# IMLS PROGRAM INFORMATION SHEET

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

## 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

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
- Aquarium
- Arboretum/Botanical Garden
- Art Museum
- Children's/Youth Museum
- Community College
- Digital Library
- 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/Alaska Native/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

* 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)

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### 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

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## 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

### 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

## 4. Performance Goals
Select one of the following three IMLS agency-level goals: (a) Learning, (b) Community, or (c) Content and Collections. Then select at least one of the performance goals listed beneath it:
   a. Learning
      Train and develop museum and library professionals
      Support communities of practice
      Develop and provide inclusive and accessible learning opportunities
   b. Community
      Strengthen museums and libraries as essential partners in addressing the needs of their communities
   c. Content and Collections
      Broaden access and expand use of the Nation's content and collections
      Improve management of the Nation's content and collections
      Improve preservation, conservation, and care of the Nation's content and collections

If you select a performance goal listed beneath Learning or Community for your project, click here to review the specific performance measure statement choices and the information you will be required to collect for each.

## 5. Funding Request Information

a. IMLS funds requested: [          ]     b. Cost share amount: [          ]

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## 6. Population Served

Please select the target 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 other than Native Americans/Native Hawaiians

Families/Intergenerational

Immigrants/Refugees

Military Families

Museum and/or Library Professionals

Native Americans/Alaska Natives/Native Hawaiians

People with Mental or Physical Challenges/Disabilities

People Who Are Low Income/Economically Disadvantaged

Rural Populations

Scholars/Researchers

Unemployed

Urban Populations

Other

If other, please specify:

## 7. Museum Profile (Museum Applicants Only)

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:

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**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

Digital Media

Early Learning

Exhibitions

Family Programs

Interpretation

K-12 Programs, with Schools

K-12 Programs, out of Schools

Professional Development/Training

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

Audience Research and Evaluation

Civic Engagement

Community-Driven Exhibitions and Programs

Community-Focused Planning Activities

Digital Media

Professional Development/Training

Visitor Experience

## 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

Environmental Improvement/Rehousing

Survey

Treatment

Professional Development/Training

Collections Management

Cataloguing, Inventorying, Registration

Collections Planning

Information Management

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

Animals, living

Animals, preserved

Architecture

Books and Paper

Electronic Media

Objects

Paintings

Photographic Materials

Plants, living

Plants, preserved

Sculpture

Textiles

Wooden Artifacts