

**Council on Library and Information Resources  
Cataloging Hidden Special Collections and Archives Program  
Proposal Cover Sheet**

*Please complete this sheet and attach it to the institution's final proposal submission.*

**Date of Submission** (*mm/dd/yyyy*)  
(*must match date in the application system*)

**Legal Name of Grantee**

**Proposed Project**

**Project Title**

**Request Amount**  
(*must be between \$75,000 – \$500,000*)

**Proposed Grant Term** (*# of months*)  
(*must be between 12-36*)

**Proposed Start Date** (*mm/dd/yyyy*)

**Proposed End Date** (*mm/dd/yyyy*)

Internal Reference Number  
(*optional*)

**Principal Investigator(s) and Title(s)**

**Name(s)**

**Address(es)**

**Signature(s)**

**Financial Administrator for Grant**

**Name**

**Address**

**Signature**