Welcome, Michelle Insco!

Proposal Welcome Text

Welcome, ▮▮▮▮▮▮▮! You are logged into the **Health & Wellness** 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=59634 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=59634** to log back into your application. You must enter your invitation code each time you login to work on your application.

- 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=59634** 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 Bayer 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 Bayer 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 Bayer Fund.

» START A NEW APPLICATION «

Bayer Fund

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

Contact Information

* indicates required field

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
Teleph
E-mail

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

Name
Teleph
E-mail

SAVE AND PROCEED   CREATE NEW

Need Support?

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

Basic Organization Information

* indicates required field

NEW APPLICANTS: Please COMPLETE all of the information below.

RETURNING APPLICANTS: Please REVIEW and UPDATE if necessary.

* Legal Name   `Test School District`

Also Known As (AKA) Name   (Optional)

Address   `11289 MANCHESTER RD`

City   `KIRKWOOD`

State   `Missouri ▼`

Zip/Postal Code   `63122`

Country   `▼`

* Telephone   `██████`

* E-mail Address

Website Address (Optional)

Are you a school?

* Volunteer Opportunities — Does your organization have volunteer opportunities that support this request?

No

* 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?

No

* Board of Directors (?) — Please list your current board of directors including names, titles, and where they work, if applicable.

ADD TO LIST

Luke Bryan
Barry Manilow

REMOVE FROM LIST

* Executive Team (?) — Please list the current executive team of your organization including names and titles.

ADD TO LIST

REMOVE FROM LIST

Bayer Fund

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

Geographical Information

* indicates required field

* Is your project located outside the US?   `No ▼`

* Are you a US Based organization?   `Yes ▼`

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Bayer Fund

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

Organizational Details

* indicates required field

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

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

[▼]

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Need Support?

Bayer Fund

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

Project Information

* indicates required field

What type of Health & Wellness program are you applying for? [▼]

Project Overview

* Project / Program Name [   ]

* 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.

[   ]

(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.

[ ]

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

[ ]

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.

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 Bayer Fund. We have provided an example of a completed form for your information.

Please click here to see an example.

[UPLOAD FILE]

* 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

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Bayer Fund

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

Demographics

* indicates required field

* 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

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