



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 2019 National Training Workshop (NTW), scheduled for **March 23-26, 2020**. Applications are due by December 20, 2019.

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 23rd, 24th, and 25th (fourth night can be *either* March 22nd or March 26th) at the Madison Concourse Hotel, (\$123.59/night including taxes.)
 - **NOTE:** While we have 12 accessible rooms reserved at the Madison Concourse Hotel, it is possible that these may be booked by the time stipends are announced. Therefore, stipend recipients needing accessible rooms may be asked to stay at The Hilton Madison Monona Terrace (\$123.59/night including taxes), which is about ½ mile away from the conference hotel.

Approved travel: airfare and transportation to/from airports, OR if driving, mileage reimbursement at the 2020 IRS standard mileage rate roundtrip to and from the NTW – up to \$400 total – based on MapQuest mileage.

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.**

¹ Both AgrAbility customers and farmers/ranchers from states not currently served by AgrAbility projects are invited to apply for scholarship funds.

To apply for a 2020 NTW Farmer/Rancher Travel Stipend, please complete all information on the application form that is enclosed. It is important that you print your information neatly so that it is legible. Applications must be received **no later than December 20, 2019**. Mail to:

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

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. **ALSO – it is recommended that you call the Madison Concourse Hotel at 1-877-510-7465 or 414-935-5941 and make your room reservation as soon as possible – even before you know if you will receive a stipend – since the room block may fill up fast.** Tell them that you are with the 2020 AgrAbility National Training Workshop and let them know if you need an ADA room. If you do not receive a stipend, you will have the option of cancelling your room reservation or paying for your own stay.

The NAP will transfer your reservation to the NAP bill if you receive a stipend or will notify you if you do not receive one. **If all ADA rooms at the Madison Concourse Hotel are booked, there are accessible rooms blocked for us at the Hilton Monona Terrace. Call 608-255-5100 for reservations and let them know you are with AgrAbility.**

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.

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> _____ Yes _____ No <i>Do you need accessible transportation for Thurs. tours?</i> _____ Yes _____ No	<i>Do you need an accessible hotel room?</i> _____ Yes _____ No <i>Do you need a roll-in shower?</i> _____ Yes _____ 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>	_____ Yes _____ 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> _____ Yes _____ No <i>Do they need accessible transportation for Thurs. tours?</i> _____ Yes _____ No	<i>Do they need an accessible hotel room?</i> _____ Yes _____ No <i>Do they need a roll-in shower?</i> _____ Yes _____ 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>	_____ Yes _____ 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"/> 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 an accessible hotel room?</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>Will they be staying in your room?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<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"/> 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 an accessible hotel room?</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>Will they be staying in your room?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Will they be attending the Monday Night Reception ?</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

Budgeted Expenses

Please estimate the following cost for attendance, including spouse/caregiver or any additional guests, if required. Note: The awarded stipend may, or may not, cover entire budgeted amounts.

Item	Maximum Allowance	Projected Costs
Adult Full Registration (3 or 4 nights; includes Wed. evening banquet)	\$325/person Name _____ Name _____	
Adult Single Day Registration	\$100/person Name _____ Name _____	
Adult Wednesday 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 Wed. Registration + evening banquet	\$125/student Name _____ Name _____	\$ _____
Pre-conference sessions (if attending)		
<input type="radio"/> Worksite Assessment, Secondary injury and AT Selection <input type="radio"/> Tour of the UW Health Rehabilitation Hospital	\$ 25/person Name _____ Name _____ Name _____ Name _____ \$25/person Name _____ Name _____ Name _____ Name _____	\$ _____ \$ _____
I/we will be attending the following tour on Thursday: <input type="radio"/> Tour #1 <input type="radio"/> Tour #3 <input type="radio"/> Tour #2 <input type="radio"/> Will not be attending a tour (tours subject to change)	\$50/person Please account for anyone in your party that will be going on a tour. Name _____ Tour# _____ Name _____ Tour# _____ Name _____ Tour # _____ Name _____ Tour# _____	\$ _____ \$ _____
Hotel	\$123.59 allowance per room per night, based on double occupancy. 4 nights maximum (March 23, 24, 25, fourth night <i>either</i> March 22 or March 26)	\$ _____
Transportation: Driving	\$0.58 per mile roundtrip (max \$400- may include mileage to/from local airport) Roundtrip miles _____ x \$0.58	\$ _____

Transportation: Airfare- Roundtrip coach/economy	\$ _____ Farmer Applicant	\$ _____ Spouse/caregiver	Total
	\$ _____ Additional Guest	\$ _____ Additional Guest	\$ _____
Taxi/Shuttle	To/from local airport(s)		\$ _____
Airline baggage fees \$60 per person maximum	\$ _____ Farmer Applicant	\$ _____ Spouse/caregiver	Total
	\$ _____ Additional Guest	\$ _____ Additional Guest	\$ _____
Airport parking (economy lot)	\$45 maximum		\$ _____
Hotel parking	\$5/night at Madison Concourse \$17/night at Hilton Madison Monana		\$ _____
	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.			

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

2. Have you attended the National AgrAbility Training Workshop before? If so, when and did you participate in any of the sessions as a speaker or part of a farmer's panel?

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

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

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

OPTIONAL for demographic purposes²

- ☐ I am a veteran of or currently serving in the U. S. Military

I identify with the following ethnicity:

- | | |
|--|---|
| <input type="radio"/> Caucasian | <input type="radio"/> Native American |
| <input type="radio"/> African American | <input type="radio"/> Asian or Pacific Islander |
| <input type="radio"/> Hispanic or Latino | <input type="radio"/> Other _____ |
| <input type="radio"/> Eskimo or Aleut | |

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 February 7.

Applicant's Signature

Date

Applicant's Printed Name

NTW Pre-conference Sessions/Tours and Post-Conference Tours **(Tours subject to change)**

MONDAY, MARCH 23rd 1 - 4pm

PRE-CONFERENCE SESSIONS/TOUR

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 OF UW HEALTH REHABILITATION HOSPITAL

UW Health Rehabilitation Hospital is a free-standing, 50-bed acute inpatient rehabilitation facility located on the east side of Madison, Wisconsin. Our rehabilitation hospital opened in September 2015 and offers specialized programs for people who have experienced stroke, brain and spinal-cord injuries, amputations, complex orthopedic injuries and other conditions requiring inpatient rehabilitative services. Our goal is to help patients achieve their highest level of recovery with a goal of returning home as soon as able. \$25 Fee

THURSDAY, MARCH 26th 8 am - 4 pm

POST-CONFERENCE TOURS (all tours are subject to change)

Tour 1 (Full Day Tour)

8:00 am - 4:00 pm

Dairy Focused: This tour will travel to the Dairy Forage Center on UW Madison Campus, a large dairy and cheese making operation, and a creamery for lunch \$50 Fee

Tour 2 (Full Day Tour)

8:00 am - 4:00 pm

AgrAbility Farmer and Agricultural Research: This tour will travel to a couple of AgrAbility client farms (a crop farmer and a greenhouse operation), a distillery for lunch and the UW Arlington Research Station. \$50 Fee

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

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

UW Madison Agricultural stops and Kuhn Agricultural Machinery: This tour will travel to a couple Agricultural places on UW Madison Campus, have lunch at Babcock Hall, drop off at the Hotel around noon and then travel to the Kuhn manufacturing plant. \$50 Fee for full day and \$25 fee for half day