



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

**Special Project and Pilot Study Funds (Mini-grant Program): Year 2018-2019**

## **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**