There are a few conditional questions in this application, changing some of the questions you are asked based on how you answer them. This example shows all of the possible questions you will see when applying.

Proposal Welcome Text

Welcome,   ! You are logged into the **Food & Nutrition** Application.

Before you begin your application, we recommend you:

- Learn more about the Grant Program and read through the FAQ's to be sure your proposed program is a good fit, determine your eligibility, and understand what documents you will need to complete the application.
- Use downloadable templates where provided, other files will not be accepted.
- Save your Login Information (email address and password.)
- Bookmark this Website URL:
  http://www.cybergrants.com/pls/cybergrants/ao_login.login?
  x_gm_id=3979&x_proposal_type_id=47388 You will need to use this website to log back into the system to access your application or complete any assigned reports.
- We recommend that you preview the application before you begin.

To create a new application, click the "Start a New Application" link at the bottom of this page. You may also save your application and return to work on it later. Use the website URL
http://www.cybergrants.com/pls/cybergrants/ao_login.login?
x_gm_id=3979&x_proposal_type_id=47388 to log back into your application. You must enter your invitation code each time you login to work on your application.

To continue to work on an unsubmitted application, log in and then click the "Continue" link next to the application's Project Title, under Action. To view an application previously submitted to Monsanto Fund, click the "View" link next to the appropriate Project Title.

To make changes to a returned application or complete and submit an impact report, scroll down to "Applications Requiring Action" and click on "Revise" to access a returned application or click on "Report" to complete an impact report. To complete and submit an impact report, you must leave the invitation code blank when you login.

The Monsanto Fund online grant application consists of six sections, all of which must be completed for your proposal to be considered.

Each page will have a timeline like the one below to help you monitor your progress. The line and text will indicate your current position within the application process. If you have questions regarding this application, use the **"Need Support"** link located at the bottom of every page to contact us.

Thank you for your interest in the Monsanto Fund.

» Start a New Application «

If your application is returned to you:

To make changes to a returned application, scroll down to "Applications Requiring Action" and click on "Revise". Make the requested Revisions, then Submit your revised application.

Official Tax Info

Information from National Center for Education Statistics
Astoria Elem School
402 N Jefferson St
Astoria, IL 61501
United States
NCES District ID: 1704440
NCES School ID: 04529

Welcome Page	Contact Information	Basic Organization Information	Geographical Information	Organizational Details	Project Information	Demographics

Contact Information

Please provide at least one contact person from your organization to serve as the primary contact for this grant application. This contact should be you or a member of your Organization. Create a new contact person and/or select (match) at least one contact person from your organization for this grant application.

☐ **Match:**
Check the box to associate this individual with this application.

Name:
Telephone Number:
E-mail Address:

[Save and Proceed]   [Create New]

Welcome Page	Contact Information	Basic Organization Information	Geographical Information	Organizational Details	Project Information	Demographics

Basic Organization Information

NEW APPLICANTS: Please COMPLETE all of the information below.

RETURNING APPLICANTS: Please REVIEW and UPDATE if necessary.

Legal Name

Also Known As (AKA) Name   (Optional)

Address

City

State

Zip/Postal Code

Country

Telephone

E-mail Address

Website Address (Optional)

Are you a school?

Year Organization was Established   All organizations requesting funding must have been operating for a minimum of 2 years.

Organization's Mission

Describe your organization's mission. 2000 character maximum (roughly 500 words).

(2000 character maximum)

Organization's Brief History (Optional)

Describe your organization's brief history. 1000 character maximum (roughly 250 words).

(1000 character maximum)

Organization's Major Accomplishments (Optional)

Describe your organization's major accomplishments. 2000 character maximum (roughly 500 words).

(2000 character maximum)

Current Major Programs and Activities

Please list your organization's current major programs and activities. 4000 character maximum (roughly 1000 words).

(4000 character maximum)

Volunteer Opportunities

Does your organization have volunteer opportunities that support this request?

▼

If "Yes", please describe the volunteer opportunity, including the type of volunteer activity and potential number of volunteers needed.

Understanding the ways your organization engages volunteers helps us to connect our employees to volunteer opportunities. 2000 character maximum (roughly 500 words).

(1767 character(s) remaining)

Select the appropriate volunteer opportunity (?)

> Special event volunteer opportunities
> Volunteers to mentor/work with youth
> In-office, skill-based volunteer opportunities
> Team-based volunteer opportunities
> Other

Current Connection to Bayer

Are there Bayer employees who currently serve on the organization's board, as part of a committee, or in another capacity?

[▼]

Board of Directors (?)

Please list your current board of directors including names, titles, and where they work, if applicable.

[   ] Add to List

[   ]

Remove from List

Executive Team (?)

Please list the current executive team of your organization including names and titles.

[   ] Add to List

[   ]

Remove from List

Save and Proceed

Welcome Page	Contact Information	Basic Organization Information	Geographical Information	Organizational Details	Project Information	Demographics

Geographical Information

Is your project located outside the US?	No ▾
Are you a US Based organization?	Yes ▾

[Save and Proceed]

Need Support?

Geographical Information

Is your project located outside the US?	Yes ▾
Are you a US Based organization?	No ▾
Is your organization a government unit?	No ▾
Is your organization exempt from taxation in your country?	▾

International Tax Exemption Questionnaire (?)

The Monsanto Fund must determine that your organization would be recognized as tax exempt under U.S. law before a grant can be made. Please download one of the following questionnaires and complete to the best of your ability to help us determine your eligibility for a grant. Please upload the applicable questionnaire:

- Click to download a PUBLIC CHARITY QUESTIONNAIRE
- Click to download a PRIVATE SCHOOL QUESTIONNAIRE
- Click to download a PRIVATE HOSPITAL QUESTIONNAIRE

[Upload File]

Organization's Rules Governing Operations.

Attach a true and correct copy of your organization's By-Laws, Statutes, or other rules governing its operations.

[Upload File]

Organization's Charter Documents.

Attach a true and correct copy of your organization's creating instrument (Articles of Incorporation, Constitution, Articles of Association, Deed of Trust, Indenture, Organizational Charter etc.). Grant requests for organization's without a creating instrument will not be considered.

[Upload File]

[Save and Proceed]

Geographical Information

Is your project located outside the US?	Yes ▼
Are you a US Based organization?	No ▼
Is your organization a government unit?	Yes ▼
Government Unit	If you are a unit of government, please indicate your unit: Federal/National, State / Provincial, Local/Municipal. Please note that you do not have to complete the questionnaire or attach the other documents. ▼

Save and Proceed

Organizational Details

Does your organization comply with the Monsanto Fund Non-discrimination policy?

Any organization or program that receives funding from the Monsanto Fund in the United States of America must be in compliance with the Monsanto Fund Non-Discrimination. Please click here to download and read the Monsanto Fund Non-Discrimination policy. If you do not agree or are not in compliance, you are not eligible for a Monsanto Fund Grant

[▼]

Organization Budget and Financials

Total Organizational Operating Budget (Optional)

Enter Current Year Operating Budget (which does not include capital expenses) in the field below.

[   ]

Prior Year Budget

Enter Prior Year Operating Budget (which does not include capital expenses) in the field below.

[   ]

Does your organization have audited financial statements for the previous fiscal year?

Does your organization have Audited financial statements for the previous fiscal year?

[▼]

Current Operating Budget

Please upload a summary of your organization's current operating budget, including both expenses and sources of revenue.

[Upload File]

Bayer Supporter Information

What is the name of the Bayer employee who invited you to apply?

[   ]

Which Bayer Community does/will your program serve?

[▼]

[Save and Proceed]

Project Information

What type of Food & Nutrition program are you applying for? (?) [dropdown ▼]

Project Overview

Project / Program Name [text field]

Project / Program Start Date Project Start Date should be no earlier than June 1.

[MM/DD/YYYY]

Project / Program End Date Project End Date should be no more than 12 months from Start Date.

[MM/DD/YYYY]

Brief Summary of Project / Program In no more than 4 sentences, please briefly describe the project for which you are seeking funding. This summary would be shared publicly should this grant be awarded.

[text area]

(2000 character maximum)

Total Project / Program Cost Please enter the TOTAL cost of the program for which you are seeking support. You will also be asked to upload a detailed project budget.

[text field]

Requested Grant Amount Please enter the amount of funding you are requesting from the Monsanto Fund. You will be asked to upload a detailed project budget; please ensure that the amount requested is consistent.

[text field]

Project/Program Budget Instructions Please click here to download the Project/Program Budget Worksheet. **Follow the "Instructions for APPLICATION"** which are at the top of the "Program Expense" tab and "Program Revenues" tab. Enter your information as indicated, Save the file and Upload your completed file in the following field. We have provided an example of a completed Budget Worksheet for your information. Please click here to see an example.

Monsanto Fund Budget Worksheet: Program Expenses
Grant Applicants must complete this worksheet for APPLICATION UPLOAD. Grantees (who have already been awarded a grant) must complete this worksheet for IMPACT REPORT. Refer to Instructions below.

Organization Name

Program Expense	Expense Categories	Description of Expense (i.e. counselor; professional development training; food for after-school program; laptop computers; etc)	Cost Per Unit (i.e. enter full time salary; enter cost for each meal; enter cost for equipment to be purchased; etc.)	Total Quantity (i.e. enter percent of salary; enter percent for tax rate; enter number of meals or laptops; etc)	TOTAL Program Expense	Amount of Monsanto Fund Grant Allocated for Each Line Item	Remaining Program Costs Supported by Other Resources	ACTUAL MONSANTO FUNDS USED TO DATE (FOR IMPACT REPORT ONLY)
How do you plan to fund this program?	Salaries				$ -		$0.00	
	Salaries				$ -		$0.00	
	Salaries				$ -		$0.00	
	Benefits & Payroll Taxes				$ -		$0.00	
	Contractual Services				$ -		$0.00	
	Trainings/Conferences				$ -		$0.00	
	Printing/Publications				$ -		$0.00	
	Travel				$ -		$0.00	
	Vehicle Costs				$ -		$0.00	
	Food				$ -		$0.00	
	Technology (hardware, software, systems)				$ -		$0.00	
	Equipment Purchase				$ -		$0.00	
	Supplies				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
	Other:				$ -		$0.00	
				TOTAL				

Upload Project / Program Budget (?)	[Upload File]

Need for Project / Program	Please briefly describe the need for the project, program, equipment, or activity you are proposing. **2000 character maximum (roughly 500 words).**

(2000 character maximum)

New or Existing Project / Program for the Organization	Please select one: [▼]

Project Details

Description of Community	Describe the community (town, village, or city) in which this program will take place. Please provide information to help us understand the community, including: the size and location of community to be served; demographics of the community; percentage of the population that lives in poverty or are considered to be poor; and average income and any additional information that will assist us in understanding the community. **2000 character maximum (roughly 500 words).**

(2000 character maximum)

Description of Community (continued)	If you need extra space to complete question above, please fill in here. **2000 character maximum (roughly 500 words).**

(2000 character maximum)

| **Upload File of Project / Program Goals, Objectives, and Outcomes (?)** | Please click here to download the Program Goals, Objectives and Outcomes file. Follow the "Instructions for Application" which can be found on the template. Enter your information in the first five columns describing your goals, activities, and expected outcomes. Save the file and Upload your completed file in the following field. Please note, you must use this template for consideration by the Monsanto Fund. We have provided an example of a completed form for your information.

Please click here to see an example.

[Upload File] |
| --- | --- |

<u>**Monsanto Fund: Program Goals, Objectives, and Outcomes Worksheet:**</u>

Grant Applicants must complete the first five columns of this worksheet for APPLICATION UPLOAD.
Grantees (who have already been awarded a grant) must complete the last column if you are submitting an IMPACT REPORT.

<u>Instructions for APPLICATION UPLOAD:</u> (for applicants submitting an application)

For your application you must complete the first 5 columns of the Table below. (DO NOT COMPLETE THE LAST COLUMN- ACTUAL RESULTS)
Please describe the long-term outcome and at least the top two (2) short-term outcomes for your overall proposed program, the specific total outputs for the grant period, and the ways you intend to measure those outputs/progress towards outcomes. The Monsanto Fund looks for clear impact indicators that accurately reflect what is feasible and realistic given the project plan, and the amount of funding requested. Please be specific about what your program plans to accomplish and detailed in your description of how you will assess the project and its success.

Please describe your outcomes with **SMART** in mind: <u>S</u>pecific, <u>M</u>easurable, <u>A</u>chievable, <u>R</u>elevant, and <u>T</u>ime-bound.
- What is the overall change you are seeking?
- Is the amount of change or benefit quantified? Is it clear how the change or benefit can/will be measured?
- Is it specific? Is who or what is expected to <u>change</u> or benefit identified?
- Is the location/level of where the change will occur identified (i.e. individual, community, school, etc)?
- Given the program activities and amount of resources available, are the outcomes achievable and relevant to the program?
- Is the timeframe noted for the anticipated change (i.e. six-week course or six-month intervention)?

<u>Instructions for IMPACT REPORT: (</u>for grantees submitting an interim or final Impact Report)

For your impact report, you must complete the last column "Actual Results" on the Table below. As part of your application, you already completed the first 5 columns of the Table below and identified the short and <u>long term</u> program outcomes, and how you would measure progress against those outcomes. If you were not able to meet your proposed targets, please tell us why not. Adjust the template to the number of rows as appropriate to your program.

Name of Organization:					
Project Title:					
Primary Goal/ Long Term Outcome(s):	**Objectives/ Short Term Outcome(s)**	**Key Activities or Strategies you will use, and the TIMELINE of when activities will take place**	**Type of Data/ Data Collection Methods** (How do you intend to track your progress? Please tell us <u>what</u> information you will be collecting, <u>how</u> you will collect, and <u>when</u> you will collect it).	**Anticipated Results** (What were your target results when you started the project? i.e., # of people impacted, # of events, quantifiable results of your activities, etc.)	**Actual Results** **(FOR IMPACT REPORT ONLY)** (Please note the actual results you have achieved to date. If you did not reach your anticipated targets, please tell us why the targets were not met.)

Project / Program Staff and Management	Who will be involved in carrying out the proposed project / program? List the key individuals involved and briefly describe their role. Include a brief summary of the qualifications and responsibilities of key individuals involved. Qualifications should include degrees or highest level of education obtained, number of years experience in the role, or skills, knowledge or unique abilities of the staff person essential to performing the role. (2000 character maximum)
Sustainability	How will the project / program be sustained once the grant has ended? Please include in-kind or volunteer support, and any anticipated or current outreach to other funders.**2000 character maximum (roughly 500 words).** **(2000 character maximum)**
Does your organization share responsibility for implementation of the project with another organization?	[▼]
If yes, you must upload a current partnership agreement (also known as partnership letter, memorandum of understanding or letter of support).	To see a sample template for a Partnership Letter, click here. You must have a Partnership letter that covers the time period of your project/program. Upload File

Save and Proceed

Does your organization share responsibility for implementation of the project with another organization?	Yes ▼

Instructions: All nonprofits sharing responsibility for implementation of the project with another organization will be required to upload a completed Partnership Agreement between the non-profit and the other implementing organization which outlines the roles and responsibilities of both parties for implementation and timeline.

If yes, you must upload a current partnership agreement (also known as partnership letter, memorandum of understanding or letter of support).

To see a sample template for a Partnership Letter, click here. You must have a Partnership letter that covers the time period of your project/program.

Upload File

Key Partner Organizations

Please enter any organizations you will partner with related to the requested project grant. **2000 character maximum (roughly 500 words).**

(2000 character maximum)

Letters from Key Partners

Upload partnership agreement, and/or Memorandums of Understanding or letters of support from key partners that have not been uploaded in response to a previous question.

You may upload up to 5 letters of support.

To see a sample template for a Partnership Letter, click here.

Upload File

Save and Proceed

Demographics

Project / Program Participants   Please clearly identify who the project/program is intended to impact.

[   ]

(2000 character maximum)

Estimated Number of People Served   Please enter the number of participants based on demographics of individuals expected to be served by the project / program.

[   ] Men
[   ] Women
[   ] Girls (0-18)
[   ] Boys (0-18)
[   ] Other

0.00 Total

How many of the estimated number of people served are low income individuals? (as defined by your geography)   If none, enter 0.

[   ]

Race/Ethnicity of Participants Served   Please enter **estimated numbers** in the fields to describe the demographics of individuals expected to be served by the project / program.

[   ] American Indian/Alaskan Native
[   ] Asian
[   ] Black or African American
[   ] Native Hawaiian/Other Pacific Islander
[   ] White/Caucasian
[   ] Hispanic or Latino
[   ] Other

0.00 Total

Additional documents related to this application can be uploaded here, but this is not required.   [Upload File]

[Save and Proceed]