

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

1.	Ap	plicant	Inform	ation
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- a. Legal Name as it appears in SAM.gov: (5a from SF424S):
- b. Organizational D-U-N-S® Number (5f from SF-424S):
- 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 Library Association School Library or School District

applying on behalf of a School

Aquarium Library Consortium Library or Libraries

Arboretum/Botanical Garden Museum Library

Art Museum Science/Technology Museum Museum Services

Organization/Association Children's/Youth Museum Special Library

Community College Native American Tribe/Alaska Specialized Museum**

Native/Native Hawaiian

Digital Library Organization

Four-year College Natural History/Anthropology State Library

Museum

General Museum* State Museum Agency

Graduate School of Library and **Nature Center** State Museum Library

Information Science Planetarium Zoo

Historic House/Site **Public Library** Institution of higher education other

than listed above

Historically Black College or University (HBCU)

Research Library/Archives

Other **History Museum**

^{*} 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			
* For nonprofit tax filers, Total	Revenue can be found on Line	12 of the IRS Form 990.				
** For nonprofit tax filers, Tota	l Expenses can be found on Lir	ne 18 of the IRS Form 990.				
b. If you had a budget surplus	or deficit greater than 10% of v	our annual operating budget fo	r two or more of the three			
fiscal years listed above, plea	se explain the circumstances of	this surplus or deficit in the box	k below.			
-	eaknesses identified in your prio	•				
Yes A material weakness is a de		applicable iencies in internal control such	that there is a reasonable			
A <i>material weakness</i> 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.						
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d. Has your organization had an A-133 audit in the past three years?						
a. Has your organization had an A 100 addit in the past times years:						

Yes

No

Refer to the Notice of Funding Opportunity for descriptions of these options and instructions for how to make selections.

3. Grant Program

a. Laura Bush 21st Century Librarian Program

1. Select one:

Planning Grant

National Forum Grant

Project Grant

Research Grant

2. Select one:

Pre-professional

Masters-level and Doctoral-level Programs

Early Career Development

Continuing Education

3. Select one:

Community Anchors

National Digital Platform

Curating Collections

b. National Leadership Grants for Libraries

1. Select one:

Sparks Grant

Planning Grant

National Forum Grant

Project Grant

Research Grant

2. Select one:

Community Anchors

National Digital Platform

Curating Collections

c. Native American/Native Hawaiian Library Services

1. Select one:

Native American Basic Grant

Native American Enhancement Grant Native Hawaiian Library Services

1. Select one:

Learning Experiences

d. Museums for America

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:

Advancing Digital Assets and Capacity

Collections Care and Access

Diversity and Inclusion

Professional Development

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. Museums Empowered (an MFA Special Initiative)

1. Select one:

Digital Technology

Diversity and Inclusion

Evaluation

Organizational Management

2. Select one:

\$5,000 - \$25,000 with no cost share permitted \$25,001 - \$250,000 with 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						
a. IMLS funds requested:		b. Cost share amount:				

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** Scholars/Researchers Aging, Elderly, Senior Citizens (65+ years) Unemployed Ethnic or Racial Minority Populations other than Native Americans/Native Hawaiians **Urban Populations** Families/Intergenerational Other Immigrants/Refugees Military Families If other, please specify: 7. Museum Profile (Museum Applicants Only) a. Is your institution organized on a permanent basis for essentially educational or aesthetic purposes, and is it either a private not-for-profit organization that has tax-exempt status under Yes No the Internal Revenue Code or a unit of state or local government. b. Does your institution own or use tangible objects, either animate or inanimate? Yes No c. Does your institution care for these objects? Yes No d. Does your institution exhibit these objects to the general public at least 120 days a year Yes No through facilities your institution owns or operates? e. Your institution's attendance for the 12-month period prior to the application f. Year your institution was first open and exhibiting to the public: g. Total number of days your institution was open to the public for the 12-month period prior to application: h. Does your 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 Yes No public of tangible objects owned or used by your institution? i. Number of full-time paid institution staff: j. Number of full-time unpaid institution staff: k. Number of part-time paid institution staff: I. Number of part-time unpaid institution 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 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 Research and Evaluation Community Outreach

Civic Engagement Digital Media

Community-Driven Exhibitions and Programs Professional Development/Training

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**):

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