**HTRC Advanced Collaborative Support Project**

*Cover Sheet*

|  |  |  |
| --- | --- | --- |
| **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 |
|  |  |  |