

NLLN Special Cooperation Projects

FY2011

Name of Project:

Brief description of the project:

Types of libraries involved (or if a community project, names of libraries involved):

Library or Library System submitting project proposal:

Role of NLLN: (check all that apply)

Funder

Facilitator

Manager

Name of Lead Person:

Time frame of Project:

Budget request:

Evaluation method:

Reporting to NLLN Governing Board process to be used:

Date approved _____ Date paid _____ Amount: _____ Check #: _____

Payable to: