



## **AgrAbility National Training Workshop Farmer/Rancher Travel Stipend Application**

The National AgrAbility Project is pleased to offer a limited number of travel stipends to farmers, ranchers, and other agricultural workers with disabilities,<sup>1</sup> and their spouses/caregivers (when applicable), to attend the 2019 National Training Workshop (NTW), scheduled for **March 20-23, 2023**. Applications are due by December 15, 2022.

All funds must be used exclusively for costs of attending the NTW, including:

- Cost of NTW registration for Farmers/Ranchers with disabilities
- NTW sponsored hotel accommodations up to 4 nights— March 20<sup>th</sup>, 21<sup>st</sup>, and 22<sup>nd</sup> (fourth night can be *either* March 19<sup>th</sup> or March 23<sup>rd</sup>) at The Centennial Hotel, (\$141.79/night including taxes/fees.)
  - **NOTE:** While we have 9 accessible rooms reserved at The Centennial Hotel, it is possible that these may book up quickly. Therefore, if you are in need of an accessible room, you may be asked to stay at The Davenport Hotel (\$141.79/night including taxes/fees), which is about 1 mile away from the conference hotel.

Approved travel: airfare and transportation to/from airports, OR if driving, mileage reimbursement at the 2023 IRS standard mileage rate roundtrip to and from the NTW – up to \$400 total – based on MapQuest mileage.

If approved, registration and hotel accommodations (excluding incidentals) will be paid by the National AgrAbility Project. Airfare (if required) and mileage will be reimbursed to participants *AFTER the NTW*. Original receipts MUST be presented for reimbursement of each expense claimed.

Actual stipend amounts will be determined by the number of applications received and the amount of sponsorship funds available to the National AgrAbility Project. Full or partial stipends may be awarded. For consideration, applicants should be seeking a participatory role in either the NTW or state/regional activities. More than one applicant may apply per state. **Priority will be given to first-time applicants.**

To apply for a 2023 NTW Farmer/Rancher Travel Stipend, please complete all information on the application form. It is important that you print your information neatly so that it is legible. Applications must be received **no later than December 15<sup>th</sup>, 2022**. Mail to:

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<sup>1</sup> ALL farmers/ranchers impacted by disability, from any state, regardless of whether or not they are AgrAbility customers, are invited to apply for scholarship funds

**Chuck Baldwin**

National AgrAbility Training Workshop Stipend Committee  
814 Laurel Hill Pl  
Fort Wayne, IN 46825

**Applications can also be faxed to 270-477-0222 or scanned and emailed to Chuck at:**  
[baldwi19@purdue.edu](mailto:baldwi19@purdue.edu)

**PLEASE NOTE:** Once you have filled out the application/registration form below, **do NOT register for the NTW on the AgrAbility website.** NAP staff will contact you concerning your stipend application and will provide any further instructions as necessary.

**YOU SHOULD MAKE YOUR ROOM RESERVATIONS NOW AT THIS LINK:** <https://bit.ly/3SOjkzn> You can also call The Centennial Hotel at 844-733-3305 and let them know you are part of the AgrAbility National Training Workshop. If you need an accessible room and the rooms at the Centennial are booked, you can reserve a room at the Davenport Grand Hotel at this link: <https://bit.ly/3rMTJef> You can also call the Davenport Grand Hotel at 509-458-3330 and let them know you are with the AgrAbility National Training Workshop.

If you have any questions regarding the stipends, please contact Chuck Baldwin at 574-306-7329 or by email at [baldwi19@purdue.edu](mailto:baldwi19@purdue.edu). If Chuck is not available by phone, please contact Tess McKeel at 585-447-9015 (Office) or 585-953-8430 (Cell) or by email at [tmckeel@goodwillfingerlakes.org](mailto:tmckeel@goodwillfingerlakes.org).

I was contacted by LIFE (Legacy Innovation Farming Economics) Project personnel concerning this travel stipend opportunity.

- Yes
- No

**1. Why do you want to attend the National AgrAbility Training Workshop?**

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**2. Have you attended the National AgrAbility Training Workshop before?**

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**3. Has your spouse/caregiver attended the National Training Workshop before?**

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**4. How do you plan to use/share the knowledge gained by attending the National AgrAbility Training Workshop?**

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**5. Are you currently involved in a state/regional AgrAbility project? How do you serve your state/regional AgrAbility project?**

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**6. Additional comments you would like the committee to consider:**

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**NTW Pre-conference Sessions/Tours and Post-Conference Tours****(Tours subject to change)****MONDAY, MARCH 20<sup>th</sup>**

PRE-CONFERENCE SESSIONS/TOUR

**MENTAL HEALTH FIRST AID**

This 8-hour training course is designed to give you key skills to help someone who is developing a mental health problem or is experiencing a mental health crisis. Mental Health First Aid training helps a layperson to identify, understand, and respond to signs of mental health illnesses and addictions. The fee for this session is \$60.00

**WORKSITE ASSESSMENT, SECONDARY INJURY AND AT SELECTION**

This preconference professional development session will explore the process of conducting an agricultural worksite assessment, the potential for secondary injuries when using assistive technology on the farm, the selection of AT and modifications, and sources of AT and modifications. The session will cover the contents of the latest draft of the updated Agricultural Worksite Assessment Tool for Farmers and Ranchers with Disabilities. \$25 Fee

**TOUR PROVIDENCE ST. LUKE'S REHABILITATION MEDICAL CENTER 1PM-4PM**

At Providence St. Luke's Rehabilitation Medical Center, medical rehabilitation excellence and compassion are at their core. Their fully accredited rehabilitation center is home to an expert team that integrates treatments, technology, and care to help patients of all ages achieve their goals following stroke, spinal cord injuries, orthopedic issues, and brain injuries.

They are proud to be one of the most technologically advanced rehab centers in the United States, and they leverage their innovation every day to help their patients thrive. \$40 Fee- Subject to change based on COVID protocols.

**THURSDAY, MARCH 23<sup>rd</sup> 8 am - 4 pm**

POST-CONFERENCE TOURS (all tours are subject to change) The cost of the tours are not included in the stipend. If you choose to go on a tour, this cost will be up to you to cover.

**Tour 1 (Full Day Tour)**

8:00 am - 4:00 pm

Tour a beef cattle operation and discuss how they have managed to create a resilient operation by purchasing a meat processing facility and creating a boxed beef business that delivers across the northeast US. \$75 fee

**Tour 2 (Full Day Tour with ½ day drop off)**

8:00 am - 4:00 pm

Tour a family run farm, raising Piedmont cross cattle, and practice sustainably rotated crops and use no till practices; a farm designed for veterans to transition back into civilian life through careers in agriculture; drop off at the hotel; and a community supported, organic produce operation and CSA. \$75 fee for full day and \$30 fee for half day (lunch not included for ½ day)

**Tour 3 (Full Day Tour)**

8:00 am - 3:30 pm with hotel drop off around noon

Tour WSU Wilke Research Farm, a 320-acre research farm that grows different types of crops and shares their findings with farmers and scientists to help get optimal crop options and a Hutterian Colony that operates a beef operation and fully functioning farm experience that resembles farming in Switzerland 400 years ago. \$75 fee

## Applicant Information

<i>Last Name, First Name:</i>	<i>Email:</i>
<i>Street Address:</i>	<i>Home Phone Number:</i>
<i>City:</i> <i>State/ Zip Code:</i>	<i>Work or Cellular Phone Number:</i>
<i>Do you need accessible transportation to/from airport?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Do you need an accessible hotel room?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Do you need accessible transportation for Thurs. tours?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Do you need a roll-in shower?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What other special accommodations, if any, do you require? (Special diet, large print, ASL interpreter, etc.)</i>	<i>Best Method and Time to be Reached:</i>
<i>Will you be attending the Monday Night Reception?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Spouse/Caregiver Information *(If applying for stipend)*

<i>Last Name, First Name:</i>	<i>Email:</i>
<i>Street Address:</i>	<i>Home Phone Number:</i>
<i>City:</i> <i>State/ Zip Code:</i>	<i>Work or Cellular Phone Number:</i>
<i>Do they need accessible transportation to/from airport?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Do they need an accessible hotel room?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Do they need accessible transportation for Thurs. tours?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Do they need a roll-in shower?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>What other special accommodations, if any, do they require? (Special diet, large print, ASL interpreter, etc.)</i>	<i>Best Method and Time to be Reached:</i>
<i>Will they be attending the Monday Night Reception?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Additional Guest Information

<i>Last Name, First Name:</i>	<i>Email:</i>
<i>Street Address:</i>	<i>Home Phone Number:</i>
<i>City:</i> <i>State/ Zip Code:</i>	<i>Work or Cellular Phone Number:</i>
<i>Do they need accessible transportation to/from airport?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Do they need an accessible hotel room?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Do they need accessible transportation for Thurs. tours?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Do they need a roll-in shower?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>What other special accommodations, if any, do they require? (Special diet, large print, ASL interpreter, etc.)</i>	<i>Will they be staying in your room?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
<i>Will they be attending the Monday Night Reception?</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

### Additional Guest Information

<i>Last Name, First Name:</i>	<i>Email:</i>
<i>Street Address:</i>	<i>Home Phone Number:</i>
<i>City:</i> <i>State/ Zip Code:</i>	<i>Work or Cellular Phone Number:</i>
<i>Do they need accessible transportation to/from airport?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>	<i>Do they need an accessible hotel room?</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>
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<i>Will they be attending the Monday Night Reception?</i>	<input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i>

## Budgeted Expenses

Please estimate the following cost for attendance, including spouse/caregiver or any additional guests, if required. Note: **Any changes made after the initial application will need to be approved by Chuck Baldwin (574-306-7329) prior to attendance.** The awarded stipend may, or may not, cover entire budgeted amounts.

Item	Maximum Allowance	Projected Costs
Adult Full Registration (3 or 4 nights; includes Tues. evening banquet)	\$325/person Name _____ Name _____	
Adult Single Day Registration	\$100/person Name _____ Name _____	
Adult Tuesday Registration + evening banquet	\$150/person Name _____ Name _____	
Student Full Registration (3 or 4 days)	\$200/student Name _____ Name _____	
Student Single Day Registration	\$75/student Name _____ Name _____	
Student Tues. Registration + evening banquet	\$125/student Name _____ Name _____	\$ _____
Pre-conference sessions (if attending)		
<ul style="list-style-type: none"> <li>○ Mental Health First Aid</li> </ul>	\$60/person Name _____ Name _____ Name _____ Name _____	
<ul style="list-style-type: none"> <li>○ Worksite Assessment, Secondary injury and AT Selection</li> </ul>	\$ 25/person Name _____ Name _____ Name _____ Name _____	
<ul style="list-style-type: none"> <li>○ Tour of the Providence St. Luke's Rehabilitation Hospital</li> </ul>	\$40/person Name _____ Name _____ Name _____ Name _____	\$ _____
<ul style="list-style-type: none"> <li>○ I/we are planning on attending a tour on Thursday:</li> <li>○ Will not be attending a tour</li> </ul>	\$75/person Please account for anyone in your party that will be going on a tour. Name _____ Name _____ Name _____ Name _____	
<ul style="list-style-type: none"> <li>○ Tour payments are not included in the stipend. You are responsible to pay for any tour you or your party is attending.</li> </ul>		This expense will not be covered by the stipend

Hotel- please remember to make your hotel reservation now. Information on reserving your room is on the second page of this form.	\$143.00 allowance per room per night, based on double occupancy. 4 nights max (March 20, 21, 22, 4th night <i>either</i> March 19 or March 23). Please indicate which dates _____	\$ _____								
Transportation: Driving	\$0.56 per mile <b>roundtrip</b> (max \$400- may include mileage to/from local airport) Roundtrip miles _____ x \$0.56	\$ _____								
Transportation: Airfare- Roundtrip coach/economy	<table border="0"> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Farmer Applicant</td> <td>Spouse/caregiver</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Additional Guest</td> <td>Additional Guest</td> </tr> </table>	\$ _____	\$ _____	Farmer Applicant	Spouse/caregiver	\$ _____	\$ _____	Additional Guest	Additional Guest	Total  \$ _____
\$ _____	\$ _____									
Farmer Applicant	Spouse/caregiver									
\$ _____	\$ _____									
Additional Guest	Additional Guest									
Taxi/Shuttle	To/from local airport(s)	\$ _____								
Airline baggage fees \$60 per person maximum	<table border="0"> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Farmer Applicant</td> <td>Spouse/caregiver</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Additional Guest</td> <td>Additional Guest</td> </tr> </table>	\$ _____	\$ _____	Farmer Applicant	Spouse/caregiver	\$ _____	\$ _____	Additional Guest	Additional Guest	Total  \$ _____
\$ _____	\$ _____									
Farmer Applicant	Spouse/caregiver									
\$ _____	\$ _____									
Additional Guest	Additional Guest									
Airport parking (economy lot)	\$45 maximum	\$ _____								
Hotel parking	Complimentary	\$ __ complimentary								
	<b>SUBTOTAL</b>	\$ _____								
<b>Your contribution</b>	<b>Amount you/sponsor can help with</b>	<b>(\$ _____)</b>								
(After subtracting your contribution from SUBTOTAL) <b>TOTAL REQUESTED</b>	\$ _____									
<b>Please only ask for the amount you need so that we can provide stipends to as many people as possible. If you are able to pay for part of your travel or have a local business (Farm Bureau, implement dealer, etc.) who can help sponsor your attendance, please note that. We appreciate your help and support in this.</b>										



**OPTIONAL for demographic purposes<sup>2</sup>**

- I am a veteran of or currently serving in the U. S. Military
- My spouse/caregiver is a veteran or currently serving in the U.S. Military

I identify with the following ethnicity:

- Caucasian
- African American
- Hispanic or Latino
- Eskimo or Aleut
- Native American
- Asian or Pacific Islander
- Other \_\_\_\_\_

My spouse/caregiver identifies with the following ethnicity:

- Caucasian
- African American
- Hispanic or Latino
- Eskimo or Aleut
- Native American
- Asian or Pacific Islander
- Other \_\_\_\_\_

<sup>2</sup>Questions about veteran status and race/ethnicity will be used solely for aggregated summaries of conference attendance. Participant names are not reported. Submission of this information by you is voluntary.

**Stipend recipients will be announced no later than January 15<sup>th</sup>, 2023.**

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Applicant's Signature

Date

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Applicant's Printed Name