

For Office Use Only _____

IMLS PROGRAM INFORMATION SHEET

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

Commented [KM1]: Except where noted, all changes were agreed upon several months ago by the GMWG, or are grammatical Plain Language changes.

1. Applicant Information

a. Legal Name (5a from SF424S):

b. Organizational D-U-N-S® Number (5f from SF424S):

c. Expiration date of your SAM.gov registration:

Commented [KM2]: Move fill-in field up

d. Organizational Unit Name (if different from Legal Name):

e. Organizational Unit Address (if different from Legal Name address)

Street 1

Street 2

City County

State Zip+4/Postal Code -

f. Organizational Unit Type (check one):

Academic Library	Library Association	School Library or School District applying on behalf of a School Library or Libraries
Aquarium	Library Consortium	Science/Technology Museum
Arboretum/Botanical Garden	Museum Library	Special Library
Art Museum	Museum Services Organization/Association	Specialized Museum**
Children's/Youth Museum	Native American Tribe/Alaska Native/Native Hawaiian Organization	State Library
Community College	Natural History/Anthropology Museum	State Museum Agency
Four-year College	Nature Center	State Museum Library
General Museum*	Planetarium	Zoo
Graduate School of Library and Information Science	Public Library	Institution of higher education other than listed above
Historic House/Site	Research Library/Archives	Other
Historically Black College or University (HBCU)		
History Museum		

Commented [MEK3]: No categories

Commented [KM4]: OPRE suggested creating categories for this section; program offices feel that it suits our purposes to leave it as it is.

Commented [MEK5]: Add Digital Library

* 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)

IMLS PROGRAM INFORMATION SHEET

2. Organizational Financial Information

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

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

* 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 greater than 10% of your annual operating budget for two or more of the three fiscal years listed above, please explain the circumstances of this surplus or deficit in the box below.

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.

d. Has your organization had an A-133 audit in the past three years?

Yes No

IMLS PROGRAM INFORMATION SHEET

3. Grant Program Information

a. Laura Bush 21st Century Librarian Program

Select one funding category:

- Project Grant
- Planning Grant
- National Forum Grant
- Research Grant

Select one project category:

- Masters-level and Doctoral-level Programs
- Research and Early Career Development
- Continuing Education and Programs to Build Institutional Capacity

b. National Leadership Grants for Libraries

Select one funding category:

- Project Grant
- Planning Grant
- National Forum Grant
- Research Grant

Select one project category:

- National Digital Platform
- Learning in Libraries

c. Native American/Native Hawaiian Library Services

Select one funding category:

- Basic Grant Only
- Basic Grant with Education/Assessment Option
- Enhancement Grant
- Native American Library Services

d. Sparks! Ignition Grants

Select one:

- Museum
- Library

e. Museums for America

Select one project category:

- Learning Experiences
- Community Anchors
- Collections Stewardship

Select one funding level:

IMLS funds requested total \$25,000 or less with no applicant cost share permitted.

IMLS funds requested total more than \$25,000 with applicant cost share required.

f. National Leadership Grants for Museums

Select one project category:

- Learning Experiences
- Community Anchors
- Collections Stewardship

g. Museum Grants for African American History and Culture

Select one funding level:

IMLS funds requested total \$25,000 or less with no applicant cost share permitted.

IMLS funds requested total more than \$25,000 with applicant cost share required

h. Native American/Native Hawaiian Museum Services

5. Funding Request Information

a. IMLS funds requested:

b. Cost share amount:

Commented [MEK6]: What comes after Early?

Commented [MEK7]: What comes after institutional?

Commented [KM8]: Deleted section 6, Project Subject Area

IMLS PROGRAM INFORMATION SHEET

6. Population Served

Please select the target population(s) served by the proposed project:

- | | |
|--|--|
| General Population | Museum and/or Library Professionals |
| Early Childhood/Preschool (0-5 years) | Native Americans/Alaska Natives/Native Hawaiians |
| Middle Childhood/Primary School (6-12 years) | People with Mental or Physical Challenges/Disabilities |
| Adolescents/High School (13-19 years) | People Who Are Low Income/Economically Disadvantaged |
| Adults | Rural Populations |
| Aging, Elderly, Senior Citizens (65+ years) | Scholars/Researchers |
| Ethnic or Racial Minority Populations other than Native Americans/Native Hawaiians | Unemployed |
| Families/Intergenerational | Urban Populations |
| Immigrants/Refugees | Other |
| Military Families | |

If other, please specify:

7. Museum Profile (Museum Applicants Only)

Commented [KM9]: Reordered subsections in this section.

- a. Is your institution either a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code or a unit of state or local government that is organized on a permanent basis for essentially educational or aesthetic purposes? Yes No
- b. Is your institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities your institution owns or operates? Yes No
- c. Does your institution own or use these objects, whether animate or inanimate? Yes No
- d. Does your institution care for these objects? Yes No
- e. Does your institution exhibit these objects to the general public on a regular basis through facilities your institution owns or operates? Yes No
- f. Institution's attendance for the 12-month period prior to the application
- On-site: Off-site:
- 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:
- i. 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
- 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:

IMLS PROGRAM INFORMATION SHEET

8. Project Elements (Museums for America and National Leadership Grants for Museums Applicants Only)

Your response to this question will help us match your application to reviewers with appropriate experience. Make your choice under 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 (**check only one**):

Adult Programs/Lifelong Learning	Interpretation
Digital Media	K-12 Programs, with Schools
Early Learning	K-12 Programs, out of Schools
Exhibitions	Professional Development/Training
Family Programs	Public Programs

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 (**check only one**):

Audience Development/Community Outreach	Digital Media
Audience Research and Evaluation	Professional Development/Training
Civic Engagement	Visitor Experience
Community-Driven Exhibitions and Programs	
Community-Focused Planning Activities	

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 (**check only one**):

Conservation	Collections Management
Environmental Improvement/Rehousing	Cataloguing, Inventorying, Registration
Survey	Collections Planning
Treatment	Information Management
	Professional Development/Training

Please identify the material type(s) that will be affected by your project:

Animals, living	Photographic Materials
Animals, preserved	Plants, living
Architecture	Plants, preserved
Books and Paper	Sculpture
Electronic Media	Textiles
Objects	Wooden Artifacts
Paintings	

Commented [KM10]: Changed per suggestion from Plain Language team.