100-144,
Infrastructure Investment and Jobs Act (IIJA),
Competitive Grant Project Information

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Instructions for FAA 5100-144,
IIJA Competitive Grant Project Information

This form is provided to assist airports in completing the submission requirements established in the related Notice of Funding Opportunity published in the Federal Register. The FRN requires requests to be signed and submitted via email message. This form lets the FAA process requests more quickly based on uniform information responsive to the FRN. Do not include any Personal Identifiable Information in the open text boxes.

Once the form is complete, save a copy of the form electronically to your files for future reference. Next, scroll to the bottom of the form and choose the "**Submit**" button. That creates a new email message with the PDF attached. Or, as a backup method, you can manually email the form to: IIJA.Airports@faa.gov.

Using Digital Signatures: This form allows digital signatures. To access the digital signature field, save this form to your computer and then reopen it with a PDF reader or editor. The signature field often does not display when the form is viewed within a web browser.

General Airport Information

Airport Name.
Enter the official airport name.

LOCID.
Enter the airport's FAA location identifier code.

Point of Contact's Name.
The Point of Contact (POC) must be the Airport Sponsor.

Point of Contact's Title.
Enter the Airport POC's Title.

POC's Phone Number and **Extension**.
Enter the Airport POC's phone number. The form formats the number when you proceed to the next field.

If there is an extension number, enter it in the next field after the phone number.

POC's Email Address.
Enter the Airport POC's email address.

Project Overview

Select Applicable Program.
Choose the applicable program type (Airport Terminal Program [ATP]or FAA Contract Tower [FCT]

Project Type.
Choose the project type (Terminal or Tower).

Multi-Modal Terminal.
Choose Yes or No. Choose "Yes" if your project incorporates a connection to another mode of transportation (i.e. Bus or Rail Station).

Current Project Stage.
Choose the stage of the project for which you are requesting funding (Planning, Environmental, Design or Construction).

Project Description.
In 600 characters less, enter a complete project description.

Target Timeframes

- **Date Project Costs Known**. Enter the month and year that all project costs will be known (e.g. professional services contract, bids or GMP received) (mm/yyyy).

- **Date Grant Fully Executed**. Enter the month and year the sponsor can fully execute the grant offer based on known project costs (mm/yyyy).

- **Construction Start Date**. Enter the construction start date month and year (mm/yyyy).

Project Status

Total (Estimated) Project Cost.

Enter most recent cost estimate for the entire project, in whole dollars.

Amount of Funding Requested.

Enter amount of funding requested under this program, in whole dollars.

Match Available.

Does the Sponsor have matching funds? Choose Yes or No.

Delivery Method.

Choose the delivery method (Design/Bid, Design/Build, CM at Risk, Other).
If "Other," state the proposed delivery method in the next field.

Bid or Guaranteed Maximum Price (**GMP**).

Has the project been publicly bid? Choose Yes or No.
If "No," provide an estimated bid date in the next field.

Phased Project.

Will the project be completed over multiple phases? Choose Yes or No.
If "Yes," list phase number covered by this application and total number of phases in the next field.

Do you have a comprehensive financial plan?

Choose Yes or No to indicate if a funding plan for the entire project is currently available for FAA review, if requested.

Is the project on an approved Airport Layout Plan (ALP)?

Choose Yes or No. If "Yes," enter the approval date (month and year) in the next field.

Is environmental determination complete?

Choose Yes or No.
If "Yes," enter the approval date (month and year) in the next field.

Is airspace approval complete?

Choose Yes, No, or N/A (not applicable).
If "Yes," enter the airspace case number in the next field.

Forecast Enplanements.

Based on your most recently approved forecast, provide the enplanement number from the last year of the forecast and provide forecast year.

Existing Square Footage.
> Provide square footage of existing terminal building or tower.

Proposed Square Footage.
> Provide anticipated total square footage of terminal building or tower once project is complete.

Is this project associated with an approved Infrastructure Investment and Jobs Act (IIJA), Airport Improvement Program (AIP) or Passenger Facility Charge (PFC) project?
> Choose Yes or No.
> Choose "Yes" if the project has been or is currently funded by an existing IIJA grant, AIP grant, or approved under a PFC application.
>
> If "Yes," provide existing grant number(s) and/or PFC application number along with the amount of existing funding for each funding type:

> **Note**: Check all the below that apply to your proposed terminal building or tower project. If you check an item, you must describe how the project satisfies the criteria. Address the following areas within character limits defined below.

Airport Terminal Program (ATP)

Increase Capacity and Passenger Access.
> Check this box if the project will increase capacity and passenger access to the airport. Explain and provide justification in the next field. (450 Characters Maximum).

Replacing Aging Infrastructure.
> Check this box if the project will replace aging infrastructure that has exceeded its useful life. Explain and provide justification in the next field. (450 Characters Maximum).

Achieves Compliance with Americans with Disabilities Act and Expands Accessibility for Persons with Disabilities.
> Check this box if the project will expand accessibility for persons with disabilities. Explain and provide justification in the next field. (450 Characters Maximum).

Improves Airport Access for Historically Disadvantaged Populations.
> Check this box if the project will improve access for Historically Disadvantaged Populations. Explain and provide justification in the next field. (450 Characters Maximum).

Improves Energy Efficiency.
> Check this box if the project improves energy efficiency for the airport. Explain and provide justification in the next field. (450 Characters Maximum).

Improves Airfield Safety through Terminal or Tower Relocation.
> Check this box if the project improves airfield safety. Explain and provide justification in the next field. (450 Characters Maximum).

Encourages Actual and Potential Competition.
> Check this box if the project encourages actual and potential competition. Explain how this objective is met through this project in the next field. (450 Characters Maximum).

FAA Contract Tower Program (FCT)

If the project is for a tower, complete this section of the form.

> **Project Type**
>
> Choose "**Contract Tower Program**" for an airport owned tower in the FAA Contract Tower program.
>
> Choose "**Airport Owned, Other**" for an airport owned tower not in the FAA Contract Tower program. Then **describe** tower staffing (Example: FAA Staffed).
>
> **Age of Tower**.
> Enter the age of the tower in years.
>
> **Siting Study**.
> Has a Siting Study been completed for the Airport Traffic Control Tower Project? Choose Yes, No, or NA. Choose NA if *not* building a new tower or if this is a *new* tower in *existing* location.

Project Objectives.
Choose all that apply.

- **New**.
  Check this box if the project will construct a new Airport Traffic Control Tower.

- **Relocate**.
  Check this box if the project will be relocating an existing Airport Traffic Control Tower.

- **Reconstruct.**

  Check this box if the project will reconstruct a replacement Tower in the approximate same location of the existing Airport Traffic Control Tower.

- **Repair.**
  Check this box if the project will be a repair of an existing Airport Traffic Control Tower (e.g., replace roof, replace cab windows, etc.).

- **Improve.**
  Check this box if the project will add improvements to an existing Airport Traffic Control Tower (e.g., replacing radios, etc.).

Impact on the National Airspace System (NAS)
Description (600 Characters Maximum)

> Describe how the project lessens impacts on the NAS including operational constraints, nonstandard facility conditions, and age of facility.

<div style="background:#1f4e79;color:white;text-align:center;font-weight:bold;">Certifications</div>

Signature.

> Add your digital signature.

Date.

> If your digital signature does *not* include a date, enter the date you signed the form.

Name.

> Enter your name.

Title.

> Enter your title.

Submit by Email,

> Choosing the "Submit by Email" button opens a new message in your email program with the "To" address already filled in (IIJA.Airports@faa.gov). It also attaches the filled PDF to the email message.

IIJA Competitive Grant Project Information

General

Airport Name:

LOCID:

Point of Contact's Name:

Point of Contact's Title:

POC's Phone Number: **Extension**:

POC's Email Address:

Project Overview

Applicable Program(s) (choose any)**:** ☐ ATP ☐ FCT

Project Type (choose one)**:** ☐ Terminal ☐ Tower

Multi-Modal Terminal: ☐ Yes ☐ No

Current Project Stage (choose one):
☐ Planning ☐ Environmental ☐ Design ☐ Construction

Project Description (600 Characters Maximum):

Target Timeframes

   Date Project Costs Known: Month: Year:

   Date Grant Fully Executed: Month: Year:

   Construction Start Date: Month: Year:

Total (Estimated) Project Cost:

Amount of Funding Requested:

Match Available: Yes   No

Delivery Method (choose one):

          Design/Bid   Design/Build   CM at Risk   Other:

Bid or GMP: Yes   No. **If "No,"** Estimated bid/GMP date: Month: Year:

Phased Project: Yes   No. **If "Yes,"** Phase: of

Do you have a comprehensive financial plan?   Yes   No

Is this project phased and/or associated with an approved IIJA, AIP or PFC project?

          Yes   No

   If "Yes," provide the grant number(s), and/or PFC application number, along with the amount of existing funding in the table below.

Federal Grant or PFC Number	Amount (dollars)

Is the project on an approved ALP?

          Yes   No. If "Yes," enter the approval date: Month: Year:

Is environmental determination complete?

          Yes   No. If "Yes," enter the approval date: Month: Year:

Is airspace approval complete?

          Yes   No   N/A.

   If "Yes," enter the airspace case number:

Approved Forecasted Enplanements: **Year**:

Existing Square Footage:

Proposed Square Footage:

Airport Terminal Program (ATP)

> **Note**: If you check a box below, you must describe how the project satisfies the criteria. Check all that apply to the proposed project.

Increase Capacity and Passenger Access. Description (450 Characters Maximum):

Replacing Aging Infrastructure. Description (450 Characters Maximum):

Achieves Compliance with Americans with Disabilities Act and Expands Accessibility for Persons with Disabilities. Description (450 Characters Maximum):

Improves Airport Access for **Historically Disadvantaged Populations.** Description (450 Characters Maximum):

Improves Energy Efficiency. Description (450 Characters Maximum):

Improves Airfield Safety through **Terminal or Tower Relocation.**
Description (450 Characters Maximum):

Encourages Actual and Potential Competition. Description (450 Characters Maximum):

FAA Contract Tower Program (FCT)

If the project is for a tower, also complete this section of the form.

Project Type. The project type for this grant application (choose one or both).

        Airport Owned, Contract Tower Program

        Airport Owned, Other. Describe staffing:

Tower Construction Year:

Siting Study. Has a Siting Study been completed for a new Airport Traffic Control Tower Project?"

        Yes   No   N/A

Project Objectives (choose all that apply):

        New   Relocate   Reconstruct   Repair   Improve

Impact on the National Airspace System. Description (600 Characters Maximum):

<div style="background-color:#1f4e79; color:white; text-align:center; font-weight:bold; padding:6px;">Certifications</div>

By entering my name below, I hereby certify that I am authorized to submit this form on behalf of the airport sponsor, all information is true and accurate to the best of my knowledge, and have or will follow, all procurement processes required under 2 CFR 200.

Signature: Date:

Name:

Title: