



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

Workshop Project Stipends

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

Telephone: 1-800-662-6900