Sign in to your account. If you don't have login information, please reach out to our e-CImact team using the link on the Techquity Grant webpage.

| United Way | United Way of Greater Milwaukee & Waukesha County |
|-----------------------------|---|
| Community Impact Management | WAY OF GREATER MILWAUKEE WAUKESHA COUNTY Sign-In Please sign in to your account. Password Ign in to our Secure Server Forgot your password? |
| New to e-CImpact? | Create an e-CImpact account To create a new account select the link below: Click here to create a new e-CImpact account |

On the left-hand menu, locate Apply/Report and click on Open Process/LOIs/RFPs





Greater Milwaukee & Waukesha County

Select the 21-22 Techquity Digital Devices & Skills Grant Click Next



Answer the Agency Qualification questions on the next screen.

*All of the questions must be agreed to by indicating Yes for the application to be approved.

| equest For Participation In: 21-22 Techquity E | Digital Devices & Skills Grant |
|--|---------------------------------------|
| Agency Qualification Form | |
| Techquity Qualification questions | |
| Is your agency a registered 501(c)(3) in good fin standing?* | nancial 🗸 |
| Does your agency serve Milwaukee, Ozaukee, W and/or Washington County residents? | Vaukesha, 🔽 |
| Can you agency provide a 25% cash or in-kind r | match? |
| Does your agency provide direct service to clier without access to digital tools and/or skill devel necessary to learn or work effectively, especially those who must work remotely/from their hom etc.? | nts v lopment y ie, shelter, |
| Can your agency demonstrate need for request devices and/or skills trainings and the uses to w they will be put? | ted digital 🔍 |
| My organization commits to spending grant aw 3 months of grant approval. My organization al: to providing a post-award report on the use of grant within 6 months of grant approval. | vard within v so commits the |

Review the information on the next screen. If everything is correct, click Complete Registration.

| r mary contact mornation Jammary | |
|--|--|
| Contact Name: Julie Divjak (United Way Staff) | |
| Company: | |
| Job Title: | |
| | |
| Preferred Login | |
| Username: testtest | |
| Password: ********** | |
| | |
| Request Summary | |
| 21.22 Techquity Digital Devices & Skills Grant | |
| | |
| Agency Qualification Form | |
| | |
| lechquity Qualification questions | |
| ls your agency a registered 501(c)(3) in good financial Ves | |
| standing?* | |
| Does your agency serve Milwaukee, Ozaukee, Waukesha, Yes | |
| and/or Washington County residents? | |
| Can you agency provide a 25% cash or in-kind match? Yes | |
| Does your agency provide direct service to clients without access to digital tools and/or skill develop especially those who must work remotely/from their home, shelter, etc.? | ment necessary to learn or work effectively, |
| Yes | |
| Can your agency demonstrate need for requested digital devices and/or skills trainings and the uses | to which they will be put? |
| Yes | |
| My organization commits to spending grant award within 3 months of grant approval. My organizati report on the use of the grant within 6 months of grant approval. | on also commits to providing a post-award |
| Yes | |
| | |
| | |
| | |
| | Complete Registration |
| | |

Click Next to Continue

You will see a link to <u>Agency Information</u>. That is general information and is not the application. To be assigned an application, either click on **Create a New Program and Assign it to this Form Packet or choose an existing program from the drop down menu.**

| | Imited way United of Great Wau Wau Techquity Digital Devices & Skills Grant Fund Techquity Digital Devices & Skills Grant Fund - 21-22 Techquity Digital Devices & Skills YMCA | Way ter Mil cesha (| waukee County | | Ŧ |
|---|---|---------------------------|--|--|---|
| vices & Skills vices & Skills ty Digital int | Each section listed below must be completed. To access a section, simply click on the section name. You may save your work at any time by clicking on the link at the bottom of the section page, <u>Save My Work</u> . When you are satisfied with your responses on the section, mark it completed by clicking on the <u>Save My Work and Mark Completed</u> at the bottom of each section page. When all sections of the application have been marked completed, the application may be submitted. Applications must be submitted no later than Day Month Year by 5:00 pm CST. Late applications will not be accepted. Submission Deadline: Month Day Year at 5:00 pm EST | | Assign Programs to this Application At least one program is required for this application for funding. To add a program to this application, select a program from the drop down (if available), or if there is no drop-down displayed, select 'Create a new Program.' Click the link to 'Create a New Program and Assign it to this Application' to proceed to the Add new program profile page. Do not create duplicate programs. Please ensure to click'Complete Registration' on the Review page to successfully add your program to the application. When the Program Profile registration is complete, all of the forms for that program will display in your list of forms below. | | |
| <pre> (Sample(1)) s(1) uments(1) lbar(1) </pre> | This requires that a minimum of 1 Program is included, in Completed / Ready to Su Item (* indicates Required Item) * YMCA | bmit statu: .ast Updat | Create a New Program s before you may submit each ted | and Assign it to this Form Packet Agency or Program Packet. Please in <u>View Printable Ver</u> Status Not Started | clude 1 more Program. rsion of this Entire Application |

Complete the required fields to create a program and then click Save/Complete Registration

| Program Regis | stration |
|-----------------------------|---|
| Please complete the | e fields below to register a new program. |
| Fields marked | with an * are required fields. |
| Program Informat | ion |
| Program Name:* | Limit up to 150 characters. |
| Description: | Limit up to 1500 characters. |
| Program Primary Contact: | v |
| Copy Agency Prin | nary Address |
| Address Type: | Selert Address Tyrne V |
| Save/Complete | Registration um to Previous Page |
| | fannari |

On the Request for Participation Page you can choose which grant you're choosing for the program you created. From the dropdown, choose either* Digital Device or Digital Skills and **click Next**.

*Agencies wanting to apply for both grants can do so by creating another new program following the prior steps above.

| Request For Particip | ation | |
|--|--|------|
| Please complete the follow | ing Form and click the "Next" button located at the bottom of this page. | |
| Program Name: Request For Participation In: | Testquity 21-22 Techquity Digital Devices & Skills Grant | |
| Techquity Program Qua Qualifications | ification | |
| Choose one of the f | ollowing pathways | |
| Please choose a pathway | | |
| | Previous | Next |

Click to **Complete Registration** and on the next page, click **Continue.**

Review and Complete Registration

| Review and submit your re- | uest. Review the information below, then click "Complete Registration". |
|--|---|
| Program Name: Request For Participation In: | Testquity 21-22 Techquity Digital Devices & Skills Grant |
| Techquity Program Qual Qualifications | ication |
| Choose one of the fo | lowing pathways |
| Please choose a pathway | Digital Device |
| | Previous Complete Registration |

The application will be in "pending status"

You will receive an email when the request has been approved and you can continue the application process.

| | | View Printable Version of | f this Entire Application 📥 |
|----------------------------------|--------------|---------------------------|-----------------------------|
| Item (* indicates Required Item) | Last Updated | Status | Options |
| ★* YMCA | | Not Started | ≞. |
| Agency Information* | | Not Started | |
| Testquity | X | Pending | |

 Item (* indicates Required Item)
 Last Updated
 Status
 Options

 If YMCA
 Not Started
 Image: Comparison of the Entre Application of the

Please click on the Agency Information link to complete the Agency Information.

Once the grant is approved, it will show up under the Agency Information area. Click on the Grant link to complete the grant application. You can save at any time using the buttons within each section (screen shots below). When your ready to submit, each section has to be **Marked as Completed**

| Top of the page – Click Switch Forms to go to another form, like the Agend | cy Information |
|--|------------------|
| | |
| | |
| Save | |
| Save and Return to the Previous Page | |
| Save and Mark as Completed | |
| Return to the Previous Page | |
| The bottom of the page has the same options, but they | are spelled out. |
| Save My Work | |
| Save My Work And Return To Previous Page | |
| Save My Work and Mark as Completed | |
| Seturn To Overview Page | |
| Print to a pdf at any time by clicking on View Printable Version. | ➡Switch Forms |
| | 📕 🎝 🍡 🏶 |
| View Printable Version | |

To submit, the section you want to submit must be **Marked as Completed.** Once Marked as Completed, they will read, Completed, Ready to Submit.

When the <u>Agency Information</u> and the <u>Grant</u> sections are marked as completed, a Submit button will appear for each section. You can pull up a pdf that includes every section by clicking on View Printable Version of this Entire Packet.

| | | View | Printable Version of this Entire Application |
|---|--|------------------------------|--|
| Item (* indicates Required Item) | Last Updated | Status | Options |
| ★ ⁺ YMCA | 4/15/2021 6:35 PM (CST) | Completed / Ready to Submit | 👚 Submit 🚍 |
| Agency Information* | Julie Divjaks 4/15/2021 6:35 PM (CST) | . Ompleted / Ready to Submit | |
| 🖈 Testquity | 4/15/2021 6:41 PM (CST) | In Progress | A |
| <u>Techquity Digital Devices Grant*</u> | Julie Divjaks 4/15/2021 6:41 PM (CST) | In Progress | |
| ★ ⁺ Testquity Skillz | 4/15/2021 6:41 PM (CST) | Completed / Ready to Submit | 👚 <u>Submit</u> 📃 |
| Techquity Digital Skills Grant* | Julie Divjaks 4/15/2021 6:41 PM (CST) | Completed / Ready to Submit | |
| | | | |

When you're ready to submit, click the **Submit** button. You will have to do this for all sections.

Now you can click to **Submit This Form Packet Now**, or update the email address before clicking.

| In the work, your Form Packet is now Ready To Submit! Would you like to Submit This Form Packet Now? | | | | |
|--|------------------------------------|------------------------|-----------------------------|------------------------|
| By clicking SUBMIT, you attest that you are authorized to submit this application on behalf of your organization and the information contained in this application is true and accurate to the best of your knowledge. | | | | |
| Application Submission Details | | | | |
| Send Submission C | Confirmation Email To:* | test@test.com | | |
| I certify that the information submitted in this application is true and correct to the best of my knowledge*: | | | | |
| | | 🚯 Submit This Form Pac | ket Now! | |
| | | | | View Printable Version |
| ҮМСА | 4/15/2021 6:35 PM | | Completed / Ready to Submit | |
| Agency Information | Julie Divjaks 4/15/2021 6:35 PM | | Completed / Ready to Submit | |
| Seturn to Previous Page | | | | |

You're not done yet!

On the next page, double check the email address and click to certify that the information is true and correct to the best of your knowledge, then click to **Submit This Form Packet Now**.

| Submission Details | |
|--|---|
| Please correct the following issues: <u>I certify that the information submitted in this application is true and correct the submitted in this application is true and correct the submitted in this application.</u> | ect to the best of my knowledge' is a required field. |
| Send Submission Confirmation Email To:* I certify that the information submitted in this application is true and correct to | test@test.com |
| the best of my knowledge*: | Submit This Form Packet Now! |
| | View Printable Version |
| Return to Previous Page | |

That section will be marked as submitted and can no longer be edited.

| Application Submission Details | | |
|--|------------------------------------|------------------------|
| Send Submission Confirmation Email Te | o:* rjulie16@gmail.com | |
| I certify that the information submitted in this application is true and correct the best of my knowledg | to 🔽 | |
| Submitted By: Julie Divjaks on 4/15/2021 at 6:47 PM CST | | |
| | | View Printable Version |
| VAACA | 4/15/2021 6:47 DM | and we have a |
| TMCA | 4/15/2021 0:47 PW | Submitted |
| Agency Information | Julie Divjaks 4/15/2021 6:35 PM | Submitted |

Click to **return to previous page** and follow those instructions to submit each section when you're ready to submit.