

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

[acrl@ala.org](mailto:acrl@ala.org), <http://www.ala.org/acrl>



**Research Grants 2019**  
**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: \_\_\_\_\_

\_\_\_\_\_

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