# **Collection Improvement Award Application**

*For assistance, please contact the NNLM Region 5 office at**nnlm@uw.edu*

**Project Title:** Collection Improvement Award, APPLICANT INSTITUTION NAME

**Proposed Start and End Dates for the Project:** June 2, 2025 - April 30, 2026

## 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:

## Goals and Audience

**Please tell us what you plan to do with a Collection Improvement 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

**Participant Roles for the Collection Improvement 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

## Explanation of Need

**Does your organization have a limited collections budget?** Yes No

**Provide a statement of how the Collection Improvement Award will support the** [**mission of NNLM**](https://www.nnlm.gov/about/about-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)**

**List the** [**NNLM National Initiative or Priority Area**](https://www.nnlm.gov/initiatives) **or local health-related issue that this funding will address. (Maximum 100 words)**

## Promotion and Evaluation

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

**How will you measure the success of a Collection Improvement Award? (Maximum 100 words)**

## 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