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 Education Application.

Before you begin your application, we recommend you:

- Learn more about the Grant Program and read through the <u>FAQ's</u> 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.monsantofund.org/grants/education/apply 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.monsantofund.org/grants/education/apply 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 BEATRICE PUBLIC SCHOOLS 320 N 5TH STREET BEATRICE, NE 68310 United States NCES District ID: 3103600 Welcome Page Contact Information Sasic Organization Information Organization Information Organization Organization Organization Details Organization 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.

Check the box to	Mat associate this individ with this applicat	ch: Name: lual Telephone ion. E-mail Ado	Number: dress:					
		Save and	Proceed	eate New				
			Need Support?					
Welcome Page	Contact Information	Basic Organization Information	Geographical Information	Organizational <u>Details</u>	Project Information	Demographics		
		Basic Or	ganization Inf	ormation				
				ll of the information W and UPDATE if no				
	Legal Na	me						
Also Kr	10wn As (AKA) Na	me						
	Addr	ess						
	(City						
	St	ate			•			
	Zip/Postal Co	ode						
	Coun	try	•					
	Telepho	one						
	E-mail Addr	ess						
Websit	te Address (Option	nal)						
	Are you a scho	ol?	•					
Year Organiza	ntion was Establish	ned All organiza years.	tions requesting fu	nding must have bee	n operating for a n	ninimum of 2		

Organization's Mission	Describe your organization's mission. 2000 character maximum (roughly 500 words). (2000 character maximum)
Organization's Brief History	Describe your organization's brief history. 1000 character maximum (roughly 250 words). Enter "NA" if the question does not apply to you. (1000 character maximum)
Organization's Major Accomplishments	Describe your organization's major accomplishments. 2000 character maximum (roughly 500 words). Enter "NA" if the question does not apply to you. (2000 character maximum)
	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?
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

Need Support?

Organization **Demographics** Information Information **Details** Information <u>Information</u> Geographical Information Is your project located outside the Yes • Are you a US Based organization? No • Is your organization a government • Is your organization exempt from taxation in your country? International Tax Exemption 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 Questionnaire (?) 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 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 Organization's Rules Governing Attach a true and correct copy of your organization's By-Laws, Statutes, or other rules Operations. governing its operations. Upload File

Geographical

Organizational

Project

Basic

Contact

Welcome Page

Need Support?

Save and Proceed

Welcome Page	Contact Information	Basic Organization Information	Geographical Information	Organizational Details	<u>Project</u> <u>Information</u>	Demographics		
		Geogr	raphical Inforr	mation				
Is your project located outside the US? Yes								
Are you a US	Based organizat	ion? No	•					
Is your organ	ization a governı เ	nent mit?	•					
	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					
			Need Support?					
Welcome Page	Contact Information	Basic Organization Information	Geographical Information	Organizational Details	Project Information	Demographics		
	Geographical Information							
Is your project located outside the US?								
Are you a US Based organization? Yes								
		Save and	Proceed					

Need Support?

Welcome Page

Contact Information

Basic Organization Information

Geographical Information

Organizational Details

<u>Project</u> <u>Information</u>

 $\underline{Demographics}$

_		4.5	DOM: NO
()raz	anıza	ational	Details
9191	41111-	a ci Oi i Gi	Docano

	Organizational Details
the Monsanto Fund Non-	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 <u>click here</u> 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
Number of Students Served Please enter the number of estimated stude during the current school year.	nts to be served during the grant period and the number of students that are being served
Number of Students Served - Current School Year	Please enter the number of students being served during the current school year.
Number of Students Served - Term of the Grant (Estimated)	Please enter the number of estimated students to be served during the term of the grant.
Free and Reduced Lunch Eligibility	Please select the percentage of school children in the district that are eligible to receive free or reduced price lunches based on their family incomes or participation in Food Stamp or Temporary Assistance for Needy Families programs.
C	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.
Audited Financials	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?	

Save and Proceed

Which Bayer Community does/will your program serve?

Welcome Page

Contact Information

Basic Organization Information

Geographical Organizational Details

Project Information

Demographics

	Project Information				
D 1 1 / D 2					
Project / Program Name					
Project / Program Start Date	Grantseekers applying for grants in the January-February cycle should have a project start date no earlier than June 1, and those applying during the July-August cycle should have a project start date no earlier than December 1.				
	MM/DD/YYYY				
Project / Program End Date	Project End Date should be no more than 12 months from Start Date.				
	MM/DD/YYYY				
Project Category Select the category of the project / program these categories, please check the primary p	. If your project / program has multiple components that accomplish more than one of ourpose of your project.				
Brief Summary of Grant Request	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 Monsanto Fund. You will be asked to upload a detailed project budget; please ensure that the amount requested is consistent.				
	J.S. or if your project is located in the U.S. but you are requesting more than le your organization's audited financial statements.				
	Please <u>click here</u> 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.				

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.

				Mon	santo Fund	Budget Worksheet: Progr	ram Expense	es.					
Grant App	olicants must complete this wo	rksheet for A	PPLICATION L						te this	worksheet	for IMPACT REPOR	RT. Refer to Instru	ctions below.
	PLICATION UPLOAD: (for applicant										<u>s submitting an Inte</u> I expenditures	rim or Final Impact F	Report)
	y shaded areas below, all other below in the shaded areas to con					1.					y completed the sh	naded areas	
Doddie enek b	crow in the shaded areas to con	ipiete tile bu	aget workshe				/S part or yo	и прри	cation	you uncuu	y completed the si	ladea di eas.	
Organization Name													
Program Expense	Expense Categories		unselor; profe food for after			Cost Per Unit (i.e. enter full time salary; enter cost for each meal; enter cost for equipment to be purchased; etc.)	percent fo	ercent enter or tax number s or		OTAL m Expense	Amount of Monsanto Fund Grant Allocated for Each Line Item	Remaining Program Costs Supported by Other Resources	ACTUAL MONSANTO FUNDO USED TO DATE (FOR IMPACT REPORT ONLY)
	Salaries						таркорз,		\$	_		\$0.00	
How do you	Salaries								\$			\$0.00	
plan to fund this program?	Salaries								\$	-		\$0.00	
program?	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 Technology (hardware,								\$	-		\$0.00	
	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:							TOTAL	\$	-		\$0.00	

Upload Project / Program Budget (?)	Please upload your completed template. 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)
	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 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

Monsanto Fund: Program Goals, Objectives, and Outcomes Worksheet:

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.

Instructions for APPLICATION UPLOAD: (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: $\underline{\textbf{S}} pecific, \underline{\textbf{M}} easurable, \underline{\textbf{A}} chievable, \underline{\textbf{R}} elevant, and \underline{\textbf{T}} ime-bound.$

- 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)?

Instructions for IMPACT REPORT: (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 long term 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	Name of Organization:							
Project Title:	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 what information you will be collecting, how you will collect, and when 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).
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 <u>here</u> . You must have a Partnership letter that covers the time period of your project/program. Upload File
	Save and Proceed

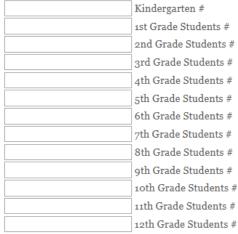
Does your organization share responsibility for implementation of the project with another organization?	Yes ▼
Instructions:	All nonprofits sharing responsibility for implementation of the project with another organization will be required to upload a completed Partnership Agreement between the non-profit and the other implementing organization which outlines the roles and responsibilities of both parties for implementation and timeline.
	To see a sample template for a Partnership Letter, click <u>here</u> . 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

Basic Geographical Information Organizational Details <u>Project</u> <u>Information</u> Contact Demographics Welcome Page Organization Information Information

	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 o.oo Total	·d

How many of the estimated number of students to be impacted by project/program during the grant of people served are students? Estimate the number of students to be impacted by project/program during the grant period. If none, enter -o-.



o.oo Total

	Estimate the number of teachers to be impacted by project/program during the grant period. If none, enter -o	
	Math Teachers/Specialists #	
	Science Teachers/Specialists #	
	Other Specialists #	
	o.oo Total	
	Please enter the number of participants based on 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	
	o.oo Total	
Free or reduced lunch	If applicable, please enter the number of students participating in or impacted by project / program who are eligible for free or reduced lunch.	
	If none, enter o.	
Additional documents related to this application can be uploaded here, but this is not required.	Upload File	
	Save and Proceed	