

CONSORTIUM OF ACADEMIC & RESEARCH LIBRARIES IN ILLINOIS

BOOK DIGITIZATION INITIATIVE PROPOSAL COVER SHEET

CARLI may suspend the Initiative at any time.

PROJECT NAME:

CARLI MEMBER INSTITUTION:

PROPOSAL INFORMATION:

Total Number of Volumes Proposed for Digitization: _____

Estimated Number of Pages Proposed for Digitization: _____

Contact Person: _____

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Director of Library: _____

Director of Library – E-mail: _____

**PARTICIPATING LIBRARIES OR ORGANIZATIONS OR AGENCIES IN THE STATE OF ILLINOIS,
CONTACT PERSONS, & FULL CONTACT INFORMATION:**

(Include the **name, title, full U.S. Postal address, phone number, and e-mail address** of a contact person at each participating library.)

Please use additional sheets of paper if necessary.