



Agricultural Community-Initiated Small Grants Program Application and Instructions

The High Plains Intermountain Center for Agricultural Health and Safety (HICAHS) is one of ten national centers dedicated to agricultural health and safety, committed to the improvement of the health, safety, and well-being of the residents of Colorado, Montana, North and South Dakota, Utah, and Wyoming; the High Plains and rocky Mountain Region.

The mission of HICAHS is to reduce or eliminate accidents and injuries, disease and death resulting from agricultural operations. This mission is addressed by: undertaking applied research; providing prevention services such as hazard evaluation and control; and developing educational programs for those who work in agricultural production.

HICAHS is seeking requests for applications to receive grant money to be used for agricultural community based health and safety programs in the 2008 Fiscal year ending September 15th 2008. During the 2008 project year approximately **\$7500 - \$10,000 in grant money will be available** to 3 to 4 community partners. Completed grant applications are due March 1st, 2008. HICAHS will make funding decisions in with disbursements made by March 15th 2008.

These grants are to provide assistance to fund community initiated projects that will promote agricultural health and safety throughout the region. **Grants are made available to organizations that are most closely aligned with the HICAHS Mission**, which is to reduce or eliminate accidents and injuries, disease and death resulting from agricultural operations. Based on input from our regional advisory board, we are proposing to address high priority needs for the region with projects focusing on: *prevention of illness and injury from agricultural operations among special populations at risk (farm families, children, seasonal and migrant farm workers and Native Americans).*

Applications are reviewed and must meet the following criteria:

- Compatibility to HICAHS mission
- Show significance of problem and demonstrated need
- Show evidence of community impact
- Projects should be based within the PHS Region VIII (Colorado, Montana, North Dakota, South Dakota, Wyoming and Utah)
- Funds must be spent by July 31st 2008

Applicants are required to complete a **project final report** at the conclusion of the project or within 1 month of the end of the fiscal year September 14th 2008. Evaluation forms are included in the initial application packet. Reminders will be sent to applicants one month prior to the completion of the project.

Agricultural Community-Initiated Small Grants Program**Instructions****A. Program Description Guidelines:**

1. Description of organization:
 - ❖ Briefly describe your organization and the expertise in your organization to address the proposed project (not to exceed three (3) pages)
 - ❖ Include organizations mission statement if applicable
2. Describe the proposed project
 - ❖ Statement of the problem to be addressed
 - ❖ Briefly describe the magnitude of the problem in your community
 - ❖ Summarize how this project will enhance services in your community and the expected results
 - ❖ What is the desired behavior, message or behavior deterrents that may influence behavioral change
 - ❖ Describe potential barriers the target audience faces in making the desired behavioral change
 - ❖ Lists the types of media that will be developed
 - ❖ Identify the location or place that the promotion materials will be distributed and practiced
 - ❖ Describe appropriate methods and procedures
3. Describe Project goals and *measurable* objectives
 - ❖ Identify the specific goals of the project
 - ❖ Include a specific statement that explains what you will accomplish in order to fulfill each goal (objective)
 - ❖ Include a timetable for project implementation and completion of each objective
4. Geographical Region
 - ❖ Describe the specific geographical region, such as San Luis Valley, Northeastern Montana, or Cheyenne County
5. Target Group
 - ❖ Describe the population to be served including race, gender, socioeconomic status, age and anticipated number of individuals to be served
 - ❖ Please indicate any special sector populations, i.e. Native Americans
6. Collaboration
 - ❖ If this project is being conducted in collaboration with other organizations in addition to your own, please provide the following information: (Example: Ag. organizations, community groups, Cooperative Extension, government agencies, health care providers/orgs., insurance companies, employee/labor orgs., trade associations, university departments or centers, etc.):

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Instructions Continued

B. Project Budget

1. Please use the attached budget form to itemize the budget for this project.
2. Please provide a budget justification.

C. Please e-mail completed application to:

Darla Borges, Darla.Borges@ColoState.edu

or

John Rosecrance, John.Rosecrance@colostate.edu

Please send a signed copy to:
Darla Borges, Outreach Coordinator
1681 Campus Delivery
Fort Collins, CO 80523-1681

or

John Rosecrance, Ph.D.
1681 Campus Delivery
Fort Collins, CO 80523-1681

If you have any questions regarding this application or the Agricultural Community Initiated Small Grants Program please contact Darla at 970-491-5511 or John at 970-491-1405.

Agricultural Community-Initiated Small Grants Program Grant Application

PROJECT TITLE: _____

PROJECT DIRECTOR(S): _____

• Institutional/Agency Affiliation: _____

• Mailing Address: _____

• Phone/Fax/Email: _____

FUNDING PERIOD:

September 15th 2007 – September 14th 2008

DOLLAR AMOUNT REQUESTED: _____

TYPE OF PROJECT

(please X one): Research Intervention Education Evaluation

1. Description of Organization:

2. Project Description: (Use up to 4 additional pages if necessary)

3. Goals and Measurable Objectives:

4. Geographical Region or Area:

5. Target Group(s) or Subjects:

SPECIAL SECTOR POPULATIONS

Are any of the below special sector populations a significant part of the target group? Check all that apply:

- Women
- Children
- Elderly
- Low Income
- Ethnic / Minority Workers (List): _____
- Migrant workers
- Disabled

6. COLLABORATION

If this project is being conducted in collaboration with other organizations in addition to your own, please provide the following information:

Organization/entity name	Type of organization

Is this Project a replication of another completed Project or a Project in progress?

Yes

No

- **Title of the original Project:** _____
- **Principle Investigator's Name:** _____
- **Host Institution/Agency:** _____

7. Was need for this project established via any of the following means? (Please check all that apply)

- Research addressing Center-identified need
- Literature review
- Survey
- Surveillance
- Pilot project or study
- Evaluation
- NORA Priority
- Other (please indicate): _____

8. Additional Information

If I receive a HICAHS project grant, HICAHS has my permission to use the information about the use of, and evaluation of the grant in news releases and other information to the agricultural community. I agree to submit a progress report in a timely manner at the conclusion of the project or within 1 month of the end of the fiscal year August 15th, whichever comes first.

HICAHS requests that you publicly recognize HICAHS by placing an acknowledgment statement on printed materials, newsletters, and press releases.

Applicant signature: _____ Date: _____

Budget Justification: Please describe the budgeted items and their relationship to the implementation of the proposed project.

Project Title:

Date:<<Insert Date>>

CATEGORY	Justification	AMOUNT
Personnel		
Travel/Transportation		
Equipment		
Materials and Supplies		
Printing & Copying		
Postage		
Telephone and Fax		
Other		
TOTAL		

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Grant Project Final Report

PROJECT TITLE: _____

PRINCIPLE INVESTIGATOR(S): _____

• Institutional/Agency Affiliation: _____

• Mailing Address: _____

• Phone/Fax/Email: _____

FUNDING PERIOD: _____

<<Insert Date>>

1. Please indicate the approximate number of persons in your **Target Population(s)** reached / impacted during this reporting period:

Target population(s): _____

Number impacted/reached: _____

2. Please list any **products** that were produced/completed during this reporting period (*this could include: a published article - juried or not, brochure, curriculum, manual, report, fact sheet, presentation outline or power-point, data collection instrument, video, etc.;* ***please be specific and please include attachments***):

3. Please list any outreach, intervention, data collection, consultation, research or other **promotional activities** that occurred during this reporting period (*this could include presentations, clinical consultation, surveys, interviews, training sessions, safety audits, exhibits, etc.*):

4. Please list any means of **dissemination** used to communicate information generated by or about the project (*this could include: via a class, interview, mailing to a target group, presentation, report or article, training session, poster session, etc.; again, please be specific*):

Please take a few minutes to answer the following questions. Your insight is important.

5. How would you rate the overall success of this project?

- a. Poor
- b. Fair
- c. Average
- d. Better the Average
- e. Excellent

Comments: _____

6. In your community, what was the best way to inform people about your program?

7. Are there plans to continue this project? If yes, please describe future plans.__

8. Will your organization need technical assistance to carry out future programs? If yes, please describe type of assistance needed._____

9. Any other comments?_____

