

PROGRAM INFORMATION SHEET - PAGE ONE

1. Applicant Information

a. Legal Name (5a from Face Sheet): _____

b. Organizational Unit (if different from Legal Name): _____

c. Organizational Unit Address

Street1: _____ Street2: _____

City: _____ County: _____

State: _____ Zip+4/Postal Code: _____

d. Web Address: **http://**_____

e. Type of Institution (check one):

- | | | |
|--|---|---|
| <input type="checkbox"/> Academic Library | <input type="checkbox"/> Library Consortium | <input type="checkbox"/> Science/Technology Museum |
| <input type="checkbox"/> Aquarium | <input type="checkbox"/> Museum Library | <input type="checkbox"/> Special Library |
| <input type="checkbox"/> Arboretum/Botanical garden | <input type="checkbox"/> Museum Services Organization/
Association | <input type="checkbox"/> Specialized Museum** |
| <input type="checkbox"/> Art Museum | <input type="checkbox"/> Native American Tribe/Native
Hawaiian Organization | <input type="checkbox"/> State Library |
| <input type="checkbox"/> Children's/Youth Museum | <input type="checkbox"/> Natural History /Anthropology
Museum | <input type="checkbox"/> State Museum Agency |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Nature Center | <input type="checkbox"/> State Museum Library |
| <input type="checkbox"/> Four-year College | <input type="checkbox"/> Planetarium | <input type="checkbox"/> Zoo |
| <input type="checkbox"/> General Museum* | <input type="checkbox"/> Public Library | <input type="checkbox"/> Institution of higher education other
than listed above |
| <input type="checkbox"/> Graduate School of Library and
Information Science | <input type="checkbox"/> Research Library/Archives | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Historic House/Site | <input type="checkbox"/> School Library, or School District
applying on behalf of a School
Library or Libraries | _____ |
| <input type="checkbox"/> Historically Black College or
University | | |
| <input type="checkbox"/> History Museum | | |
| <input type="checkbox"/> Library Association | | |

*A museum with collections representing two or more disciplines equally (e.g., art and history)

**A museum with collections limited to one narrowly defined discipline (e.g., textiles, stamps, maritime, ethnic group)

2. Grant Program or Grant Program Category

a. 21st Century Museum Professionals

b. American Heritage Preservation Grants

c. Connecting to Collections: Statewide Grants

d. Congressionally Directed Grants

e. Conservation Project Support

- General Conservation Survey
- Detailed Conservation Survey
- Environmental Survey
- Environmental Improvements
- Treatment
- Training

f. Grants for Learning Labs in Libraries and Museums

Select Museum or Library:

- Museum
- Library

g. Laura Bush 21st Century Librarian Program

Select Funding Category:

- Project Grant
- Collaborative Planning Grant Level 1
- Collaborative Planning Grant Level 2

Select Project Category:

- Master's-level Programs
- Doctoral-level Programs
- Pre-professional Programs
- Research (early career development)
- Research (other than early career development)
- Continuing Education
- Programs to Build Institutional Capacity

h. Museum Grants for African American History and Culture

h. Museums for America

- Engaging Communities
- Building Institutional Capacity
- Collections Stewardship

i. National Leadership Grants

Select Museum or Library:

- Museum
- Library

Select Funding Category:

- Project Grant
- Collaborative Planning Grant Level 1
- Collaborative Planning Grant Level 2

Select Project Category:

- Advancing Digital Resources
- Demonstration
- Library Museum Collaboration
- Research

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PROGRAM INFORMATION SHEET - PAGE TWO

2. Grant Program or Grant Program Category (cont'd)

j. Native American/Native Hawaiian Library Services

- Basic Grant only
- Basic Grant with Education/Assessment Option
- Enhancement Grant
- Native Hawaiian Library Services

k. Native American/Native Hawaiian Museum Services

- Programming
- Professional Development
- Enhancement of Museum Services

l. Sparks! Ignition Grants

Select Museum or Library:

- Museum
- Library

3. Request Information

a. IMLS funds requested: _____ b. Cost share amount: _____

4. Museum Profile (Museum Applicants only)

a. Is the institution either a unit of state or local government or a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code and that is organized on a permanent basis for essentially educational or aesthetic purposes? Yes No

b. Does the institution own or use tangible objects, whether animate or inanimate? Yes No

c. Does the institution care for tangible objects, whether animate or inanimate? Yes No

d. Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates? Yes No

e. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates? Yes No

Institution's attendance for the 12-month period prior to the application: Onsite: _____ Offsite: _____

Year the institution was first open and exhibiting to the public: _____

Total number of days the institution was open to the public for the 12-month period prior to application: _____

f. Does the institution employ at least one professional staff member, or the full-time equivalent, whether paid or unpaid, who is primarily engaged in the acquisition, care, or exhibition to the public of tangible objects owned or used by the institution? Yes No

Number of full-time paid institution staff: _____ Number of full-time unpaid institution staff: _____

Number of part-time paid institution staff: _____ Number of part-time unpaid institution staff: _____

g.

Fiscal year	Revenue/ Support income	Expenses/ Outlays	Budget deficit (if applicable)*	Budget surplus (if applicable)*
Most recently completed FY _____				
Second most recently completed FY _____				

*If Institution has a budget deficit or surplus for either of the two most recently completed fiscal years, please explain the circumstances of this deficit or surplus in the Text Responses section of the application.

5. Project Partners

Please list the names of any organizations that are official partners in the project. All official partners must include a completed Partnership Statement Form in this application package. _____

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6. Native Hawaiian Organization Eligibility (Native American/Native Hawaiian Programs only)

Is the institution an eligible not-for-profit organization that primarily serves and represents Native Hawaiians (as defined in Title 20 U.S.C. Section 7517; if yes, see Proof of Eligibility requirements)? Yes No

7. Institutional Profile (Native American Library Services Grants only)

- a. Number of hours per week the library collection is accessible to patrons: _____
- b. Number of staff dedicated full-time to library operations: _____
- c. Number of staff with part-time library duties: _____
- d. Number of items in the collection (books, journals, media): _____
- e. Number of items checked out per year: _____
- f. Does library staff have access to the Internet? Yes No
- g. Does the library provide public access to the Internet? Yes No
- h. Amount of operating budget for library services in most recently completed fiscal year: \$ _____
- i. Identify which of the following activities will be supported by grant funds (check all that apply):
- Expand services for learning and access to information and educational resources.
 - Develop library services that provide all users with access to information.
 - Provide electronic and other linkages between and among all types of libraries.
 - Develop public and private partnerships with other agencies and community-based organizations.
 - Target library services to help increase the access and the ability to use information resources for individuals of diverse backgrounds, with disabilities, or with limited functional literacy or information skills.
 - Target library and information services to help increase the access and the ability to use information resources for persons having difficulty using a library, and for underserved urban and rural communities.
- j. Maintenance of Effort (check the appropriate response):
- FY 2010 expenditures will equal or exceed previous 12 month grant period. Maintenance of effort is assured.
 - FY 2010 expenditures will not equal or exceed previous 12 month expenditure. Maintenance of effort is not assured.
 - Maintenance of effort does not apply.

8. Collection and Material Information (Conservation Project Support Grants only)

a. Type of Collection

- Nonliving Natural History/Anthropology
- Animals, living Plants, living

b. Types of Materials. Use a scale from 1 (primarily affected) to 4 (minimally affected) to show which collection types are primarily affected by the project:

- | | | |
|--|--|---|
| ___ aeronautics, space/airplanes | ___ horological (clocks) | ___ photography, negatives |
| ___ animals, live | ___ landscape features, constructed | ___ photography, prints |
| ___ animals, preserved | ___ machinery | ___ physical science projects |
| ___ anthropologic, ethnographic | ___ maritime, historic ships | ___ plants, live |
| ___ archaeological | ___ medals | ___ plants, preserved |
| ___ books | ___ medical, dental, health, pharmacological | ___ sculpture, indoor |
| ___ ceramics, glass, metals, plastics | ___ military, including weapons | ___ sculpture, outdoor |
| ___ documents, manuscripts | ___ motion picture, audiovisual | ___ textiles and costumes |
| ___ furniture/wooden objects | ___ musical instruments | ___ tools |
| ___ geological, mineral, paleontological | ___ numismatics (money) | ___ toys and dolls |
| ___ historic buildings | ___ paintings | ___ transportation, excluding airplanes |
| ___ historic sites | ___ philatelic (stamps) | ___ works of art on paper |