IMLS MUSEUM PROGRAM INFORMATION FORM

PLEASE NOTE: Information contained within this form may be published online or otherwise shared by IMLS. Therefore, please do not include any sensitive, proprietary, or confidential information.

Section 1. Organizational Financial Information

a.	Please complete recently comple	•	for the Organizational l	Unit for the three most	
Γ	Fiscal Year	Total Revenue*	Total Expenses**	Surplus or Deficit	
	990.	nue can be found on Lir	ne 12 of the IRS Form Line 18 of the IRS Form		
b.	If the Total Revenue amounts declined by more than 15% for any year over year liste OR if there was a deficit of more than 10% of the Total Revenue for two or more year listed above, explain the circumstances in the box below.				
C.	Were there any I	material weaknesses	s identified in your prior y	year's audit report?	

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 in the box below.

Not applicable

d.	Has your organization had single or program-specific audit in the past three years?
	☐ Yes ☐ No
Se	ection 2. Agency-Level Goals and Objectives
	lect one IMLS agency-level goal that best aligns with your proposed project. Once you ve selected a goal, please select one associated objective.
	Goal 1: Champion Lifelong Learning Objective 1.1: Advance shared knowledge and learning opportunities for all.
	Objective 1.2: Support the training and professional development of the museum and library workforce.
	Goal 2: Strengthen Community Engagement Objective 2.1: Promote inclusive engagement across diverse audiences.
	Objective 2.2: Support community collaboration and foster civic discourse.
	Goal 3: Advance Collections Stewardship and Access Objective 3.1: Support collections care and management.
	Objective 3.2: Promote access to museum and library collections.
Se	ection 3. Grant Program
Se	lect National Leadership Grants for Museums and Non-research.
	National Leadership Grants for Museums
	Non-research
Se	ection 4. Museum Profile (Museum Applicants only)
a.	Is your organization a public, tribal, or private nonprofit agency or institution? o Yes o No
b.	Is your organization organized on a permanent basis for essentially educational, cultural heritage, or aesthetic purposes? o Yes o No
C.	Does your organization own or utilize tangible objects and care for such tangible objects? o Yes

	0	No	
d.	Does your organization exhibit the tangible objects to the general public in a facility that you own or operate? o Yes o No		
e.	Who o o o o o o o	nat was your institution's attendance for the 12-month period prior to the application? Fewer than 1,000 1,000 - 9,999 10,000 - 999,999 1,000,000 - 9,999,999 10,000,000 +	
f.	0 0	w many days was your institution open to the public during these 12 months? 0 - 119 120 - 249 250 - 365	
g.	Does your organization use a professional staff (i.e., does your organization employ at least one staff member, or the full-time equivalent, whether paid or unpaid, primarily engaged in the acquisition, care, or exhibition to the public of objects owned or used by the organization)? o Yes o No		
h.	Number of full-time paid institutional staff: o 0 o 1 o 2 o 3 o 4 - 10 o 11 - 50 o 51+		
i.	0 0 0	mber of full-time unpaid institutional staff: 0 1 2 3 4 - 10 11 - 50	
j.	Nui o	mber of part-time paid institutional staff: 0	

- o 2
- o 3
- o 4 10
- o 11 50
- o 51+
- k. Number of part-time unpaid institutional staff:
 - o 0
 - o 1
 - o 2
 - o 3
 - o 4 10
 - o 11 50
 - o 51+