

**AMIGOS FELLOWSHIP AND  
OPPORTUNITY AWARD PROGRAM  
APPLICATION COVER PAGE**

Name of Applicant(s) \_\_\_\_\_  
Title \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
Phone \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail \_\_\_\_\_  
Title of Proposal \_\_\_\_\_  
\_\_\_\_\_  
Date Submitted \_\_\_\_\_ Date Received: For Amigos Use Only \_\_\_\_\_

**AGREEMENT**

- A. The applicant's library must have been an Amigos member for the previous eighteen (18) months. The control of funds provided under this Program rests with the member library and will be used for the purposes stated in this Application. The funds will be spent only for the purpose for which they were granted. Should this not occur, funds granted will be returned to the Amigos Library Services
- B. Any report, either written or oral, of the project must appropriately credit the support provided by the Amigos Fellowship and Opportunity Award. Applicant(s) and parent institution grant Amigos Library Services, permission to reprint the project Final Report for dissemination to the Amigos membership, including electronically on the Amigos web site, with appropriate acknowledgement to the author(s).
- C. Upon completion of this Project, the recipient will submit a Final Report to the Amigos Executive Director containing a summary of project activities, a financial statement certified by the recipient's authorizing institutional representative, and a statement evaluating the success of the project. One electronic file copy in Word or compatible format will be submitted. The Project and the Project Final Report must be completed within two (2) years of the award date.
- D. Final responsibility for meeting all program requirements, i.e., the Final Report as described in Section C above, lies with the Amigos member library. Failure to meet program requirements will result in the recipient being declared in default and the member library responsible for refunding the Fellowship funds to Amigos. Under such circumstances, Amigos reserves the right to invoice the library for repayment of the funds. Recipients' libraries must remain an Amigos member for the two (2) fiscal years following the award.

\_\_\_\_\_  
Signature of Primary Applicant Date

**Institutional Representative Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorizing Institutional Representative Date

**Administration/Grants Office Contact Person (if different than the Primary Applicant):**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Administrations/Grants Office Representative Date