

Project Team Application

ILEAD U

Innovative Librarians Explore, Apply and Discover The 21st Century Technology and Leadership Skills Institute

MAILING ASSEMBLY CHECKLIST

Submit this form with the complete application package from your team

Step 1:

Assemble the **complete application package**, which is defined as, and must include:

- One MAILING ASSEMBLY CHECKLIST.
- One PROJECT TEAM APPLICATION CHECKLIST and COVER PAGE (with original signatures).
- One PROJECT TEAM STATEMENT OF NEED

The following should be included with the **complete application package**.

- INDIVIDUAL APPLICANT AGREEMENT and CONFIRMATION CHECKLIST (with original signatures) **for each team member**.
- PERSONAL INFORMATION FORM (with original signatures) **for each team member**.
- LETTER OF COMMITMENT: GOVERNING AUTHORITY (with original signatures) **for each team member**

The following will be needed by the first in person session (March 23-26, 2015)

- BRIEF LETTER OF SUPPORT (original signatures) **from each team member's** Community User Representative.

Step 2:

- Make one photocopied duplicate of the **complete application package**, including any supporting documentation or letters for your records.

Step 3:

- Send the original **complete application package**, including all supporting documentation and/or letters to the Maine State Library (MSL). Hard copy pages can be duplexed.

Submit your complete application package to:

Project ILEAD USA

Maine State Library
64 State House Station
Augusta, ME 04333-0064
Attn: Stephanie Zurinski

Questions? Email Stephanie Zurinski, Project Coordinator at stephanie.zurinski@maine.gov or 207-287-5632, or Deborah Clark, Assistant Project Coordinator at <mailto:deborah.clark@maine.gov> or 207-871-1765.

Application package deadline by email or postmark is *December 12, 2014*
MSL will send email notification of acceptance by *February 15, 2015*



This project is made possible by a grant from the U.S. Institute of Museum and Library Services, the Secretary of State/Illinois State Library and the Maine State Library.

All information supplied is kept completely confidential. ILEAD U

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PROJECT TEAM APPLICATION CHECKLIST AND COVER PAGE Submit this form with the complete application package from your team

Project Team Name: <i>can be changed later</i>	
Team Member 1:	
Team Member 2:	
Team Member 3:	
Team Member 4:	
Team Member 5:	
SIGNATURE of team member submitting this package:	Date:

- I confirm the team consists of five team members representing at least 2 different library types – academic, public, school or special.
- I understand that only complete application packages that have met all individual and team requirements will be considered. Complete application packages will be evaluated by the ILEAD U State Steering Committee based on the statement of need and the applicants' individual statements.



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In the space below, please provide a TEAM STATEMENT OF NEED that responds to the following: (Maximum 250 words, 1000 characters)

Each team will produce a single team product from the ILEAD U program. Describe the community need that you perceive exists and want to address. This need will help you define your team's product. Please include a description of the blend of team members and the qualities that each member brings to the team. In what way do your team members' communities share a need? Why should this project team be part of ILEAD U? Why does your constituency need your participation in the online environment? If appropriate, include census data that helps describe an underserved group or a perceived need for each team member's community.

This statement of need should reflect the joint venture of your team.



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INDIVIDUAL APPLICANT AGREEMENT AND CONFIRMATION CHECKLIST

ILEAD U Innovative Librarians Explore, Apply and Discover The 21st Century Technology and Leadership Skills Institute

Submit this form with the complete application package from your team

Step 1: The following should be included with the **complete application package**.

- INDIVIDUAL APPLICANT AGREEMENT and CONFIRMATION CHECKLIST (with original signatures)
- PERSONAL INFORMATION FORM (with original signatures) **for each team member**.
- LETTER OF COMMITMENT: GOVERNING AUTHORITY (with original signatures) **for each team member**.

Step 2: Make one photocopied duplicate of the **complete application package**, including any supporting documentation or letters for your records.

Hilton Garden Inn, Bangor, Maine will be the site for all three in-person sessions:

- **March 23-26 2015**
- **June 22-25, 2015**
- **October 26-29, 2015**

Each team will be responsible for scheduling its own mandatory virtual sessions (approximately 5) during the intercessions (April-May 2015 and July-Sept. 2015).

1. This is individual applicant agreement _____ of five. Each team must have five members. The complete team of five will be considered for inclusion; individual applicants who are not part of a team will not be considered.
2. Program team name: _____
(Can be changed later)
3. If I am selected as a participant, I, _____ agree to and confirm the following ILEAD U participation criteria:
 - a. I confirm that I have **enclosed** the completed **Personal Information Form** providing required contact information.
 - b. I confirm that I have **enclosed** the required **Letter of Commitment** from my governing/corporate authority.
 - c. I confirm that the Maine State Library / Illinois State Library can publish my name, title and organization if I am selected for participation.
 - d. I agree to participate in the evaluation of the project through interviews and surveys. If I am selected to participate, I understand I will be given another opportunity to voluntarily agree to participate in each specific evaluation activity.
 - e. I agree to produce a team "Seed and Grow" video by the end of ILEAD U – October 2015.
 - f. I confirm that I have read and agree to the **Photograph and Video Release**.
 - g. I confirm that by the first in person session (March 23-26, 2015), I will identify a **Community User Representative**, a "user/patron", who has Internet access and email, within my community/constituent group, who will serve as an advisor to me during the ILEAD U program. I will bring to the first session a brief **Letter of Support from my Community User Representative**, communicating their support of my participation in ILEAD U. The letter will include his/her name and email address.
 - h. The Maine State Library will award 100 continuing education contact hours for participation in ILEAD U. I will need contact hours for my annual certification.

Signature: _____

Date: _____



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Photo Consent and Permission Release for ILEAD U

Date: _____

This is a release for the Maine State Library (MSL) and the Secretary of State/Illinois State Library (ISL) for the ILEAD U Project (hereafter referred to as MSL/ISL).

I, _____, agree to the following:

1. I grant to MSL/ISL the license, right and permission to use, publish, exhibit, broadcast, reproduce, distribute, transmit and display my name, image, likeness, and quotes in all media whether now known or later developed, for purposes of publicity, marketing, promotion, exhibition and other exploitation for the ILEAD U worldwide, in perpetuity without notice and without compensation, royalty, accounting, liability or obligation of any kind. Such use may include, but is not limited to, the ILEAD U and its social media pages.

2. I hereby release, hold harmless, discharge and indemnify the MSL/ISL their agents, successors and assigns from and against any and all liability, claims, charges, demands, expenses, fees, fines, penalties, losses, suits, proceedings, actions and costs thereof (including attorneys' fees and court costs for all actions and appeals therefrom), judgments and injuries of any kind, resulting from or arising in connection with my participation in the ILEAD U, or the use of the Materials and my Image Rights by MSL/ISL.

Name: _____
Please print

Signature: _____



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INDIVIDUAL APPLICANT AGREEMENT

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In the space below, please provide a STATEMENT OF NEED that responds to the following: (Maximum 250 words, 1000 characters)

Each team will produce a single team product from the ILEAD U program. Describe the community need that you perceive exists and want to address. This need will help you define your team's product. Please include a description of the qualities you bring to the team. Why does your constituency need your participation? If appropriate, include census data that helps describe an underserved group or a perceived need.



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COMMUNITY USER REPRESENTATIVE LETTER OF SUPPORT

By the first in person session (March 23-26, 2015), please identify a Community User Representative, a “user/patron”. This individual is someone uniquely affected by the perceived community need and will serve as an advisor and a conduit for feedback about programs and services. **You are required to bring a letter of support from your Community User Representative to that first meeting.**

Name of applicant: _____

Community User Representative Name: _____

Email Address: _____



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**Innovative Librarians Explore, Apply and Discover
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PERSONAL INFORMATION FORM**

Submit this form with your complete application package

Part I: REQUIRED INFORMATION

Your name (Last, First, M.I.):	
Preferred nickname:	
Library or Institution Name:	
Library address:	
Work phone:	
Alternate phone:	
Email address <i>(all project correspondence will be sent to this email address):</i>	
The following will not be published	
Emergency contact name:	
Emergency contact phone:	



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INDIVIDUAL APPLICANT AGREEMENT

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LETTER OF COMMITMENT: GOVERNING AUTHORITY

Submit this form with the complete application package from your team

Hilton Garden Inn, Bangor, Maine will be the site for all three in-person sessions:

- **March 23-26 2015**
- **June 22-25, 2015**
- **October 26-29, 2015**

Each team will be responsible for scheduling its own mandatory virtual sessions (approximately 5) during the intercessions (April-May 2015 and July-Sept. 2015).

Congratulations! A Project ILEAD U applicant in your organization has taken the initiative to pursue involvement in this enriching program that will teach attendees how to use participatory technology tools to connect with user needs. In order to ensure a rich experience for the participants, it will be necessary for your organization to commit resources of time, equipment (like PC and telephone) and bandwidth.

Please confirm the following for: *(applicant name)* _____

I/we confirm the applicant will have the support from this organization to spend time away from work, including travel to and from, during the three required in-person sessions.

I/we confirm that the applicant will have the support from this organization to spend time attending the required virtual sessions that will take place approximately bi-weekly during the intercessions.

I/we confirm that the applicant will identify a "community user representative" who will work with the applicant providing feedback and suggestions during the project.

I/we confirm that the applicant will have the support from this organization to use this organization's bandwidth and equipment (e.g. telephone, PC, scanner) to participate in this program.

I/we confirm that the applicant will have time to work on the development of the project team's product.

I/we confirm that if equipment is purchased and the equipment is intended to become the property of this applicant's organization the equipment will ultimately be used for the enrichment of the end user experience in my library.

I/we understand that equipment will be purchased during in-person session 2.

I/we confirm that the applicant's name and organization can appear in press releases, information and publications about Project ILEAD U.

Name of applicant's organization/governing authority: _____

Signature of representative of organization/governing authority: _____

Title of representative: _____ **Date:** _____

Printed name of representative: _____



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