**HTRC Advanced Collaborative Support Project**

*Cover Sheet*

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| --- |
|  **Proposed Project** |
| Project Title |    |
| Proposed Project Term *(no more than 12 months)* |   |
|  **Project researcher(s)** (*Add more rows as needed)* |
| Full name | Title and institution |  Email |
|  |  |  |
|  |  |  |
| **Local librarian contact information** (*Optional)* |
| Name | Title and institution | Email |
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