

PROGRAM INFORMATION SHEET

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

1. Applicant Information

a. Legal Name (5a from SF424S):

b. Applicant D-U-N-S® Number (5f from SF424S):

c. Does your organization have a current SAM.GOV Registration? Yes No

If yes, what is the expiration date of your registration?

d. Organizational Unit (if different from Legal Name):

e. Organizational Unit Address

Street 1

Street 2

City County

State ZIP+4/Postal Code

f. Organizational Governance (Check one):

- | | |
|--|---|
| <input type="radio"/> State Government | <input type="radio"/> Nonprofit with 501C3 IRS Status (Other than Institution of Higher Education) |
| <input type="radio"/> County Government | <input type="radio"/> Nonprofit without 501C3 IRS Status (Other than Institution of Higher Education) |
| <input type="radio"/> City or Township Government | <input type="radio"/> Private Institution of Higher Education |
| <input type="radio"/> Special District Government | <input type="radio"/> Individual |
| <input type="radio"/> Regional Organization | <input type="radio"/> For-Profit Organization (Other than Small Business) |
| <input type="radio"/> U.S. Territory or Possession | <input type="radio"/> Small Business |
| <input type="radio"/> Independent School District | <input type="radio"/> Hispanic-serving Institution |
| <input type="radio"/> Public/State Controlled Institution of Higher Education | <input type="radio"/> Historically Black College or University (HBCU) |
| <input type="radio"/> Indian/Native American Tribal Designated Organization | <input type="radio"/> Tribally Controlled College or University (TCCU) |
| <input type="radio"/> Indian/Native American Tribal Government (Federally Recognized) | <input type="radio"/> Alaska Native or Native Hawaiian Serving Institution |
| <input type="radio"/> Indian/Native American Tribal Government (Other than Federally Recognized) | <input type="radio"/> Non-domestic (non-US) Entity |
| <input type="radio"/> Public/Indian Housing Authority | <input type="radio"/> Other |

If other please specify:

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g. Organizational Unit Type (Check one):

- | | | |
|--|--|---|
| <input type="radio"/> Academic Library | <input type="radio"/> Library Association | <input type="radio"/> School Library or School District |
| <input type="radio"/> Aquarium | <input type="radio"/> Library Consortium | <input type="radio"/> applying on behalf of a School Library or Libraries |
| <input type="radio"/> Arboretum/Botanical Garden | <input type="radio"/> Museum Library | <input type="radio"/> Science/Technology Museum |
| <input type="radio"/> Art Museum | <input type="radio"/> Museum Services Organization/ Association | <input type="radio"/> Special Library |
| <input type="radio"/> Children's/Youth Museum | <input type="radio"/> Native American Tribe/Native Hawaiian Organization | <input type="radio"/> Specialized Museum** |
| <input type="radio"/> Community College | <input type="radio"/> Natural History/Anthropology Museum | <input type="radio"/> State Library |
| <input type="radio"/> Four-year College | <input type="radio"/> Nature Center | <input type="radio"/> State Museum Agency |
| <input type="radio"/> General Museum* | <input type="radio"/> Planetarium | <input type="radio"/> State Museum Library |
| <input type="radio"/> Graduate School of Library and Information Science | <input type="radio"/> Public Library | <input type="radio"/> Zoo |
| <input type="radio"/> Historic House/Site | <input type="radio"/> Research Library/Archives | <input type="radio"/> Institution of higher education other than listed above |
| <input type="radio"/> Historically Black College or University (HBCU) | | <input type="radio"/> Other |
| <input type="radio"/> History Museum | | |

If other please specify:

* 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 applicant 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, Total Expenditures can be found on Line 18 of the IRS Form 990.

b. If you had a budget surplus or deficit above or below 10% of your annual operating budget for any of the three most recently completed fiscal years, please explain the circumstances of this surplus or deficit in your application narrative.

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.

d. Has your organization had an A-133 audit in the past three years? Yes No

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3. Grant Program Information

a. Laura Bush 21st Century Librarian Program

Select one funding category:

- Project Grant
- Collaborative Planning Grant
- National Forum Planning Grant

Select one project category:

- Master's-level Programs
- Doctoral-level Programs
- Early Career Development
- Continuing Education
- Programs to Build Institutional Capacity

b. National Leadership Grants-Libraries

Select one funding category:

- Project Grant
- Collaborative Planning Grant
- National Forum Planning Grant

Select one project category:

- Advancing Digital Resources
- Demonstration
- Research

c. Native American/Native Hawaiian Library Services

Select one funding category:

- Basic Grant Only
- Basic Grant with Education/Assessment Option
- Enhancement Grant
- Native Hawaiian Library Services

d. Museums for America

Select one funding category:

- Learning Experiences
- Community Anchors
- Collections Stewardship

e. National Leadership Grants-Museums

Select one funding category:

- Learning Experiences
- Community Anchors
- Collections Stewardship

f. Museum Grants for African American History and Culture

g. Native American/Native Hawaiian Museum Services

h. Sparks! Ignition Grants

Select one funding category:

- Museum
- Library

4. Please check this box if your project addresses the Campaign for Grade Level Reading initiative:

5. Funding Request Information

a. IMLS funds requested:

b. Cost share amount:

6. Project Subject Area

Please select the subject areas(s) addressed by the proposed project:

- | | | |
|---|---|--|
| <input type="checkbox"/> 21st Century Skills | <input type="checkbox"/> Digital Literacy | <input type="checkbox"/> Information Infrastructure/Systems/Workflows |
| <input type="checkbox"/> Afterschool/Out-of-School | <input type="checkbox"/> Disaster Preparedness | <input type="checkbox"/> Learning Tools and Interactives |
| <input type="checkbox"/> Accessibility | <input type="checkbox"/> Early Learning | <input type="checkbox"/> Lifelong Learning |
| <input type="checkbox"/> Broadband | <input type="checkbox"/> Economic/Community Development | <input type="checkbox"/> Intergenerational |
| <input type="checkbox"/> Civic engagement | <input type="checkbox"/> Education Support | <input type="checkbox"/> STEM (Science, Technology, Engineering, Math) |
| <input type="checkbox"/> Community Engagement | <input type="checkbox"/> Environment and Energy | <input type="checkbox"/> Workforce Development/Job Assistance |
| <input type="checkbox"/> Collections Care/Preservation | <input type="checkbox"/> Global Awareness | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cultural Heritage/Sustainability | <input type="checkbox"/> Health and Wellness | |

If other, please specify:

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7. Population Served

Please select the population(s) served by the proposed project:

- | | |
|--|---|
| <input type="checkbox"/> General Population | <input type="checkbox"/> Museum and/or Library Professionals |
| <input type="checkbox"/> Early Childhood/Preschool (0-5 years) | <input type="checkbox"/> Native Americans/Native Hawaiians/Alaskans Native |
| <input type="checkbox"/> Middle Childhood/Primary School (6-12 years) | <input type="checkbox"/> People with Mental or Physical Challenges/Disabilities |
| <input type="checkbox"/> Adolescents/High School (13-19 years) | <input type="checkbox"/> People who are Low Income/Economically Disadvantaged |
| <input type="checkbox"/> Adults | <input type="checkbox"/> Rural Populations |
| <input type="checkbox"/> Aging, Elderly, Senior Citizens (65+ years) | <input type="checkbox"/> Scholars/Researchers |
| <input type="checkbox"/> Ethnic or Racial Minority Populations other than Native Americans/Native Hawaiians) | <input type="checkbox"/> Unemployed |
| <input type="checkbox"/> Families/Intergenerational | <input type="checkbox"/> Urban Populations |
| <input type="checkbox"/> Immigrants/Refugees | <input type="checkbox"/> Other |
| <input type="checkbox"/> Military Families | |

If other, please specify:

8. Museum Profile (Museum Applicants Only)

a. Is the institution either a unit of state or local government or a private not-for-profit organization that has tax-exempt status under the Internal Revenue Code and that is organized on a permanent basis for essentially educational or aesthetic purposes? Yes No

b. Does the institution own or use tangible objects, whether animate or inanimate? Yes No

c. Does the institution care for tangible objects whether animate or inanimate? Yes No

d. Are these objects exhibited by the institution to the general public on a regular basis through facilities the institution owns or operates? Yes No

e. Is the institution open and exhibiting tangible objects to the general public at least 120 days a year through facilities the institution owns or operates? Yes No

f. Institution's attendance for the 12-month period prior to the application

On-site: Off-site:

g. Year the institution was first open and exhibiting to the public

h. Total number of days the institution was open to the public for the 12-month period prior to application

i. Does the 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 public of tangible objects owned or used by the institution? Yes No

j. Number of full-time paid institution staff

k. Number of full-time unpaid institution staff

l. Number of part-time paid institution staff

m. Number of part-time unpaid institution staff

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9. Project Elements (Museums for America and National Leadership Grants-Museums Applicants Only)

Your response to this question will help us match your application to reviewers with appropriate experience. Begin by choosing the project category that you selected in Question 3 (Grant Program Information).

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).

- | | |
|---|---|
| <input type="radio"/> Exhibitions | <input type="radio"/> Publications |
| <input type="radio"/> Education Programs | <input type="radio"/> Research |
| <input type="radio"/> Interpretation | <input type="radio"/> Technology: Public Interface (websites, social media, apps) |
| <input type="radio"/> Professional Development/Training | <input type="radio"/> Other |
| <input type="radio"/> Public Programs | |

If other, please specify:

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).

- | | |
|---|---|
| <input type="radio"/> Audience Development/Visitor Services | <input type="radio"/> Research |
| <input type="radio"/> Evaluation/Visitor Studies | <input type="radio"/> Technology: Infrastructure Improvement (software, hardware) |
| <input type="radio"/> Organizational Planning and Development | <input type="radio"/> Other |
| <input type="radio"/> Professional Development/Training | |

If other, please specify:

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).

- | | |
|--|---|
| <input type="radio"/> Collections Management | <input type="radio"/> Rehousing |
| <input type="radio"/> Conservation - Survey | <input type="radio"/> Research |
| <input type="radio"/> Conservation - Treatment | <input type="radio"/> Technology: Collections Related (scanning,digitization,database management) |
| <input type="radio"/> Conservation - Environmental Improvement | <input type="radio"/> Other |
| <input type="radio"/> Professional Development/Training | |

If other, please specify:

Types of Material

For conservation projects only. Please identify the material type(s) that will be primarily affected by your project.

- | | |
|---|---|
| <input type="checkbox"/> Animals, living | <input type="checkbox"/> Paintings |
| <input type="checkbox"/> Animals, preserved | <input type="checkbox"/> Photographic Materials |
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Plants, living |
| <input type="checkbox"/> Books and Paper | <input type="checkbox"/> Plants, preserved |
| <input type="checkbox"/> Electronic Media | <input type="checkbox"/> Textiles |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Wooden Artifacts |