

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

**Full Legal Name of
Applicant Organization**

**Names of partnering
institutions (if
applicable)**

Proposed Project

Project Title

Request Amount: must be between \$50,000 – \$500,000

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

Proposed Start Date (mm/dd/yyyy): must be between 1/1/2017 – 6/1/2017

Proposed End Date (mm/dd/yyyy): must be no later than 5/31/2020

Internal Reference Number (*optional*):

Principal Investigator(s) and Title(s)

PI #1

PI #2

PI #3

Following the initial proposal round, reviewers provided feedback regarding your application. The final proposal should be revised to address the comments made by reviewers. Please use the space below to briefly address the changes you have made in the final version in response to their comments. (You should not attempt to respond directly to the feedback here; rather, this space should be used to alert reviewers to the revisions in your final proposal that address their concerns. For example, "See revisions in the Innovation section regarding comments from Reviewer #1 on outreach.")