# **Collection Equity Award Funding Application**

*For assistance, please contact the NNLM Region 5 office at*[*nnlm@uw.edu*](mailto:nnlm@uw.edu)

**Project Title:** Collection Equity Award

**Proposed Start and End Dates for the Project:** May 1, 2023 - April 30, 2024

# Applicant Information

1. NNLM ID (from the [Members Directory](https://www.nnlm.gov/membership/directory)):

2. Project Lead First Name:

3. Project Lead Last Name:

4. Project Lead Position Title:

5. Name of Project Organization [institution that will receive funding & lead proposed project]

6. Street Address:

7. City:

8. State:

9. Zip Code:

10. Phone:

11. Project Lead’s Primary Email Address:

12. Institution Tax ID:

**Please tell us what you plan to do with a Collection Equity Award. Provide a short description that summarizes your plans and goals for this award. (Maximum 350 words)**

**Targeted Populations**This award supports the mission of NNLM to help its members support the health information needs in their communities particularly among underrepresented or marginalized groups. Please list the traditionally underrepresented populations and/or marginalized groups that your award is designed to support.

Please check the box next to each population you intend to target your outreach to.

**Demographics – Age Group**

Children (0-12 yrs)

Teens (13-18 yrs)

Adults (19-64 yrs)

Seniors (65+ yrs)

**Demographics – Sexual & Gender Minorities**

LGBTQIA+

Women

Asexual

Bisexual

Gay

Lesbian

Other Sexual Orientation

☐ Intersex

☐ Gender Variant

☐ Non-binary

☐ Transgender

☐ Other Gender Identity

**Geographic Type**

International

Medically Underserved Areas/Populations

Rural

Suburban

Urban

**Issues and Interests**

Behavioral/Social Determinants of Health

HIV/AIDS

Maternal Health

NIH Helping to End Addiction Long-term (HEAL) Initiative

Opioids

Socioeconomically Disadvantaged Persons

Vaping

**Race and Ethnicity**

Alaska Natives

American Indian

Asians/ Asian Americans

Blacks/ African Americans

Hispanics/ Latin Americans/ Latinx

Native Hawaiians

Other Pacific Islanders

**Explanation of Need:**

**Provide a statement of how the Collection Equity Award will support the mission of NNLM, by explaining the need for the award. When possible, support the stated need using data such as known needs assessments or statistics. (Maximum 400 words)**

**Please tell us how you will measure the success of a Collection Equity Award? (Maximum 100 words)**

**Publicity/Promotion**

**Briefly describe how you intend to promote your Collection Equity Award to your target population(s).  (Maximum 100 words)**

**Participant Roles for the Collection Equity Award**[The participants for which the project will be conducted. Include staff conducting the award and groups the award is intended to reach. Select all that apply.]

Data Scientist

Educator - College & Post-grad

Educator - K-12

Emergency Preparedness and First Responder

General Public

Government Staff – Federal

Government Staff – Local & Municipal

Government Staff – State

Government Staff - Tribal

Health Professional

Historian

Library or Information Professional

Library Staff – Community College

Library Staff – Health Sciences

Library Staff – Public

Library Staff – Other

Organization Staff – Community Based

Organization Staff – Faith Based

Public Health Professional

Researcher

Student - College & Post-grad

Student - K-12

Other

# Reporting Requirements and Acknowledgements

Please check the box next to each statement to indicate your agreement if you receive a funding award

You agree to comply with the reporting requirements for this award, which is: To help further the reach of this award, the awardee is required and agrees to submit a bibliography of the resources purchased as the Final Project Report. The citation format will be provided to awardees.

Any web-based resources developed for this project will ensure accessibility to the greatest possible number of people