

Michigan Harwood Virtual Lab 2019 Application

**Project: Application to participate in the Michigan Harwood Virtual Lab October 1 through November 19, 2019**

**Deadline: 5pm Eastern (4pm Central), August 29, 2019**

**Submit completed application by email to David Votta, Library Strategist, at** **vottad@mcls.org**

**Eligibility - Two tracks**

* All applicants must work in a Michigan library
* Applicants may be from any type of library: academic, public, school, institutional, or special.

**Track 1:** Libraries who have **not** previously participated in the MCLS/Library of Michigan Harwood project (Given priority - These teams will participate in post-lab coaching.)

* Teams of three to six staff including the library director.
* The library director must be one of the applicants, or attest that they have previously attended a Harwood Public Innovator’s Lab in-person or virtual.

**Track 2:** Libraries who **have** participated in the MCLS/Library of Michigan Harwood project - Capacity building (These libraries will not receive post-lab coaching.)

* One to six staff including the director if the director has not previously attended a Harwood Public Innovator’s Lab in-person or virtual.
* The library director must be one of the applicants, or attest that they have previously attended a Harwood Public Innovator’s Lab in-person or virtual.

**Save and name your application the name of your library.
Example: “Some\_library\_application.doc”**

**What to include in your application:**

**Information about your library**

1. Name of Library:
2. Address:
3. Library Type (Public, Academic, School, Special, Institutional):
4. Population Served:
5. Select a Track
Track 1\_\_\_
(Have **not** previously participated in the MCLS/Library of Michigan Harwood project.)

Track 2\_\_\_
(**Have** previously participated in the MCLS/Library of Michigan Harwood project)

**Information about the applicant(s) seeking to attend the virtual lab: (Up to six)**

1. Name:
2. Title:
3. Email:
4. Phone number:
5. Name:
6. Title:
7. Email:
8. Phone number:
9. Name:
10. Title:
11. Email:
12. Phone number:
13. Name:
14. Title:
15. Email:
16. Phone number:
17. Name:
18. Title:
19. Email:
20. Phone number:
21. Name:
22. Title:
23. Email:
24. Phone number:

**Answer the following questions (Responses should be numbered in relation to the questions. In total, limit this response section of eight questions to 500 words.)**

**TRACK 2 – Only need to fill out questions 2, 3, 4, 6, 7, 8**

1. How do you define your community? (local community, campus, school, etc.) Describe your community including geography, socioeconomic characteristics, ethno-cultural make up, and other relevant information.
2. Describe where your library is in relation to community engagement, what you hope to achieve as a next step, and how being involved in this project will help your community.
3. Describe the extent that your library is involved in formal partnerships and networking in your community, providing specific examples.
4. Describe why the Harwood Virtual Lab training is of interest to your library.
5. Have you or other members of your library participated in any learning sessions of training in the Harwood Institute approach? If so, describe what you have done with what you learned so far. Please include successes, challenges, and any lessons learned to date.
6. A major factor of success of the Harwood practice in your library will be engaged and supportive leadership and an accountability system. Please provide an explanation of how your library leaders will provide ongoing support for staff to a)implement the Harwood practice at your library, and b)participate in coaching (if applicable).
7. How will the library’s leadership hold themselves accountable for implementing the Harwood practice?
8. Is there anything else you would like us to know in support of your application?

**Authorization**

Authorizing Official Information

1. Authorizing Official First Name:
2. Authorizing Official Last Name:
3. Email Address:
4. Phone Number:
5. Title:
6. Organization:
7. Certification—By checking this box and submitting this application, the authorized representative for the applicant organization certifies that all statements contained herein are true and correct to the best of their knowledge and belief. \_\_\_\_\_\_\_\_\_\_\_\_\_
8. By checking this box and submitting this application, the authorized representative for the applicant organization certifies that appropriate HR resources will be allocated to complete the training and engagement activities. \_\_\_\_\_\_\_\_\_
9. By checking this box and submitting this application, the authorized representative certifies that the Library Director is either a) An applicant to attend the lab or b) Has previously attended a Harwood Public Innovator’s Lab.\_\_\_\_\_\_\_\_\_\_\_
10. Track 1 only: By checking this box and submitting this application, the authorized representative certifies that if selected for funding, they will submit a required final report. \_\_\_\_\_\_\_

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