



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

Special Project and Pilot Study Funds (Mini-grant Program): Year 2019-2020

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