#### ACLCP Research and Publication Grant Application

##### Cover Sheet

1. Name:
2. Position:
3. Library:
4. Phone:
5. Email:
6. Briefly describe your current position:

Submit completed application to the Executive Committee of ACLCP by email to [grants@aclcp.org](mailto:grants@aclcp.org) no later than 14 days before any regularly scheduled meeting of the Executive Committee. Meeting dates are posted on the ACLCP Web site.

By signing this I acknowledge that I am required to prepare a brief report of my experience for posting to the ACLCP Web site.

Have your library director endorse this request below.

 Applicant Signature and Date

Library Director Signature and Date

**Application Form (please use additional sheets when necessary)**

1. Have you ever received an ACLCP grant before? If yes, when and for what purpose?
2. For which type grant are you applying?

\_\_\_\_\_\_ Research & Publication (answer questions 3 and 6)

\_\_\_\_\_\_ Presentation (answer questions 4 and 6)

\_\_\_\_\_\_ Program Design (answer questions 5 and 6)

1. RESEARCH GRANT APPLICANTS: Please respond to the following:
   1. What is the current status of your work in this area and how is it related to the work of others in your field?
   2. How will your research project enhance your professional development? How will it enhance your discipline?
   3. If successful, will your project lead to publication in a journal or book, or to a presentation or performance in a peer-reviewed venue? Digital presentation?
   4. Where do you plan to submit your work? List possible publications.
   5. What are the costs associated with your research?

Housing: \_\_\_\_\_\_\_\_\_\_

Travel: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_

1. PRESENTATION APPLICANTS:
   1. What is the purpose of your presentation?
   2. What is the total cost of your attending this program? Attach a description of the program as provided by the sponsoring institution.

Registration fee: \_\_\_\_\_\_\_\_\_\_

Housing: \_\_\_\_\_\_\_\_\_\_

Travel: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_

1. PROGRAM DESIGN APPLICANTS:
   1. What are the specific goals of your project?
   2. How will you assess your progress?
   3. Please describe the contribution this will make to ACLCP, your library, and/or you individually. Priority is given to requests that benefit ACLCP as a whole although other benefits are considered.
   4. What are the costs associated with your program design?

Housing: \_\_\_\_\_\_\_\_\_\_

Travel: \_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_

1. FUNDING
   1. How much are you requesting ACLCP to provide of the total budget? (Maximum grant is $1000):
   2. What other support are you receiving for this activity and from whom?