

Association of College & Research Libraries
50 E. Huron St.
Chicago, IL 60611
800-545-2433, ext. 2523

acrl@ala.org, <http://www.ala.org/acrl>



Academic Library Impact Research Grants 2018
Application Cover Sheet

Name (project lead): _____

ALA member ID number: _____ Expiration date: _____

If you are unsure of your membership status or expiration date, please call ALA customer service toll free at 800-545-2433 or direct line 312-944-6780.

Job title: _____

Institution name: _____

Institution type (select one):

Doctoral or research Comprehensive master's 4-year baccalaureate Community college

Email address: _____

Mailing address (work): _____

Collaborator 1 (if applicable)

Name: _____ Email: _____

Job title: _____

Institution name: _____

Collaborator 2 (if applicable)

Name: _____ Email: _____

Job title: _____

Institution name: _____

Collaborator 3 (if applicable)

Name: _____ Email: _____

Job title: _____

Institution name: _____

Proposed project title: _____

Total amount requested (to be detailed in budget section below): _____

Do you have other funding available (if yes, explain in budget section below): Yes or No