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

1. Applicant In	formation																	
a. Legal Name																		
b. Organizational D-U-N-S® Number (5f from SF-424S):																		
c. Expiration da	ate of your SAM.gov registration	on																
d. Organization Name):	al Unit Name (if different from	n Legal																
e. Organization	al Unit Address (if different fro	om Legal	Nar	ne add	ress)												
Street 1																		
Street 2																		
City			Cou	unty														
State	State				Zip+4/Postal Code										-			
f. Organizationa	al Unit Type (check one):																	
Academic I	_ibrary	Library	Library Association						School Library or School District									
Aquarium		Library Consortium								applying on behalf of a School Library or Libraries			L					
Arboretum/	Botanical Garden	Museum Library																
Art Museur	n	Museum Services						Science/Technology Museum										
Children's/	Youth Museum	Organization/Association						Special Library										
Community	College	Native American Tribe/A Native/Native Hawaiian							Casialized Museum**									
Digital Libra	ary		nization							Specialized Museum**								
Four-year (College	Natural History/Anthropology					Sta	ate Li	brar	y								
General Museum*		Museum				State Museum Agency												
Graduate S	School of Library and	Nature Center				State Museum Library												
Information Science		Planeta	Planetarium							Zoo								
Historic House/Site		Public L	Public Library					Institution of higher educ				educ:	atio	n				
Historically Black College or University (HBCU)		Resear	earch Library/Archives				other than listed above											
History Museum										Otl	ner							

^{*} 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 Organizational Unit for the three most recently completed fiscal years.

Fiscal Year	Total Revenue*	Total Expenses**	Surplus or Deficit
			,
•	otal Revenue can be found on Lin		
** For nonprofit tax filers, T	otal Expenses can be found on I	ine 18 of the IRS Form 990.	
	lus or deficit greater than 10% o		
fiscal years listed above, p	ease explain the circumstances	of this surplus or deficit in the b	ox below.
a Wara there any material	wooknooge identified in your pu	rior voor's audit raport?	
•	weaknesses identified in your pr	,	
Yes		applicable	ala di at di ana Salan na ana at la
	deficiency, or combination of definition of definition of the entity's finance		
corrected on a timely basis		nar otatomorno viii not do prove	Thou, or dollottod and
Γ			
If yes , please explain.			
d. Has your organization be	ad an A-133 audit in the past thre	ee vears?	
	·	so years:	
Yes	No		

3. Grant Program

a. Laura Bush 21st Century Librarian Program

1. Select one:

Project Grant

Planning Grant

National Forum Grant

Research Grant

2. Select one:

Pre-professional

Masters-level and Doctoral-level Programs

Early Career Development

Continuing Education

3. Select one (except early career development proposals):

Community Anchors

National Digital Platform

Curating Collections

b. National Leadership Grants for Libraries

Select one:

Sparks Grant

Project Grant

Planning Grant

National Forum Grant

Research Grant

2. Select one:

Community Anchors

National Digital Platform

Curating Collections

c. Native American/Native Hawaiian Library Services

1. Select one:

Basic Grant Only

Basic Grant with Education/Assessment Option

Enhancement Grant

Native Hawaiian Library Services

d. Museums for America

1. Select one:

Learning Experiences
Community Anchors

Collections Stewardship

2. Select one:

\$5,000–\$25,000 with no cost share permitted. \$25,001–\$500,000 with cost share required.

e. National Leadership Grants for Museums

1. Select one:

Learning Experiences

Community Anchors

Collections Stewardship

2. Select one:

Non-research grant, \$50,000–\$1,000,000 with cost share required.

Research grant, \$50,000–\$1,000,000 with no cost share required.

Rapid prototyping grant, \$5,000–\$50,000 with no cost share required.

f. Museum Grants for African American History and Culture

1. Select one:

\$5,000–\$25,000 with no cost share permitted. \$25,001–\$150,000 with cost share required.

g. 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

5.	Fun	ding	Red	uest
J.	· uii	unig	1104	ucsi

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

6. Population Served

Pleas	e select the target pop	ulation(s) se	erved by	the	prop	osed	l pr	oject:							
	General Population				Museum and/or Library Professionals										
	Early Childhood/Preschool (0-5 years)				Native Americans/Alaska Natives/Native Hawaiians								S		
	Middle Childhood/Primary School (6-12 years)				People with Mental or Physical Challenges/Disabilities								ities		
	Adolescents/High School (13-19 years)					People Who Are Low Income/Econom Disadvantaged							ally		
	Adults							ıral Po							
	Aging, Elderly, Senior	Citizens (65	5+ years	s)			Scholars/Researchers								
Ethnic or Racial Minority Populations other than Native Americans/Native Hawaiians					Unemployed Urban Populations										
	Families/Intergeneration	onal						her	•						
	Immigrants/Refugees														
	Military Families														
If othe	er, please specify:														
	seum Profile (Museui		-	•											
the	our institution either a Internal Revenue Code manent basis for essen	or a unit o	f state o	or lo	cal g	overn	me	ent that						Yes	No
	our institution open an ear through facilities yo						e g	eneral	publi	ic at I	east 1	20 days		Yes	No
c. Do	es your institution own	or use these	e object	s, w	heth	er ani	ima	ite or ii	nanim	nate?	•			Yes	No
d. Do	es your institution care	for these of	ojects?											Yes	No
	es your institution exhib lities your institution ow			the (gene	ral pu	ıblio	c on a	regul	ar ba	sis thr	ough		Yes	No
f. You	r institution's attendand	ce for the 12	2-month	per	iod p	rior to	o th	ie appl	icatio	n					
On-si	te:	Off-site:													
g. Yea	ar your institution was f lic:	irst open ar	nd exhib	iting	to th	ne									
	al number of days your lication:	rinstitution	was ope	en to	the	public	c fo	r the 1	2-mo	onth p	period	prior to			
equ	s your institution emplo ivalent, whether paid o ibition to the public of t	r unpaid, w	ho is pri	mari	ily er	ngage	ed ii	n the a	cquis	sition		or		Yes	No
j. Nun	nber of full-time paid in	stitution sta	ff:												
k. Nui	mber of full-time unpaid	institution	staff:												
I. Nun	nber of part-time paid in	nstitution sta	aff:												
m. Nu	ımber of part-time unpa	aid institutio	n staff:												

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).

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 School

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

Community-Focused Planning

Activities

Audience Research and Evaluation Digital Media

Civic Engagement Professional Development/Training

Community-Driven Exhibitions and Programs

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**):

Access and Use	Collections Management	Conservation				
Database Management	Cataloguing, Inventorying, Registration	Conservation Environmental Improvement/Rehousing				
Digitization	Collections Information Management	Conservation Survey				
Software Applications		Conservation Treatment				
Website Development	Collections Planning	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