PROGRAM INFORMATION SHEET

1. Applicant Information

a. Legal Name (5a from SF424S):
b. Applicant D-U-N-S® Number (5f from SF424S):
c. Does your organization have a current Central Contractor Registration (CCR)?
☐ Yes   ☐ No
If yes, what is the expiration date of your registration?
d. Organizational Unit (if different from Legal Name):
e. Organizational Unit Address
Street1:
Street2:
City:
County:
State:
ZIP+4/Postal Code:

f. Organizational Governance (Check one):

☐ State Government
☐ County Government
☐ City or Township Government
☐ Special District Government
☐ Regional Organization
☐ U.S. Territory or Possession
☐ Independent School District
☐ Public/ State Controlled Institution of Higher Education
☐ Indian/ Native American Tribal Government (Federally Recognized)
☐ Indian/ Native American Tribal Government (Other than Federally Recognized)
☐ Indian/ Native American Tribally Designated Organization

☐ Public/ Indian Housing Authority
☐ Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education)
☐ Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education)
☐ Private Institution of Higher Education
☐ Individual
☐ For-Profit Organization (Other than Small Business)
☐ Small Business
☐ Hispanic-serving Institution
☐ Historically Black College or University (HBCU)
☐ Tribally Controlled College or University (TCCU)
☐ Alaska Native or Native Hawaiian Serving Institution
☐ Non-domestic (non-US) Entity
☐ Other (specify)

g. Organizational Unit Type (Check one):

☐ Academic Library
☐ Aquarium
☐ Arboretum/Botanical Garden
☐ Art Museum
☐ Children's/Youth Museum
☐ Community College
☐ Four-year College
☐ General Museum*
☐ Graduate School of Library and Information Science
☐ Historic House/Site
☐ Historically Black College or University (HBCU)
☐ History Museum

☐ 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

☐ School Library or School District applying on behalf of a School Library or Libraries
☐ Science/Technology Museum
☐ Special Library
☐ Specialized Museum **
☐ State Library
☐ State Museum Agency
☐ State Museum Library
☐ Zoo
☐ Institution of higher education other than listed above
☐ Other, please specify:

*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, maritime, ethnic group)

2. Organizational Financial Information

a. Please complete the following table for the applicant Organizational Unit for the three most recently completed fiscal years.

Fiscal Year	Total Revenue*	Total Expenses**	Surplus or Deficit
FY			
FY			
FY			

* For nonprofit tax filers, Total Revenue can be found on Line 12 of the IRS Form 990.
** For nonprofit tax filers, Total Expenses can be found on Line 18 of the IRS Form 990.

b. If you had a budget surplus or deficit above or below 10% of your annual operating budget for any of the three most recently completed fiscal years, please explain the circumstances of this surplus or deficit in your application narrative.

c. Were there any material weaknesses identified in your prior year's audit report? ☐ Yes ☐ No ☐ Not applicable
A *material weakness* is a deficiency, or combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. If **yes**, please explain below.

d. Has your organization had an A-133 audit in the past three years? ☐ Yes ☐ No

3. Grant Program Information

a. Laura Bush 21st Century Librarian Program
Select One Funding Category:
☐ Project Grant
☐ Collaborative Planning Grant
☐ National Forum Planning Grant
Select One Project Category:
☐ Master's-level Programs
☐ Doctoral-level Programs
☐ Early Career Development
☐ Continuing Education
☐ Programs to Build Institutional Capacity

b. National Leadership Grants—Libraries
Select One Funding Category:
☐ Project Grant
☐ Collaborative Planning Grant
☐ National Forum Planning Grant
Select One Project Category:
☐ Advancing Digital Resources
☐ Demonstration
☐ Research

c. Native American/Native Hawaiian Library Services
Select One Funding Category:
☐ Basic Grant Only
☐ Basic Grant with Education/Assessment Option
☐ Enhancement Grant
☐ Native Hawaiian Library Services

d. Museums for America
Select One Project Category:
☐ Learning Experiences
☐ Community Anchors
☐ Collections Stewardship

e. National Leadership Grants—Museums
Select One Project Category:
☐ Learning Experiences
☐ Community Anchors
☐ Collections Stewardship

☐ **f. Museum Grants for African American History and Culture**

☐ **g. Native American/Native Hawaiian Museum Services**

h. Sparks! Ignition Grants
Select Museum or Library:
☐ Museum
☐ Library

4. Please check this box if your project addresses the Campaign for Grade Level Reading initiative: ☐

5. Funding Request Information
     a. IMLS funds requested: b. Cost share amount:

6. Project Subject Area
Please select the subject area(s) addressed by the proposed project:
☐ 21st Century Skills
☐ Afterschool/Out-of-School
☐ Broadband
☐ Civic/Community Engagement
☐ Collections Care/Preservation
☐ Cultural Heritage/Sustainability
☐ Early Learning
☐ Economic/Community Development
☐ Education Support
☐ Environment and Energy

☐ Global Awareness
☐ Health
☐ Information Infrastructure/Systems/Workflows
☐ Learning Tools and Interactives (Information/Media Literacy)
☐ Lifelong Learning/ Intergenerational
☐ STEM (Science, Technology, Engineering, Math)
☐ Workforce Development/Job Assistance
☐ Other (specify):

7. Population Served
Please select the population(s) served by the proposed project:
☐ General Population
☐ Early Childhood/Preschool (0-5 years)
☐ Middle Childhood/Primary School (6-12 years)
☐ Adolescents/High School (13-19 years)
☐ Adults
☐ Aging, Elderly, Senior Citizens (65+ years)
☐ Ethnic or Racial Minority Populations

☐ Military Families
☐ People with Mental or Physical Challenges/Disabilities
☐ People who are Low Income/Economically Disadvantaged
☐ Rural Populations
☐ Unemployed
☐ Other (specify):

8. Museum Profile (Museum Applicants Only)

		Yes	No
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?	☐	☐
b.	Does the institution own or use tangible objects, whether animate or inanimate?	☐	☐
c.	Does the institution care for tangible objects whether animate or inanimate?	☐	☐
d.	Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates?	☐	☐
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?	☐	☐
		Onsite	**Offsite**
f.	Institution's attendance for the 12-month period prior to the application		
g.	Year the institution was first open and exhibiting to the public		
h.	Total number of days the institution was open to the public for the 12-month period prior to application		
		Yes	**No**
i.	Does the institution employ at least one professional staff member, or the fulltime 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?	☐	☐
j.	Number of full-time paid institution staff		
k.	Number of full-time unpaid institution staff		
l.	Number of part-time paid institution staff		
m.	Number of part-time unpaid institution staff		

9. Project Elements (Museums for America and National Leadership Grants-Museums Applicants Only)
Your response to this question will help us match your application to reviewers with appropriate experience. Begin by choosing the project category that you selected in Question 3 (Grant Program Information).

LEARNING EXPERIENCES
If you are applying in the Learning Experiences Project Category, select the *primary* element that is core to your proposed project from the list below.

☐	Exhibitions
☐	Education Programs
☐	Interpretation
☐	Professional Development/Training
☐	Public Programs
☐	Publications
☐	Research
☐	Technology: Public Interface (websites, social media, apps)
☐	Other:

	COMMUNITY ANCHORS If you are applying in the Community Anchors Project Category, select the *primary* element that is core to your proposed project from the list below.
☐	Audience Development/Visitor Services
☐	Evaluation/Visitor Studies
☐	Organizational Planning and Development
☐	Professional Development/Training
☐	Research
☐	Technology: Infrastructure Improvement (software, hardware)
☐	Other:
	COLLECTIONS STEWARDSHIP If you are applying in the Collections Stewardship Project Category, select the *primary* element that is core to your proposed project from the list below.
☐	Collections Management
☐	Conservation
	☐ Survey
	☐ Treatment
	☐ Environmental Improvement
☐	Professional Development/Training
☐	Rehousing
☐	Research
☐	Technology: Collections Related (scanning, digitization, database management)
☐	Other:
	Types of Material *For conservation projects only.* Please identify the material type(s) that will be primarily affected by your project.
☐	Animals, living
☐	Animals, preserved
☐	Architecture
☐	Books and Paper
☐	Electronic Media
☐	Objects
☐	Paintings
☐	Photographic Materials
☐	Plants, living
☐	Plants, preserved
☐	Textiles
☐	Wooden Artifacts

PLEASE NOTE: Information contained within this form may be made publicly available.