

OCLC/ALISE Library and Information Science Research Grant Program Proposal Cover Page

- Print cover page and complete
- Obtain signatures
- Scan, save and include with submission

Title of Proposed Research			
Abstract			
Amount Requested	Start Date	Completion Date	Date Final Report to be Submitted (60 days from date of completion)

Principal Investigator's Name		Phone	Mailing Address
Degree/Date	Title	E-Mail	
Signature		Previous LISRGP Award	
		YES, year ____ NO	
Co-Investigator's Name		Phone	Mailing Address
Degree/Date	Title	E-Mail	
Signature		Previous LISRGP Award	
		YES, year ____ NO	

School/College Official Name		Phone	Mailing Address
Title		E-Mail	
Signature		Fax	

Institutional Authorization Name		Phone	Mailing Address
Title		E-Mail	
Signature		Fax	

Name of Submitting Organization to whom the award should be made		Phone	Mailing Address
Contract Administrator		E-Mail	
Title		Fax	