



Application: The ULC Civic Makers Lab

Thank you for your interest in the Civic Makers Lab. Applications are **due March 4, 2026** and selected libraries will be informed by March 30, 2026.

Contact ULC Senior Program Manager Katie Sullivan with any questions at ksullivan@urbanlibraries.org.

* Required

Library and Staff Information

1. Library System *

2. City or County *

3. State *

4. Primary Staff Lead: Full Name *

5. Primary Staff Lead: Title *

6. Primary Staff Lead: Email Address *

7. Primary Staff Lead: Phone Number *

Staff Capacity & Motivation

8. Why is your library interested in joining the Civic Makers Lab? *

9. Who will lead this work, and what is their experience with young adults and/or civic engagement programming? *

10. How would you rate your library's capacity to **build/strengthen relationships with young adults**?

*(Scale 1 = very limited | 5 = strong) **

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

11. How would you rate your library's capacity to **facilitate group discussions**?

*(Scale 1 = very limited | 5 = strong) **

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

12. How would you rate your library's capacity to **co-create programming with young adults**?

*(Scale 1 = very limited | 5 = strong) **

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

13. How would you rate your library's capacity to **engage external partners**?

*(Scale 1 = very limited | 5 = strong) **

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

14. How would you rate your library's capacity to **launch new or experimental programs**?

*(Scale 1 = very limited | 5 = strong) **

| | | | | |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

15. What do you hope the young adults in your community will gain from this experience? *

16. What additional supports would help your team succeed? *

Current Activities

17. What does your library's current reach with young adults look like? What opportunities or barriers do you see? *

18. Please list young adult-serving organizations your library currently works with (including the name and any examples of recent collaboration). *

Commitment

19. If selected, can your library support your commitment to **attending monthly cohort calls?** *

☐ Yes

☐ No

20. If selected, can your library support your commitment to **attending two 1.5-day convenings?** *

☐ Yes

☐ No

21. If selected, can your library support your commitment to **launching a young adult civic learning program including a micro-pilot and at least one larger program?** *

☐ Yes

☐ No

22. If selected, can your library support your commitment to **participating in evaluation and reporting activities?** *

☐ Yes

☐ No

23. My library CEO/Director and/or direct supervisor is aware and supports that I am submitting this application. *

☐ Agree

☐ Disagree

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