## **PROGRAM INFORMATION SHEET - PAGE ONE**

1. Applicant Information		
a. Legal Name (5a from Face Sheet):		
b. Organizational unit (if different from L	egal Name) :	
c. Organizational Unit Address		
Street1:	Street2:	
City:	County:	
State:	Zip+4/Postal Code:	
d. Web Address: http://	·	
e. Type of Institution (Check one):		
•	Library Association Library Consortium Museum Library Museum Services Organization/ Association Native American Tribe/Native Hawaiian Organization Natural History/Anthropology Museum Nature Center Planetarium Public Library Research Library/Archives or more disciplines equally (e.g., art and histonarrowly defined discipline (e.g., textiles, maritinal	
a. 21st Century Museum Professionals b. Congressionally Directed Grants c. Connecting to Collections: Statewide Grants d. Conservation Project Support General Conservation Survey Detailed Conservation Survey Environmental Survey Environmental Improvements Treatment	f. Laura Bush 21st Century Librarian Program  Select Funding Category:  Project Grant  Collaborative Planning Grant  National Forum Planning Grant  Select Project Category:  Master's-level Programs  Doctoral-level Programs  Research: Early Career Development  Continuing Education  Programs to Build Institutional Capacity  Scholarship Continuation	i. National Leadership Grants  Select Museum or Library:  Museum  Library  Select Funding Category:  Project Grant  Collaborative Planning Grant Level 2  Collaborative Planning Grant Level 2  Select Project Category:  Advancing Digital Resources  Demonstration  Library Museum Collaboration  Research
Training  e. Grants for Learning Labs in Libraries and Museums Select Museum or Library:  Museum Library	g. Museum Grants for African American History and Culture h. Museums for America Engaging Communities Building Institutional Capacity Collections Stewardship	j. Native American/Native Hawaiian Library Services  Basic Grant only Basic Grant with Education/ Assessment Option Enhancement Grant Native Hawaiian Library Services

## PROGRAM INFORMATION SHEET - PAGE TWO

2. Grant Program or Grant	Category (cont'd	)			
k. Native American/Native Ha Museum Services Programming Professional Development Enhancement of Museum S	Seled ☐ M ☐ Lil	arks! Ignition Grants of Museum or Library: useum brary			
3. Request Information					
a. IMLS funds requested:		b. Cost share	e amount:		
4. Museum Profile (Museu	ım Applicants onl	y)			
a. Is the institution either a u status under the Internal Rea aesthetic purposes?	venue Code and th				
b. Does the institution own o	or use tangible obje	ects, whether animate	e or inanimate?	Yes No	
c. Does the institution care f	or tangible objects	whether animate or	inanimate? 🗌 Yes	☐ No	
d. Are these objects exhibite owns or operates?	ed by the institution No	to the general public	on a regular basis	through facilities the	institution
e. Is the institution open and institution owns or operates?		,	ral public at least 12	0 days a year throug	h facilities the
Institution's attendance for	the 12-month peri	od prior to the applic	ation: Onsite:	Offsite:	
Year the institution was first	st open and exhibit	ing to the public:			
Total number of days the i	nstitution was oper	n to the public for the	12-month period pr	rior to application:	
f. Does the institution employ who is primarily engaged in institution?	the acquisition, car				
Number of full-time paid inst	itution staff:	Number of fu	ıll-time unpaid institu	ution staff:	
Number of part-time paid ins	stitution staff:	Number of pa	art-time unpaid instit	tution staff:	
g					_
1	Revenue/ Support Income	Expenses/ Outlays	Budget deficit (if applicable)*	Budget surplus (if applicable)*	
Most recently completed FY	Support income	Outlays	(п аррпсавіе)	(II applicable)	-
Second most recently completed FY					

## 5. Project Partners

In the space below, 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 package.

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

<sup>\*</sup>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.

s 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)?						
PROGRAM INFORMATION SHEET - PAGE THREE						
7. Institutional Profile (Native America. Number of hours per week the library b. Number of staff dedicated full-time to c. Number of staff with part-time library d. Number of items in the collection (be e. Number of items checked out per ye f. Does library staff have access to the g. Does the library provide public access h. Amount of operating budget for librarical items. Identify which of the following activities.	can Library Services Grants only) y collection is accessible to patrons: o library operations: duties: ooks, journals, media): ar: Internet? Yes No as to the Internet? Yes No ry services in most recently completed fises will be supported by grant funds (check access to information and educational res	c all that apply):				
<ul> <li>Develop library services that provide all users with access to information.</li> <li>Provide electronic and other linkages between and among all types of libraries.</li> <li>Develop public and private partnerships with other agencies and community-based organizations.</li> <li>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.</li> <li>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.</li> <li>j. Maintenance of Effort (check the appropriate response):</li> <li>FY 2010 expenditures will equal or exceed previous 12 month grant period. Maintenance of effort is assured.</li> <li>FY 2010 expenditures will not equal or exceed previous 12 month expenditure. Maintenance of effort is not assured.</li> <li>Maintenance of effort does not apply.</li> </ul>						
a. Type of Collection	n (Conservation Project Support Gran	ts only)				
Art	History					
Natural History	☐ Anthropology					
Living Plants	Living Animals					
b. Types of Materials. Use a scale from primarily affected by the project:	n 1 (primarily affected) to 4 (minimally affe	ected) to show which collection types are				
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,	sculpture, indoor				
Ceramics, glass, metals, plastics	pharmacological	sculpture, outdoor				
documents, manuscripts	military, including weapons	textiles and costumes				
furniture/wooden objects	motion picture, audiovisual	tools				
geological, mineral,	musical instruments	toys and dolls				
paleontological	numismatics (money)	transportation, excluding				
historic building	paintings	airplanes				

paintings

philatelic (stamps)

works of art on paper

historic building

historic sites