



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,¹ and their spouses/caregivers (when applicable), to attend the 2024 National Training Workshop (NTW), scheduled for **March 25-28, 2024**. Applications are due by **January 10, 2024**.

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 25th, 26th, and 27th (fourth night can be *either* March 24th or March 28th) at Grand Hyatt Atlanta Buckhead, (\$237.63/night including taxes/fees.)
 - **NOTE:** While we have accessible rooms reserved at The Grand Hyatt Atlanta Buckhead, 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 Embassy Suites Atlanta Buckhead (\$237.63/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 2024 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 for 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 2024 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 January 10, 2024**. Mail to:

¹ 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
113 W Till Rd
Fort Wayne, IN 46825

Applications can also be faxed to 270-477-0222 or scanned and emailed to Chuck at:
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://www.hyatt.com/en-US/group-booking/ATLGH/G-AGRA>. You can also call The Grand Hyatt Atlanta Buckhead at 404-237-1234 and let them know you are part of the AgrAbility National Training Workshop. If you need an accessible room and the rooms at The Grand Hyatt Atlanta Buckhead are booked, you can reserve a room at the Embassy Suites Atlanta Buckhead by calling 404-261-7733; talk to Tonya Wright and let her know that you are with the AgrAbility National Training Workshop and need an accessible room. Please specify if you need a roll in shower.

If you have any questions regarding the stipends, please contact Chuck Baldwin at 574-306-7329 or by email at 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.

APPLICATION FORM

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

- Yes
- No

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

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

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

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

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

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

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

NTW Pre-conference Sessions/Tours and Post-Conference Tours**(Tours subject to change)****MONDAY, MARCH 25th**

PRE-CONFERENCE SESSIONS/TOUR

MENTAL HEALTH FIRST AID 9am-4:30pm

MHFA is designed to increase knowledge and build skills to help someone who is experiencing mental health problems. The training includes information about signs and symptoms of mental health problems and provides opportunities to practice response skills for specific types of problems. Participants are trained to provide informed, caring support and to suggest and connect people to community resources.

Participants complete 2 hours of self-paced online coursework within the MHFA Connect training system before attending the instructor-led training through an in-person session. The fee for this session is \$24.00. This session will not include lunch. There will be an hour break for you to get lunch on your own.

WORKSITE ASSESSMENT, SECONDARY INJURY AND AT SELECTION 1pm-4pm

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 THE SHEPARD CENTER 1pm-4pm

The Shepherd Center is where people in need of personalized rehabilitation after severe neurological injury or illness find care and compassion to begin again. They specialize in the rehabilitation of patients with the most complex spinal cord and brain injuries, traumatic stroke, and other neurological conditions. \$40 Fee- Subject to change based on COVID protocols.

THURSDAY, MARCH 28th 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 Kubota Manufacturing plant, a mushroom operation, and sheep farm run by an AgrAbility client with a spinal cord injury. \$75 fee

Tour 2 (Full Day Tour)

8:00 am - 4:00 pm

Tour a family run farm, that also has a agritourism component; UGA Griffin Campus and a textile factory. \$75 fee

Tour 3 (Full Day Tour with ½ day drop off)

8:00 am – 3:00 pm with hotel drop off around 11:30 am

Tour a few urban farms around Atlanta with a drop off at the hotel around 11:30 am. After lunch you will tour the CDC. \$75 fee for full day, \$30 for half day.

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)	\$400/person Name _____ Name _____	
Adult Single Day Registration	\$200/person Name _____ Name _____	
Adult Tuesday Registration + evening banquet	\$250/person Name _____ Name _____	
Student Full Registration (incl. banq.)	\$250/student Name _____ Name _____	
Student Single Day Registration	\$100/student Name _____ Name _____	
Student Tues. Registration + evening banquet	\$150/student Name _____ Name _____	
		\$ _____
Pre-conference sessions (if attending)		
<ul style="list-style-type: none"> ○ Mental Health First Aid 	\$60/person Name _____ Name _____ Name _____ Name _____	
<ul style="list-style-type: none"> ○ Worksite Assessment, Secondary injury and AT Selection 	\$ 25/person Name _____ Name _____ Name _____ Name _____	
<ul style="list-style-type: none"> ○ Tour of the Shepherd Center 	\$50/person Name _____ Name _____ Name _____ Name _____	\$ _____ This expense will not be covered by the stipend
<input type="radio"/> I/we are planning on attending a tour on Thursday: <input type="radio"/> Will not be attending a tour Tour payments are not included in the stipend. You are responsible to pay for any tour you or your party is attending.	\$75/person Please account for anyone in your party that will be going on a tour. Name _____ Tour # _____ Name _____ Tour # _____ Name _____ Tour # _____ Name _____ Tour # _____	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.	\$237.63/night including taxes/fees allowance per room per night, based on double occupancy. 4 nights max (March 25, 26, 27, 4th night either March 24 or March 28). Please indicate	\$ _____										
Transportation: Driving	\$0.655 per mile roundtrip max \$400- may include mileage to/from local airport) Roundtrip miles _____ x \$0.67	\$ _____										
Transportation: Airfare- Roundtrip coach/economy	<table border="0"> <tr> <td>\$ _____</td> <td>\$ _____</td> <td rowspan="2">Total</td> </tr> <tr> <td>Farmer Applicant</td> <td>Spouse/caregiver</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Additional Guest</td> <td>Additional Guest</td> <td></td> </tr> </table>	\$ _____	\$ _____	Total	Farmer Applicant	Spouse/caregiver	\$ _____	\$ _____	\$ _____	Additional Guest	Additional Guest	
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\$ _____	\$ _____	\$ _____										
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> <td rowspan="2">Total</td> </tr> <tr> <td>Farmer Applicant</td> <td>Spouse/caregiver</td> </tr> <tr> <td>\$ _____</td> <td>\$ _____</td> <td>\$ _____</td> </tr> <tr> <td>Additional Guest</td> <td>Additional Guest</td> <td></td> </tr> </table>	\$ _____	\$ _____	Total	Farmer Applicant	Spouse/caregiver	\$ _____	\$ _____	\$ _____	Additional Guest	Additional Guest	
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\$ _____	\$ _____	\$ _____										
Additional Guest	Additional Guest											
Airport parking (economy lot)	\$45 maximum	\$ _____										
Hotel parking	Complimentary	\$ __ complimentary										
	SUBTOTAL	\$ _____										
Your contribution	Amount you/sponsor can help with	(\$ _____)										
(After subtracting your contribution from SUBTOTAL) TOTAL REQUESTED	\$ _____											
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.												

OPTIONAL for demographic purposes²

- 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 _____

²Questions 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 31st, 2024.

Applicant's Signature

Date

Applicant's Printed Name