

**NOTE: Preview only. Complete online application form at <https://www.surveymonkey.com/r/S6BH23T>**



## **ACRL Scholarly Communications Research Grant Application**

### **1. Welcome**

ACRL invites applications from librarians and information professionals seeking to conduct research that will contribute to more inclusive systems of scholarly communications. Proposed research projects should build on the foundations of the ACRL research agenda *Open and Equitable Scholarly Communications: Creating a More Inclusive Future* and fill gaps in existing literature. To apply, submit a complete application consisting of:

- 1.) This completed application form
- 2.) A single PDF (up to 16 MB), attached to this form with:
  - a.) CV or résumé(s).
  - b.) Brief abstract of the project (maximum 200 words).
  - c.) Proposed budget (using the worksheet provided).
  - d.) Project proposal (maximum 1000 words).

**DEADLINE FOR SUBMISSIONS:** 5 p.m. Central Time on Monday, September 30, 2019.

Questions? Refer to the full [call for proposals](#) and [frequently asked questions](#).

If your questions are not answered there, please contact ACRL Senior Strategist for Special Initiatives Kara Malenfant at [kmalenfant@ala.org](mailto:kmalenfant@ala.org) or 800-545-2433 ext 2510 and ACRL Research and Scholarly Environment Committee Vice-Chair Nathan Hall at [nfhall@vt.edu](mailto:nfhall@vt.edu) or 540-231-1751.

### [ALA Personal Data Notification](#)

The ALA (American Library Association and its units) and the ALA-APA (Allied Professional Association) (collectively “ALA”) use the personal data you provide to the ALA to process membership, inform you of products, services, conferences, education opportunities, events and for other purposes which are within the Association’s mission. To accomplish these actions, ALA contracts with third-parties who gather and process personal data to complete interactions such as online purchases, conference registration, and fulfillment. The personal data as provided is processed and stored as a legitimate interest to the ALA in order to fulfill your requests for information and services from ALA.

For more information, review [ALA’S PRIVACY POLICY](#).

**NEXT**

## 2. Project Lead Information

\* 1. Name (project lead):

\* 2. Job title:

\* 3. Employed as a librarian or information professional?

- Yes  
 No

\* 4. Institution name:

\* 5. Institution type (select one):

- Doctoral or research  
 Comprehensive master's  
 4-year baccalaureate  
 Community college  
 Other (please specify)

\* 6. Institution designation (select one. Unsure? [Search](#) US Dept of Ed):

- Historically Black College or University  
 Hispanic-Serving Institution  
 Tribal College  
 Alaska Native-Serving Institution  
 Native Hawaiian-Serving Institution  
 Predominantly Black Institution  
 Asian American and Native American Pacific Islander-Serving Institution  
 Native American-Serving Nontribal Institution

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None of the Above

Other (please specify)

*\* 7. Email address:*

*\* 8. Mailing Address:*

Address:

Address 2:

City:

State:

ZIP/Postal Code:

Country:

**NEXT**

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### **3. Collaborator #1 (if applicable)**

*1. Name (collaborator #1, if applicable):*

*2. Job title:*

*3. Employed as a librarian or information professional?*

Yes

No

*4. Institution name:*

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*5. Institution type (select one):*

- Doctoral or research
- Comprehensive master's
- 4-year baccalaureate
- Community college
- Other (please specify)

*6. Institution designation (select one. Not sure? [Search US Dept of Ed](#)):*

- Historically Black College or University
- Hispanic-Serving Institution
- Tribal College
- Alaska Native-Serving Institution
- Native Hawaiian-Serving Institution
- Predominantly Black Institution
- Asian American and Native American Pacific Islander-Serving Institution
- Native American-Serving Nontribal Institution
- None of the Above
- Other (please specify)

*7. Email address:*

*8. Mailing Address:*

Address:

Address 2:

City:

State:

ZIP/Postal Code:

Country:

**NEXT**

#### 4. Collaborator #2 (if applicable)

1. Name (collaborator #2, if applicable):

2. Job title:

3. Employed as a librarian or information professional?

- Yes  
 No

4. Institution name:

5. Institution type (select one):

- Doctoral or research  
 Comprehensive master's  
 4-year baccalaureate  
 Community college  
 Other (please specify)

6. Institution designation (select one. Not sure? [Search](#) US Dept of Ed):

- Historically Black College or University  
 Hispanic-Serving Institution  
 Tribal College  
 Alaska Native-Serving Institution  
 Native Hawaiian-Serving Institution  
 Predominantly Black Institution  
 Asian American and Native American Pacific Islander-Serving Institution  
 Native American-Serving Nontribal Institution

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None of the Above

Other (please specify)

*7. Email address:*

*8. Mailing Address:*

Address:

Address 2:

City:

State:

ZIP/Postal Code:

Country:

**NEXT**

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## **5. Collaborator #3 (if applicable)**

*1. Name (collaborator #3, if applicable):*

*2. Job title:*

*3. Employed as a librarian or information professional?*

Yes

No

*4. Institution name:*

*5. Institution type (select one):*

Doctoral or research

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- Comprehensive master's
  - 4-year baccalaureate
  - Community college
  - Other (please specify)
- 

*6. Institution designation (select one. Not sure? [Search](#) US Dept of Ed):*

- Historically Black College or University
  - Hispanic-Serving Institution
  - Tribal College
  - Alaska Native-Serving Institution
  - Native Hawaiian-Serving Institution
  - Predominantly Black Institution
  - Asian American and Native American Pacific Islander-Serving Institution
  - Native American-Serving Nontribal Institution
  - None of the Above
  - Other (please specify)
- 

*7. Email address:*

*8. Mailing Address:*

Address:

Address 2:

City:

State:

ZIP/Postal Code:

Country:

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## **6. Proposed Project**

*\* 1. Name of ACRL/ALA member: (Unsure? Call ALA customer service toll free at 800-545-2433 or direct line 312-944-6780.)*

*\* 2. ALA ID Number:*

*\* 3. Membership expiration date:*

*\* 4. Proposed project title:*

*\* 5. Do you have other funding available (if yes, explain in budget worksheet):*

Yes

No

*\* 6. Attach a single PDF (up to 16 MB) with:*

*a.) CV or résumé(s).*

*b.) A brief abstract of the project (maximum 200 words).*

*c.) Proposed budget (using the worksheet provided).*

*d.) A project proposal (maximum 1000 words).*

Choose File

**SUBMIT**