

IMLS Supplementary Information Form

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

Section 1. Applicant Information

Refer to the entity listed in Item 5a of the Application for Federal Domestic Assistance – Short Organizational Form (SF-424S) that you are submitting with your application.

Does this entity have an organizational unit that will carry out the activities described in your application?

Helpful Definitions

An **organizational unit** is governed by a larger administrative body. Examples include university museums and libraries; university schools and departments; and museums and libraries that are units of local or state government. As a result of this arrangement, an organizational unit usually does not have its own Unique Entity Identifier (UEI) and does not have the legal authority to apply for IMLS funding on its own. It works with the larger administrative body, which is referred to as the **legal applicant**, to submit an application.

A **legal applicant** has its own Unique Entity Identifier (UEI) and has the legal authority to apply directly for IMLS funding. The name of the legal applicant is listed in Item 5a of the SF-424S. Examples include independently operating museums and libraries; nonprofit organizations that are responsible for the operation of museums or libraries; universities; and units of state or local government that administer museums or libraries. A single legal applicant may have many **organizational units**, or it may have none.

- 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.
- NO.** Check here if the entity identified in Item 5a on the SF-424S submitted with your application does **not** have an organizational unit that will carry out the activities described in this application.

Provide the following information for the **organizational unit** that will carry out the activities described in this application. Please do not repeat the information you provided for the legal applicant on the SF-424S.

Organizational unit	<input type="text"/>
Street1	<input type="text"/>
Street2	<input type="text"/>
City	<input type="text"/>
County/Parish	<input type="text"/>
State	<input type="text"/>
Province	<input type="text"/>
Country	<input type="text" value="USA: UNITED STATES"/>
ZIP / Postal Code	<input type="text"/>

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

Section 2. 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

* 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 3. Agency-Level Goal and Objective

Refer to **Section A1** of the Notice of Funding Opportunity for the program to which you are applying. Select the IMLS agency-level goal that best aligns with your proposed project. Once you have selected a goal, 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 broad public engagement
- 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

Section 4. Museum Profile

Refer to **Section C1** of the Notice of Funding Opportunity for the program to which you are applying. If your organization is eligible to apply for an IMLS grant as a museum, then answer the questions in a through k below.

a. Is your organization a public, tribal, or private nonprofit agency or institution?

- Yes
- No

b. Is your organization organized on a permanent basis for essentially educational, cultural heritage, or aesthetic purposes?

- Yes
- No

c. Does your organization own or utilize tangible objects (either animate or inanimate) and care for these objects?

- Yes
- No

d. Does your organization exhibit these objects to the general public in a facility that you own or operate?

- Yes
- No

e. What was your institution's attendance for the 12-month period prior to the application?

- Fewer than 1,000
- 1,000 - 9,999
- 10,000 - 99,999
- 100,000 - 999,999
- 1,000,000 - 9,999,999
- 10,000,000 +

f. How 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)?

- Yes
- No

h. Number of full-time paid institutional staff:

- 0
- 1
- 2
- 3
- 4 - 10
- 11 - 50
- 51+

i. Number of full-time unpaid institutional staff:

- 0
- 1
- 2
- 3
- 4 - 10
- 11 - 50
- 51+

j. Number of part-time paid institutional staff:

- 0
- 1
- 2
- 3
- 4 - 10
- 11 - 50
- 51+

k. Number of part-time unpaid institutional staff:

- 0
- 1
- 2
- 3
- 4 - 10
- 11 - 50
- 51+

Section 5. 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.

IMLS Funds Requested	<input type="text"/>
Cost Share/Match Amount*	<input type="text"/>
Total	<input type="text"/>

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

Section 6. Indirect Costs

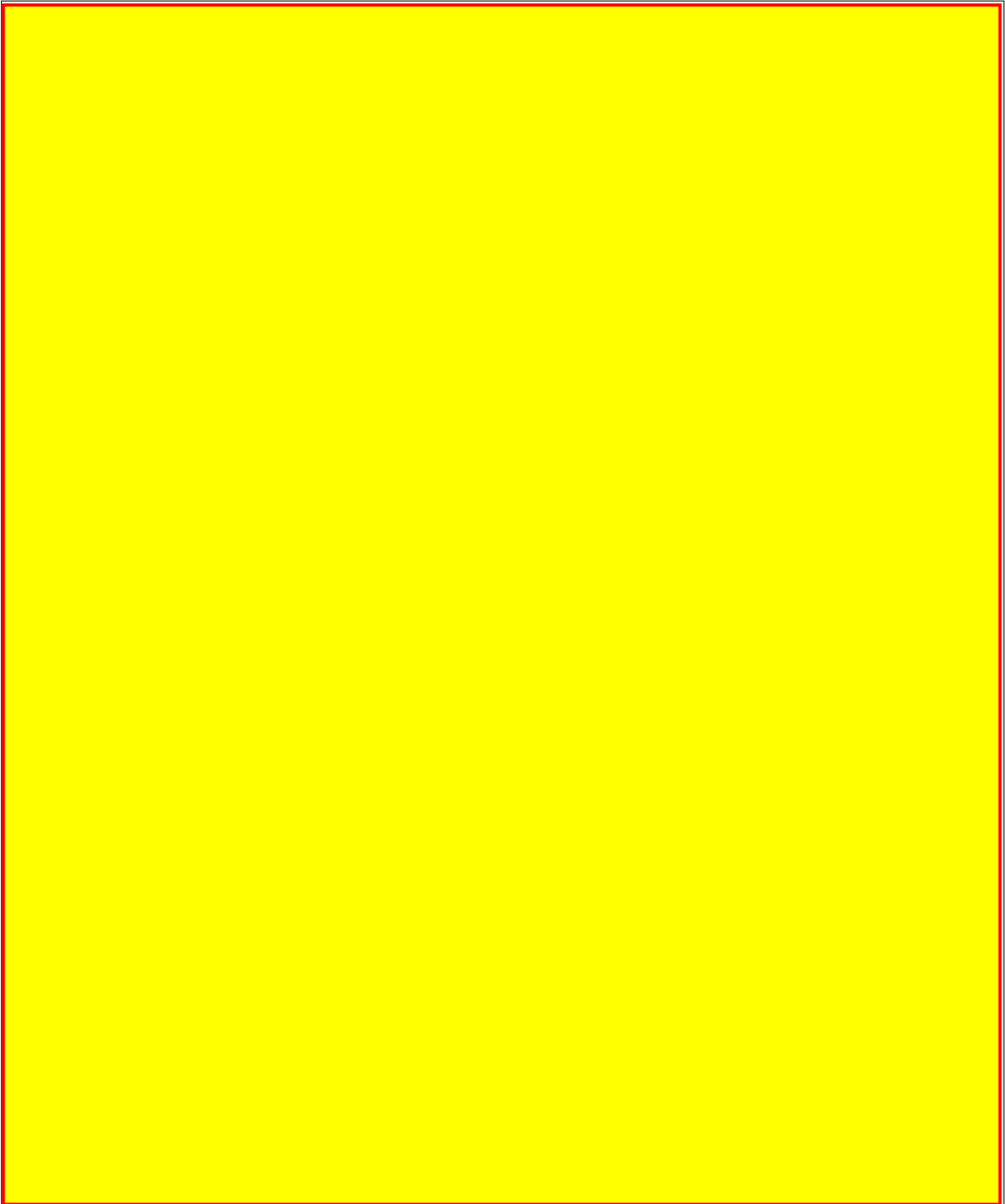
Refer to the **Options for Calculating and Including Indirect Costs in a Project Budget** in **Appendix Three** of the Notice of Funding Opportunity for the program to which you are applying. Then select one option below and provide the information requested. Your selection should match the choice you make on the IMLS Budget Form that you are submitting with your application.

<input type="checkbox"/>	Current indirect cost rate(s) have been negotiated with a federal agency. Select from list: <input type="text"/>
	Rate: <input type="text"/>
	Expiration Date: <input type="text"/> Until Amended: <input type="checkbox"/>
<input type="checkbox"/>	Indirect cost proposal has been submitted to a federal agency but not yet been finalized.
	Select from <input type="text"/>
	list: Rate: <input type="text"/>
	Proposal Date: <input type="text"/>
<input type="checkbox"/>	Applicant chooses a rate not to exceed 15% of Modified Total Direct Costs, and declares it is eligible for the 15% rate.
<input type="checkbox"/>	Applicant chooses not to include indirect costs.

Section 7. Abstract

Refer to the instructions for writing an Abstract in Appendix Three of the Notice of Funding Opportunity for the program to which you are applying. Enter or paste your Abstract below (maximum 3,000 characters, including spaces).

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A large yellow rectangular area with a thin red border, intended for entering the abstract text. The area is currently empty.