

IMLS Supplementary Information Form

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

Applicant Information

Does the legal applicant identified on the SF-424S have an organizational unit that is performing the activities described in the application?

Yes No

Funding Request

IMLS funds requested

Cost share/match amount*

Total costs

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

Indirect Costs

Current indirect cost rate(s) have been negotiated with a federal agency.
Select from list:
Rate:
Expiration Date:

Indirect cost proposal has been submitted to a federal agency but not yet finalized.
Select from list:
Rate:
Proposal Date:

Applicant chooses a rate not to exceed 10% of modified total direct costs, and declares it is eligible for the 10% rate.

Applicant chooses not to include indirect costs.

Audience(s) Served

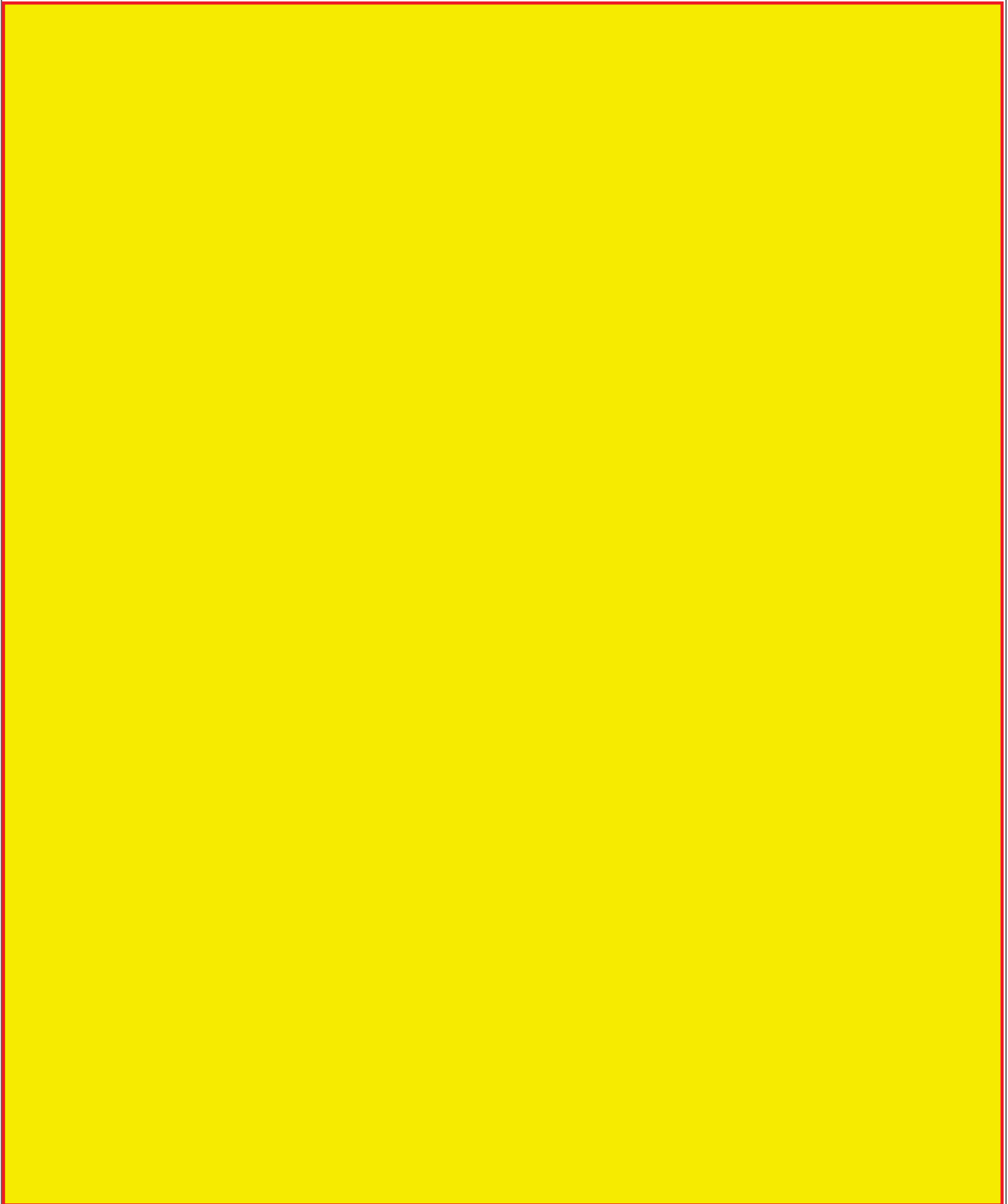
Select the **primary** audience(s) to be served by the activities described in the application. **Choose no more than three.**

- General population (if you choose this option, do not choose any others)
- Early childhood/preschool (0-5 years)
- Middle childhood/primary school (6-12 years)
- Adolescents/High school (13-19 years)
- Adults
- Aging, elderly, senior citizens (65+ years)
- Ethnic, racial minority populations other than Native Americans, Native Hawaiians, or Native Alaskans
- Families/Intergenerational
- Immigrants/Refugees
- Military families
- Museum and/or Library professionals
- Native Americans, Native Hawaiians, or Native Alaskans
- People with mental/physical challenges or disabilities
- People who are low income or economically disadvantaged
- Rural populations
- Scholars/Researchers
- Unemployed
- Urban populations
- Other

Abstract

Enter or paste your abstract below (maximum 3000 characters).

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A large yellow rectangular area with a red border, intended for pasting the abstract text. The area is completely blank, indicating it is a placeholder for user input.