IMLS Library - Discretionary Program Information Form

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

Section 1. Grant Program

Select the	e grant program to which you are applying.
Refer t	Bush 21 st Century Librarian Program to the Notice of Funding Opportunity for descriptions of the options below and etions for how to make a selection. one:
	Planning
	Forum
	Community-Centered Implementation
	National Implementation
	Early Career Research
	Applied Research
Refer t	nal Leadership Grants for Libraries to the Notice of Funding Opportunity for descriptions of the options below and tions for how to make a selection. one:
	Planning
	Forum
	Community-Centered Implementation
	National Implementation
	Applied Research
☐ Native	e American Library Services: Basic Grants Enhancement Grants e American Library Services: Enhancement Grants e Hawaijan Library Services

Grant Program Goals and Objectives

Select the grant program goal that best aligns with your proposed project. Once you have selected a goal, select one associated objective.

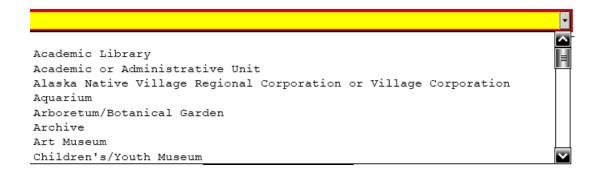
Laura Bush 21st Century Librarian Program

- Goal 1: Recruit and educate future library and archives professionals, faculty, and staff. □ Obj 1.1: Develop or enhance practices, programs, or initiatives encouraging students to pursue careers in library and information science. □ Obj 1.2 Develop or enhance initiatives, programs, or curricula to increase the capacity of institutions to educate or retain library and information science students. ☐ Goal 2: Train and retain current library and archives professionals, faculty, and staff. □ Obj 2.1: Develop or enhance professional development and training programs to enable the library and archival workforce to meet the needs of their communities. Obj 2.2: Support the research of untenured, tenure-track library and information science faculty, furthering the faculty member's long-term research agenda, career trajectory, and professional development. **National Leadership Grants for Libraries** ☐ Goal: Develop, enhance, or disseminate replicable practices, programs, models, or tools to strengthen library and archival services for the American public. □ Obj 1: Serve the learning needs of the public through libraries and archives. □ Obj 2: Improve community well-being through libraries and archives. Obj 3: Provide broad access to and preservation of information and collections through libraries and archives. Obj 4: Provide services to affected communities in the event of an emergency or disaster. **Native American Library Services: Basics Grants** ☐ Goal: Improve library and archival services for accessing, learning, and preserving information with the community. □ Obj 1.1: Support the acquisition of library-related materials. □ Obj 1.2: Support programming for identified community priorities. □ Obj 1.3: Support training for library staff. □ Obj 1.4: Support project activities that include aspects of two or more of the objectives listed above. **Native American Library Services: Enhancement Grants** ☐ Goal: Develop, enhance, or disseminate practices, programs, models, tools, or library staff training to strengthen library and archival services
 - □ Obj 1: Serve the learning needs and interests of the community.

for Native American Tribes.

	Obj 2: Improve community well-being.
	Obj 3: Provide access to and preservation of information and collections.
	Obj 4: Provide services to affected communities in the event of an emergency or disaster.
Native H	awaiian Library Services Grants
models	Develop, enhance, or disseminate practices, programs, , tools, or staff training to strengthen library and archival s with Native Hawaiian organizations.
	Obj 1: Serve the learning needs and interests of the community.
	Obj 2: Improve Native Hawaiian well-being.
	Obj 3: Provide access to and preservation of information and collections.
	Obj 4: Provide services to affected communities in the event of an emergency or disaster.
Refer to the er	oplicant Information httity listed in Item 5a of the Application for Federal Domestic Assistance - Shor
Organizational	Form (SF-424S) that you are submitting with your application.
Does this entit application? Helpful Defin	y have an organizational unit that will carry out the activities described in your
libraries and a science; and lil of this arrange Identifier (UEI)	onal unit is governed by a larger administrative body. Examples include rchives that are parts of colleges or universities; schools of information braries that are administered by units of state or local government. As a result ment, an organizational unit usually does not have its own Unique Entity and does not have the legal authority to apply for IMLS funding on its own. It larger administrative body, which is referred to as the legal applicant , to lication.
apply directly f 424S. Example responsible for associations; s	cant has its own Unique Entity Identifier (UEI) and has the legal authority to for IMLS funding. The name of the legal applicant is listed in Item 5a of the SF-es include independently operating libraries; nonprofit organizations that are the operation of one or more libraries; universities; library consortia; library chool districts; and units of state or local government that administer libraries single legal applicant may have many organizational units, or it may have
application	there if the entity identified in Item 5a on the SF-424S submitted with your does not have an organizational unit that will carry out the activities n this application.

If you selected ${f NO}$, pick the institution type that most accurately describes the legal applicant:



YES. Check here if the entity identified in Item 5a on the SF-424S submitted with your application **has** an organizational unit that will carry out the activities described in this application.

If you selected **YES**, provide the following information for the **organizational unit** that will carry out the activities described in this application. **Do not repeat the information you provided for**

the legal applicant on the SF-424S.

described in this appl	information for the organizational unit that will carry out the ication. Please do not repeat the information you provide	
legal applicant on t	the SF-424S.	
Organizational unit	Street1	
Street2 City		
County/Parish State Country	Province	
ZIP / Postal Code		
Select the institution $igl[$	type that most accurately describes the organizational unit:	

Section 3. Financial Information

a. Complete the following table with figures representing the most recently completed fiscal year in the top row, followed by those for the previous year, and concluding with those for the year before that. Provide the information requested for the legal applicant if you have not identified an organizational unit for this application. If you have identified an organizational unit for this application, provide the information requested for that unit.

Fiscal Year	Total Revenue*	Total Expenses**	Surplus or Deficit
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^{*} 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 the Total Revenue amounts declined by more than 15% for any year over year listed

OR if there was a deficit of more than 10% of the Total Revenue for two or more years listed above, explain the circumstances 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 in the box below.
d. Has your organization had a single or program-specific audit in the past three years? □ Yes
□ No

Section 4. Funding Request

Refer to the **Grant Fund** and **Cost Share totals** in **Section 10** of the IMLS Budget Form that you are submitting with your application. Enter the amount in dollars you are requesting from IMLS and the amount of non-federal funding you are providing as cost share/match below.

Development note: boxes should accept whole numbers only (no decimal points); should not accept alpha responses. A figure is required in the Cost Share/Match Amount field. Total should automatically calculate = sum of IMLS funds requested and cost share.

IMLS Funds Requested Cost Share/Match Amount* Total

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

Section 5. Indirect Costs

Refer to the **IMLS Budget Form - Indirect Costs in the Budget** guidance in the Notice of Funding Opportunity for the program to which you are applying. Then select one option below. Your selection should match the choice you make on the IMLS Budget Form that you are submitting with your application.

Current indirect cost rate(s) have been negotiated with a federal agency. Select from list: Rate: (Development note: user must either enter an expiration date or check the Until Amended checkbox; if one is populated/selected, the other is disabled/cleared)			
Expiration Date:	Until Amended:		
Indirect cost proposal has been submitted finalized. Select from list: Rate: Proposal Date:	to a federal agency but has not yet been		
 Applicant chooses a rate not to exceed 15° declares it is eligible for the 15% rate.	% of Modified Total Direct Costs and		
Applicant chooses not to include indirect co	osts.		

Section 6. Abstract

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