# IMLS Supplementary Information Form

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

## Applicant Information

The organizational unit performing the activities described in the application is the same as the legal applicant from the SF-424 Short Organizational form.    o Yes    o No

*(NOTE: Which of the shaded panels should display depends on which option is selected from the radio button list. If the applicant checks 'yes', only display the first panel; if 'no', only the second.)*

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*Option 1 (yes)*

Select the institution type that most accurately describes the legal applicant:

| Archive | V |
|---|---|

*(NOTE: This list will be bound to a list of 40 or so categories so the selected text and its corresponding value will be included in the XML inside the form. I will provide the category values in the DAT.)*

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*Option 2 (no)*

Provide the following information for the organizational unit performing the activities described in the application.

| | |
|---|---|
| Organizational unit | |
| Address line 1 | |
| Address line 2 | |
| City | |
| State | |
| Postal code | |
| Country | |

Select the institution type that most accurately describes the organizational unit:

| Archive | V |
|---|---|

*(NOTE: This list will be bound to the same list of categories as the list above so the selected text and its corresponding value will be included in the XML inside the form. I will provide the category values in the DAT.)*

# Funding Request

IMLS funds requested  
Cost share/match amount*  
Total costs  

\* Enter $0 if the budget includes no cost share or match.

*(NOTE: This area will be visible for everyone. As with the NEH version of this form, line 3 is calculated, the sum of lines 1 and 2. Yellow = required.)*

# Indirect Cost Rate

The budget includes indirect costs:     o  Yes          o  No

*(NOTE: The shaded panel below should display only if the applicant selects the 'Yes' radio button.)*

o  The indirect cost rate has been negotiated with a federal agency. Select from list below.

| List of agencies | V |
|---|---|

*(NOTE: This list will be bound to a short list of agencies so the selected text and its corresponding value will be included in the XML inside the form. I will provide the category values in the DAT.)*

Rate

Expiration date

o  The indirect cost rate does not exceed the 10% de minimis rate

*(NOTE: if this radio button is selected, the Rate box above fills with 10%.)*

*(NOTE: Please make the datatype of Rate a decimal/float rather than an integer, and allow for two decimal places, e.g. 32.75.)*

# Population(s) Served

Select the target population(s) to be served by the activities described in the application. Choose all that apply.

- [ ] 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, racial minority populations other than Native America/Native Hawaiian
- [ ] Families/Intergenerational
- [ ] Immigrants/Refugees
- [ ] Military families

- [ ] Museum and/or Library professionals
- [ ] Native Americans, Native Hawaiian or Alaskans
- [ ] People with mental/physical challenges or disabilities
- [ ] People who are low income or economically disadvantaged
- [ ] Rural populations
- [ ] Scholars/Researchers
- [ ] Unemployed
- [ ] Urban populations
- [ ] Other