

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

1. Applicant Infor	mation																		
a. Legal Name as it appears in SAM.gov (5a from SF424S):																			
b. Organizational D-U-N-S® Number (5f from SF-424S):																			
c. Expiration date of	f your SAM.gov regis	tration																	
d. Organizational U Name):	nit Name (if different	from Legal																	
e. Organizational U	nit Address (if differer	nt from Lega	l Nam	e addr	ess)	)													
Street 1																			
Street 2																			
City	County																		
State				Zip+4/Postal Code															
. Organizational U	nit Type (check one):																		
Academic Library	Pã d; ¦ã&æ  ^ÁÓ æ&\ÁÔ[  ^*^Á; ¦ W} ãç^¦•ãĉÁPÓÔW)						Research Library/Archives												
Aquarium		History Museum					School Library or School District applying on behalf of a School Library or Libraries												
Arboretum/Botan	Library Association					Science/Technology Museum													
Art Museum		Library Consortium					Special Library												
Children's/Youth Museum		Museum Library						Specialized Museum**											
Community College		Museum Services Organization/ Association						State Library											
Digital Library	Native American Tribe/Alaska Native/ Native Hawaiian Organization						State Museum Agency												
Four-year College	Natural Hi	Natural History/Anthropology Museum				State Museum Library													
General Museum*		Nature Ce	Nature Center					Zoo											
Graduate School of Library and Information Science		Planetariu	Planetarium						Institution of higher education other than listed above										
Historic House/Site		Public Lib	Public Library						Other										

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<sup>\*</sup> A museum with collections representing two or more disciplines equally (e.g., art and history)

<sup>\*\*</sup> 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 Organizational Unit for the three most recently completed fiscal years.

Fiscal Year	Total Revenue*	Total Expenses**	Surplus or Deficit							
* For nonprofit tay filers. Total	al Revenue can be found on Line	2 12 of the IRS Form 990								
* 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.										
	s or deficit greater than 10% of yase explain the circumstances o									
nocal years notes asore, pro	add explain the shoulderness of	tane carpiae or achor in the box	( bolow							
c Were there any material w	reaknesses identified in your pric	or vear's audit report?								
Yes		applicable								
	eficiency, or combination of defic	• •	that there is a reasonable							
	estatement of the entity's financia									
If <b>yes</b> , please explain.										
ii <b>yes</b> , picase explain.										
d Hoo your arraniation bas	I on A 122 qualit in the most three	Norm?								
	I an A-133 audit in the past three	e years?								
Yes	No									

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Refer to the Notice of Funding Opportunity for descriptions of these options and instructions for how to make selections.

#### 3. Grant Program

#### a. Laura Bush 21st Century Librarian Program

1. Select one:

Planning

**National Forum** 

Project

Research in Service to Practice

2. Select one:

Pre-professional

Masters-level

Doctoral-level

Early Career Development

Continuing Education

3. Select one

Lifelong Learning

Community Catalysts

National Digital Infrastructures and

Initiatives

## b. National Leadership Grants for Libraries

1. Select one:

Planning

National Forum

Project

Research in Service to Practice

2. Select one:

Lifelong Learning

Community Catalysts

National Digital Infrastructures and

Initiatives

#### c. Native American Basic

#### d. Native American Library Services Enhancement

1. Select one:

Preservation and Revitalization

**Educational Programming** 

Digital Services

#### e. Native Hawaiian Library Services

1. Select one:

Preservation and Revitalization

**Educational Programming** 

**Digital Services** 

## f. Accelerating Promising Practice for Small Libraries

#### g. Museums for America

1. Select one:

Lifelong Learning

Community Anchors and Catalysts

Collections Stewardship and Public Access

### h. Museums Empowered

1. Select one:

Digital Technology

Diversity and Inclusion

Evaluation

Organizational Management

#### i. Inspire! Grants for Small Museums

1. Select one:

Lifelong Learning

Community Anchors and Catalysts

Collections Stewardship and Public Access

### j. National Leadership Grants for Museums

1. Select one:

Collections Care and Public Access

Data, Analysis, and Assessment

Digital Platforms and Applications

Diversity and Inclusion

Professional Development

2. Select one:

Non-research, \$50,000-\$1,000,000

Research, \$50,000-\$1,000,000

Rapid prototyping, \$5,000-\$50,000

# k. Museum Grants for African American History and Culture

1. Select one:

\$5,000-\$50,000

\$50,001-\$250,000

# I. Native American/Native Hawaiian Museum Services

#### 4. Agency Level Goals

Select the IMLS Agency-Level Goal that best aligns with your proposed project.

Promote Lifelong Learning

**Build Capacity** 

Increase Public Access

Please review in the NOFO the specific performance measure statement choices and the information you will be required to collect for each in Promote Lifelong Learning and Build Capacity projects.

5. Funding Request										
a. IMLS funds requested:	b. Cost share amount:									
6. Population Served	and the second s									
Please select the target population(s) served by the										
General Population	Museum and/or Library Professionals									
Early Childhood/Preschool (0-5 years)  Native Americans/Alaska Natives/Native Hawaiian										
Middle Childhood/Primary School (6-12 years	•									
Adolescents/High School (13-19 years)	·	People Who Are Low Income/Economically Disadvantaged								
Adults	·	Rural Populations								
Aging, Elderly, Senior Citizens (65+ years)	Scholars/Researchers									
Ethnic or Racial Minority Populations other th Native Americans/Native Hawaiians	nan Unemployed Urban Populations	• •								
Families/Intergenerational	Other									
Immigrants/Refugees										
Military Families										
If other, please specify:										
ii other, piease specify.										
7. Museum Profile (Museum Applicants Only)										
a. Is your institution organized on a permanent basi purposes?	is for essentially educational or aesthetic	Yes No								
b. Is it your institution <b>either</b> a private not-for-profit of under the Internal Revenue Code <b>or</b> a unit of star	Yes No									
c. Does your institution own or use tangible objects	s, either animate or inanimate?	Yes No								
d. Does your institution exhibit these objects to the through facilities your institution owns or operate	Yes No									
e. Your institution's attendance for the 12-month p	period prior to the application									
f. Year your institution was first open and exhibiting	g to the public:									
g. Total number of days your institution was open to	o the public for the 12-month period prior to application:	:								
h. Does your institution employ at least one profess	sional staff member, or the full-time equivalent,									
whether paid or unpaid, who is primarily engage public of tangible objects owned or used by your		Yes No								
i. Number of full-time paid institution staff:										
j. Number of full-time unpaid institution staff:										
k. Number of part-time paid institution staff:										
Number of part-time unpaid institution staff:										

## 8. Project Elements (Museums for America and Inspire! Grants for Small Museums Only)

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

#### LIFELONG LEARNING

If you are applying in the Lifelong Learning Project Category, select the **primary** element that is core to your proposed project from the list below **(check only one)**:

Adult Programs Interpretation

Digital Media K-12 Programs, With Schools
Early Learning K-12 Programs, Out of School

Exhibitions Public Programs

**Family Programs** 

#### **COMMUNITY ANCHORS AND CATALYSTS**

If you are applying in the Community Anchors and Catalysts Project Category, select the **primary** element that is core to your proposed project from the list below (**check only one**):

Audience Research and Evaluation Community-Focused Planning Activities

Civic Engagement Community Outreach/Audience Development

Community-Driven Exhbitions and Progams

Digital Media

#### **COLLECTIONS STEWARDSHIP AND PUBLIC ACCESS**

Collections Information Management

If you are applying in the Collections Stewardship and Public Access Project Category, select the **primary** element that is core to your proposed project from the list below **(check only one)**:

Conservation Treatment Cataloguing, Inventorying, Registration

Curation

Collections Planning Database Management

Conservation Environmental Improvement/Rehousing Digital Asset Management

Conservation Survey Digitization

Please identify the material type(s) that will be affected by your project:

Animals, living Photographic Materials

Animals, preserved Plants, living

Architecture Plants, preserved

Books and Paper

Electronic Media

Sculpture

Textiles

Wooden Artifacts

Objects Wooden Artifacts

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**Paintings**