AILLA contact form - Collaboration Letter

Do you need a letter of collaboration for a grant application?

- **Yes**
- **No**

If **Yes**, complete the rest of this form.
If **No**, do not complete this form. Complete the Existing Collection form instead.

Surname(s) / Last Name

________________________________________________________________

Given name(s)

________________________________________________________________

Email

________________________________________________________________

Language name(s) followed by ISO code(s)

________________________________________________________________

Country(ies) where language(s) is/are spoken

________________________________________________________________

Do you have a college or university affiliation?

- **Yes**
- **No**
Display This Question:
If Do you have a college or university affiliation? = Yes

College or university name
________________________________________________________________

Department name
________________________________________________________________

Do you have some other affiliation? (E.g., tribe, NGO, organization, etc.)

☐ Yes
☐ No

Display This Question:
If Do you have some other affiliation? (E.g., tribe, NGO, organization, etc.) = Yes

Other (non-university) affiliation
________________________________________________________________

End of Block: Contact Information

Start of Block: Grant information for collaboration letter

Name of funding organization (e.g., National Science Foundation, National Geographic, etc.)
________________________________________________________________

Program area (e.g., Social Anthropology, Linguistics, Documenting Endangered Languages)
________________________________________________________________

Name or type of grant (e.g., Senior Research Grant, Doctoral Dissertation Research Improvement Grant, Fellowship, etc.)
________________________________________________________________
Please provide a link to the grant solicitation or information.

________________________________________________________________

Name(s) of all PIs, including yourself (PI = Principal Investigator)

________________________________________________________________

________________________________________________________________

Complete title of your project, as it will appear in your grant proposal

________________________________________________________________

Does this grant allow you to include payment for the archive in your budget?

○ Yes

○ No

Skip To: End of Block If Does this grant allow you to include payment for the archive in your budget? = No

Display This Question:
If Does this grant allow you to include payment for the archive in your budget? = Yes

How much have you budgeted for archiving?

________________________________________________________________

Name of your grant administrator (This is the person in your department or organization who is responsible for managing the grant funds and accounts; if you do not know who this person is, please find out before completing the rest of this form.)

________________________________________________________________

Email of your grant administrator named above

________________________________________________________________
In order to pay an invoice, some universities require a contract between themselves and a vendor, while others require only a W-9. **Does your university require a contract to be executed before it will pay a vendor?**

(If you do not know, please ask your grant administrator before completing the rest of this form.)

- [ ] Yes
- [ ] No

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**End of Block: Grant information for collaboration letter**

**Start of Block: Digital Collection**

Describe the data/files you will need to archive, specifically the data and format types (e.g., audio in .wav format, video in .mov format, scans of field notes in .pdf format, etc.).

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What is the anticipated **total volume in GB** of data to be deposited?

________________________________________________________________________

Total anticipated number of files to be deposited.

________________________________________________________________________

Total anticipated number of folders (directories) that will contain these files.

________________________________________________________________________

Please estimate the percentage of files that would have to be restricted.

________________________________________________________________________
Total number of anticipated participants for this project (including researchers, speakers, transcribers, translators, etc.)

________________________________________________________________

What would be your timeline for depositing your data? Please provide as much detail as possible, e.g., when the materials will be ready for deposit, your anticipated grant start and end dates, dates of data collection, etc.
Please remember that we strongly discourage you from waiting until the very end of your project to deposit all of the data.

________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________

End of Block: Digital Collection