



**National Children's Center**  
for Rural and Agricultural Health and Safety

**Workshop Project Grants**

**Contact Information Form**

1. \_\_\_\_\_

**Principal Investigator**

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

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

2. \_\_\_\_\_

**Organization**

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

3. \_\_\_\_\_

**Name/Title of Official signing for Applicant Organization**

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

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

4. \_\_\_\_\_

**Financial Contact**

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

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

5. \_\_\_\_\_

**Project Title**

\_\_\_\_\_  
Signature of Official named in line #3

\_\_\_\_\_  
Signature of Person named in line #1

Submit this form with Proposal via email to:

[nccrahs@mcrf.mfldclin.edu](mailto:nccrahs@mcrf.mfldclin.edu)

Telephone: 1-800-662-6900

# Workshop Project Grants

## Child Agricultural Injury Prevention Workshop

June 23-24, 2019  
Des Moines, Iowa



**Application Deadline:** July 22, 2019

### Purpose

The purpose of the Workshop Project Grant program of the National Children's Center for Rural and Agricultural Health and Safety (NCCRAHS) is to support projects conceived and/or drafted during the 2018 Child Agricultural Injury Prevention Workshop.

### Eligibility

Funds will be allocated to workshop participants to support projects that develop and/or enhance child and youth agricultural injury prevention strategies.

### Application Process

Proposals must include all sections noted in table below. Applications exceeding page limits will be returned.

Application item	Length	Comment
A. Contact Information Form	1 page	See page 3
B. Project Goal	3 pages <b>total</b> for sections B thru G	Concise statement of project goal / purpose, including relevant outcomes and deliverables.
C. Background and Significance		Describe pertinent background information and specific area(s) to be addressed.
D. Project Design / Methods		Explain project plans / design / methods.
E. Evaluation		See " <b>Evaluation</b> " below
F. Implications for future projects / programs		Include potential for future projects or programs, continued funding, spin-off programs, and general sustainability
G. Timeline		Limited to 12 months
H. References		References not included in page limit for sections B thru G
I. Budget and Budget Justification	1 page	See " <b>Budget</b> " below
J. Resume or Biosketch	1 page each	Resume or biosketch required for Principal Investigator and/or Project Manager
K. Appendices	3 pages total	Only <b>highly relevant</b> materials should be included in appendices

### Format

Font: Arial 11 pt. Margins: 1 inch. Single spaced. All pages must be numbered.

### Evaluation

Applicants should describe their expectations for success. That is, how will the grant recipient and NCCRAHS know if the desired project objectives were achieved? Include measurable outputs and outcomes such as organizational policies implemented, number of resources distributed, number of events/activities conducted, event/activity evaluation results, etc.

**Budget**

A maximum of \$5,000 may be requested. The budget must indicate the requested amount and justification for each category (personnel, supplies, meeting expenses, travel, etc.). Indirect costs are not covered in these grants.

**Completed Proposals**

Email your completed proposal to: [nccrahs@marshfieldresearch.org](mailto:nccrahs@marshfieldresearch.org)

**Review Criteria**

Proposals will be reviewed using the following criteria: a) alignment with the purpose of workshop grant program, b) eligibility requirements, c) adequacy of project design and methods, d) strength of evaluation, and e) likelihood of expanding the knowledge base of child and youth agricultural injury prevention.

**Funding**

Only one applicant per organization will be awarded. Applicants will be notified of award decision by August 5, 2019. All funds must be expended by September 29, 2020; funds not expended for grant activities by this date must be returned. Final reports for all projects are due by October 15, 2020.

**Grant Documentation Requirements**

The following documentation is required:

- 6 month progress report
- Final report
- Invoices/receipts for all project expenses
  - Unexpended funds must be returned
  - Expenses not invoiced or without receipts will be considered unexpended

**Questions**

If you have questions, please contact Marsha Salzwedel at 800-662-6900, ext. 8 or [salzwedel.marsha@marshfieldresearch.org](mailto:salzwedel.marsha@marshfieldresearch.org).