

Healthy Girls Initiative 2017/2018
Letter of Intent (LOI)/Request for Proposal
Screen Shots

If the agency has already entered information into e-CImpact **for any other purpose** you do not have to “create an e-CImpact account”. All that needs to be done is to enter the **User Name** and **Password**. If you have forgotten either the user name or password contact Gail L. McCarthy at gmccarthy@unitedwaygmwc.org

The screenshot shows the e-CImpact login interface. At the top is a blue header with the United Way logo and the text 'United Way of Greater Milwaukee & Waukesha County'. Below this is a white box containing the e-CImpact logo and the text 'Community Impact Management' and 'AGENCY SITE'. To the right of the logo is the 'Sign-In' section, which includes the text 'Please sign in to your account.', a 'User Name' input field, a 'Password' input field, a green 'Sign in to our Secure Server' button, and a 'Forgot your password?' link. Below the 'Sign-In' section is a 'New to e-CImpact?' section, which includes a green 'Create an e-CImpact account' button and a green 'Click here to create a new e-CImpact account' button. Arrows from the text above point to the 'User Name' field, the 'Password' field, and the 'Click here to create a new e-CImpact account' button.

If you have ***never*** entered any information into e-CImpact before then a new account will need to be created by clicking on “**Click here to create a new e-CImpact account**”. (Go to Page 11)

Note: The person who is indicated in e-CImpact as the “main contact” will receive several emails as part of this process. We apologize for this, but they are system generated emails and this cannot be changed. We’ve included some of them within the screen shot instruction document. **Note:** The person who receives the emails may not be the one who is filling out the forms in e-CImpact, if they are not listed as the main contact.

e-CImpact Link: <https://agency.e-cimpact.com/login.aspx?org=53255u>

Completing the LOI/Request for Proposal-Healthy Girls Initiative – 2017
If an e-CImpact account is already in place

Begin by entering the **User Name** and **Password**:

United Way of Greater Milwaukee & Waukesha County

eIMPACT
Community Impact Management
AGENCY SITE

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY

Sign-in
Please sign in to your account.

User Name

Password

Sign in to our Secure Server

[Forgot your password?](#)

On the next screen click on **Request Grant Application** on the left side. Choose Healthy Girls Initiative 2017 LOI and complete the qualifying questions

[Home](#)
[Agency Profile](#)
[Contacts](#)
[Program Profiles](#)

Program Meeting
[Volunteer group Archive \(8\)](#)

Apply / Report
Request Grant Application

LOI
Please fill out the information and click submit your request.

☐ HBO LOI - 2017-2018

☒ **Healthy Girls Initiative - 2017 LOI**
Healthy Girls Initiative 2017 Letter of Intent

Continue

Once that has been done you will be directed back to your home page where the link will be viewable under Open Process at the top. Click on “**Special Grants-LOI/Request for Proposal-Healthy Girls Initiative-2017 LOI**”

Open Process Request History		
Open Process	Request	Status
Healthy Birth Outcomes - Healthy Birth Outcomes - HBO- 2016 LOI	Approved	In Progress
Healthy Birth Outcomes - Healthy Birth Outcomes - HBO-LOI - 2017-2018	Approved	In Progress
Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI	Approved	N/A

Click the arrow for the **drop down box** to choose the program you are applying for.

Special Grants

LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI

Center for Youth Development (Sample Agency)

Healthy Girls Initiative 2017 Letter of Intent

Please go to the following website for Information about the Healthy Girls Initiative Grant.
<https://www.unitedwaygmc.org/Healthy-Girls-Initiative-Grant>

Grant must be submitted by 4:30pm on March 6th.

Assign Programs to this

Please select a program from the drop-down menu below. If there is no drop-down box, please select the link to create a new program.

Select a Program:

➡ [Assign Selected Program to this](#)

⊕ [Create a new Program and Assign it to this](#)

[View Printable Version of this Entire](#)

Item (* Indicates Required Item)	Last Updated	Status	Options
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After choosing the program name click on “**Assign Selected Program to this**”

If the program name is not listed click on “**Create a new Program and Assign to this**”

When creating a new program the following information is required:

Program Registration

Please complete the fields below to register a new program.



Fields marked with an * are required fields.

Program Information

Program Name*:
Limit up to 150 characters (35 used).

Description:
Limit up to 1500 characters (21 used).

Program Primary Contact:

Address

[Copy Agency Primary Address](#)

Address Type:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Email Address

Email Type:

Email Address:

Phone Number

Phone Type:

Phone Number:



[Save/Complete Registration](#)



[Cancel and Return to Previous Page](#)

When information has been completed click on **Save/Complete Registration**

Whether assigning a program or creating a new program

Completing the remainder of the LOI

Complete the following **questions**:

Request For Participation

Please complete the following Form and click the "Next" button located at the bottom of this page.

Program Name: **Healthy Girls-Marking Proud Choices**

Request For Participation In: **Healthy Girls Initiative - 2017 LOI**

Healthy Girls Initiative 2017 Letter of Intent

Healthy Girls

Has the governing board of your organization approved a policy that states the organization does not discriminate based on social or economic class, gender, gender identity, age, sexual orientation and identification, disability, special health care needs, race or religion?

Yes ▼

Has your organization been operating as a 501(c)3 for at least one year?

Yes ▼

Is your organization willing to provide a 25% funding or in-kind match?

Yes ▼

Does the population you serve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee Counties):

Yes ▼

Previous

Next

When completed click on "**Next**".

Review and Complete Registration:

Review and complete the registration. If corrections are needed click on **Previous**, if the registration is complete click on **Complete Registration**

Review and Complete Registration

Review and submit your request. Review the information below, then click "Complete Registration".

Program Name: **Healthy Girls-Marking Proud Choices**

Request For Participation In: **Healthy Girls Initiative - 2017 LOI**

Healthy Girls Initiative 2017 Letter of Intent

Healthy Girls

Has the governing board of your organization approved a policy that states the organization does not discriminate based on social or economic class, gender, gender identity, age, sexual orientation and identification, disability, special health care needs, race or religion?

Yes

Has your organization been operating as a 501(c)3 for at least one year?

Yes

Is your organization willing to provide a 25% funding or in-kind match?

Yes

Does the population you serve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee Counties):

Yes

Previous

Complete Registration

When the registration is complete the screen will change:

Confirmation



Thank you, your request has been submitted. An e-mail confirmation has been sent to you.

Agency Name: **Center for Youth Development (Sample Agency)**

Program Name: **Healthy Girls-Marking Proud Choices**

Request For Participation In: **Healthy Girls Initiative - 2017 LOI**

Healthy Girls Initiative 2017 Letter of Intent

Successfully Submitted On: 2/16/2017 3:17:51 PM

Status: Approved

Healthy Girls

Has the governing board of your organization approved a policy that states the organization does not discriminate based on social or economic class, gender, gender identity, age, sexual orientation and identification, disability, special health care needs, race or religion?

Yes

Has your organization been operating as a 501(c)3 for at least one year?

Yes

Is your organization willing to provide a 25% funding or in-kind match?

Yes

Does the population you serve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee Counties):

Yes

An email will be sent to the main contact for the agency (not necessarily the person completing the request):

dhelmrich@unitedwaygmwc.o... Healthy Girls-Marking Proud Choices Request t... Thu 2/16/2017 3:19 PM 51 KB L
Dear Gail, Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy

Dear Center for Youth Development (Sample Agency),

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy Girls-Marking Proud Choices. Your request for application has been received and is pending approval.

We will be in touch with you soon.

Please feel free to contact us if you have any questions.

Thank you,

United Way of Greater Milwaukee & Waukesha County
<http://www.unitedwaymilwaukee.org/>

A second email will be sent when the application has been accepted:

dhelmrich@unitedwaygmwc.o... Healthy Girls-Marking Proud Choices Request t... Thu 2/16/2017 3:19 PM 51 KB L
Dear Gail, Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy

Dear Gail,

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Healthy Girls-Marking Proud Choices. Your request for application has been approved and the application is now ready for you to complete and submit.

Please login to <https://agency.e-cimpact.com/login.aspx?org=53255U> using your Username and Password. Please notify us immediately if you have any problems logging into the system.

Thank you,


United Way of Greater Milwaukee & Waukesha County
<http://www.unitedwaymilwaukee.org/>

Completing the Application:

Click on **Program Information 2017**

Application Status

[View Printable Version of this Entire Application](#) 

Not Started		In Progress	Ready To Submit	Submitted
Item (* indicates Required Item)	Last Updated	Status	Options	
Healthy Girls-Marking Proud Choices		Not Started	<input checked="" type="checkbox"/> Include? 	
Program Information 2017		<div><div></div> Not Started</div>		

Complete the application by filling in the following **questions**:

Special Grants


LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI

Center for Youth Development (Sample Agency) - Healthy Girls-Marking Proud Choices

Status: ● Not Started



Program Information 2017

 Fields marked with an * are required fields.

You may save your work at any time by clicking on the "Save My Work" link/icon at the bottom or top of the page.

When you have completed all questions on the form, select the "Save My Work and Mark as Completed" link/icon at the bottom or top of this page.

You may also SWITCH between forms in this application by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved.

Program Name*

Healthy Girls-Marking Proud Choices

Funding Amount Requested: (may not exceed \$50,000)*

Funding Purpose*

Briefly describe your program's capacity to serve populations that are at risk for teen pregnancy and teen sexual violence.*

Limit up to 1500 characters (0 used).

Complete the application by filling in the following **questions (continued)**

If your organization is applying for sexual violence prevention funding, please describe the session on contraception you will be using.

Limit up to 1500 characters (0 used).

Please provide the name of and a brief description of the curriculum you will be using. Include any proposed adaptations or special populations intended to be served by this program.*

Limit up to 1500 characters (0 used).

Is there anything else you would like to share?

Limit up to 1500 characters (0 used).

Contact Information


Primary Contact*	<input type="text" value="John E. Doe"/>
Job Title*	<input type="text"/>
Primary Email*	<input type="text" value="gmccarthy@unitedwaymilwaukee.org"/>
Primary Phone*	<input type="text" value="(414) 263-8123"/>
Primary Address*	<input type="text" value="225 West Vine Street, Milwaukee, Wisconsin , 53212, U.S.A."/>

 [Save My Work](#)

[View Printable Version](#) 

 [Save My Work And Return To Previous Page](#)

 [Save My Work and Mark as Completed](#)

 [Return To Overview Page](#)

When you have completed the application, click on **"Save My Work and Mark as Completed"**


Note-Knowing the Links:

- **"Save My Work"** = saving the work as it is being worked on, stays on the page.
- **"Save My Work and Return to Previous Page"** = saving the work and leaving the page being worked on to come back later for completion.
- **"Save My Work and Mark as Completed"** = work is completed and ready to be submitted. If additions/corrections need to be made the page can still be opened.
- **"Return to Overview Page"** = **WARNING** clicking on this link will lose all information not saved and the information cannot be retrieved.

Complete the application

When the Program Information has been completed you must click on “Save My Work and Mark as Completed” for the Submit link to become “live”.

When that has been clicked on the overview page will change:

 Your Application is now Ready To Submit!

Application Submission Details


Send Submission Confirmation Email To:* gmccarthy@unitedwaymilwaukee.org


Submitted By:

Submit This Application Now!

Application Status [View Printable Version of this Entire Application](#)

Not Started In Progress **Ready To Submit** Submitted

Item (* indicates Required Item)	Last Updated	Status	Options
Healthy Girls-Marking Proud Choices	2/16/2017 4:27 PM (CST)	Completed / Ready to Submit	<input checked="" type="checkbox"/> Include? 

[Program Information 2017*](#) Gail L. McCarthy 2/16/2017 4:27 PM (CST)  Completed / Ready to Submit

To complete this application the “**Status**” must be in “**Completed/Ready to Submit**” status. Now click on “**Submit This Application Now!**” When the application has been submitted it will become “closed” to any additions or corrections.


The Screen will change to indicate that it has been **submitted**:

Special Grants

LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI

Center for Youth Development (Sample Agency)

Healthy Girls Initiative 2017 Letter of Intent

 Thank you for your submission


Application Submission Details


Send Submission Confirmation Email To:* gmccarthy@unitedwaymilwaukee.org

Submitted By: Gail L. McCarthy on 2/16/2017 at 4:33 PM (CST)

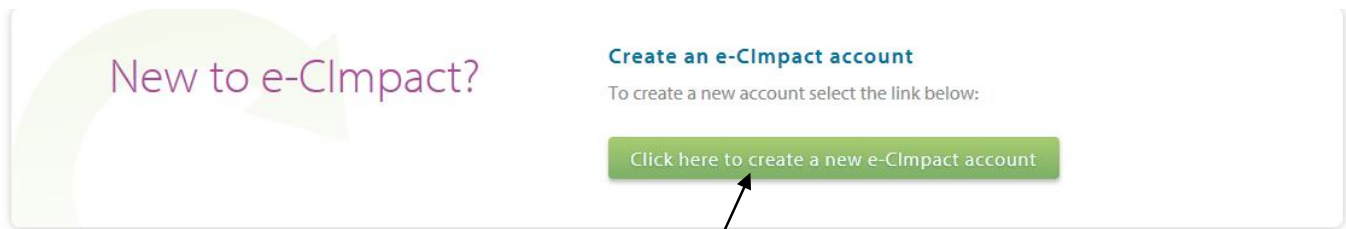
Application Status [View Printable Version of this Entire Application](#)

Not Started In Progress Ready To Submit **Submitted**

Item (* indicates Required Item)	Last Updated	Status	Options
Healthy Girls-Marking Proud Choices	2/16/2017 4:33 PM (CST)	Submitted	<input checked="" type="checkbox"/> Include? 

[Program Information 2017*](#) Gail L. McCarthy 2/16/2017 4:27 PM (CST)  Submitted

To Create a NEW e-CImpact Account
ONLY if you have not entered information into e-CImpact previously




Click on: **"Click here to create a new e-CImpact account"**

Complete all information:



United Way of Greater Milwaukee & Waukesha County Agency Registration

 Fields marked with an * are required fields.

Fill in the required information fields below.

Agency Account Information

EIN Number:

Agency Name:*

Website URL:

Account Information

Description:

Limit up to 750 characters (75 used).

Address

Address Type:*

Address Line 1:*

Address Line 2:

City:*

State:*

Zip Code:*

Email Address

Email Address Type:*

Email Address:*

Phone Number

Phone Number Type:*

Phone Number:*

Primary Contact Information

Contact Type:*

First Name:*

Middle Initial:

Last Name:*

Company:

Job Title:

Preferred Login

Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 and 15 characters in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not contain the following characters: ", %, or any white-space.

Password Examples:

-- abcdefg2 (valid, contains letters and numbers)
-- pa\$\$word (valid, contains letters and numbers)
-- 1234567# (valid, contains letters and numbers)
-- abcdefgh (invalid, contains only letters)
-- abc23 (invalid, less than 6 characters)

Preferred User Name:*


Password:*

Confirm Password:*

Next

 [Cancel and Return to Login Page](#)

On the next screen choose **“Healthy Girls Initiative – 2017 LOI”**

United Way  **United Way of Greater Milwaukee & Waukesha County**


LOI

Please fill out the information and click submit your request.

☐ **HBO LOI - 2017-2018**

☒ **Healthy Girls Initiative - 2017 LOI**
Healthy Girls Initiative 2017 Letter of Intent

[Previous](#) [Next](#)

 [Cancel and Return to Login Page](#)

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And choose **“Next”**

Answer the following questions:

Healthy Birth Outcomes - LOI



Fields marked with an * are required fields.

Please review each question carefully and respond appropriately.

Is the above agency a 501(c)(3) nonprofit in good standing?*

Yes ▾

Has the governing board of your organization approved a policy that states the organization does not discriminate based on social or economic class, gender, gender identity, age, sexual orientation and identification, disability, special health care needs, race or religion?*

Yes ▾

Has your organization been operating as a 501(c)3 for at least one year?*

Yes ▾

Previous

Continue



[Cancel and Return to Login Page](#)

e-Climpact™ Community Impact Management
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And click on **“Continue”**

On the next screen you will be asked to **“Review and submit your request”**.



Review and submit your request. Review the information below, then click "Complete Registration".

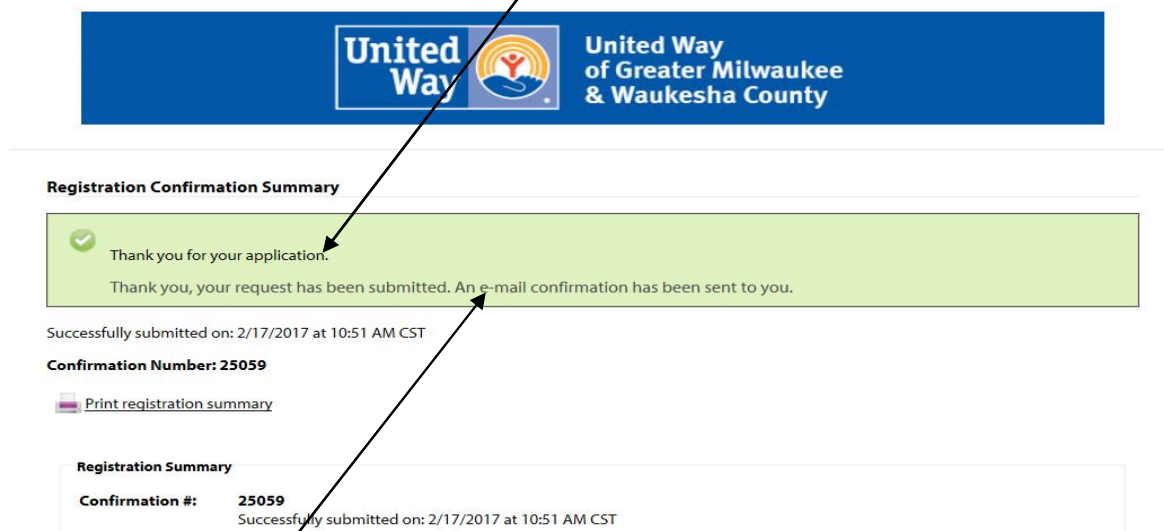
When you are certain all information is correct click on **“Complete Registration”** at the bottom of the page.

Complete Registration



[Cancel and Return to Login Page](#)

The next screen will be a “**Registration Confirmation Summary**” screen.



An **email confirmation** will be sent to the email address provide in the registration indicating that the registration is “**pending approval**”.

Dear Samuel,

Thank you for registering Zinc Center for Improvement (Sample Agency) with United Way of Greater Milwaukee & Waukesha County. Your registration has been received and is pending approval.

We will be in touch with you soon regarding your application status.

Please feel free to contact us if you have any questions.

Thank you,

United Way of Greater Milwaukee & Waukesha County
<http://www.unitedwaymilwaukee.org/>

An email confirmation will be sent indicating your interest in the “**Healthy Girls Initiative 2017-LOI**”.

Dear Samuel,

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Zinc Center for Improvement (Sample Agency). Your request for application has been received and is pending approval.

We will be in touch with you soon.

Please feel free to contact us if you have any questions.

Thank you,

United Way of Greater Milwaukee & Waukesha County
<http://www.unitedwaymilwaukee.org/>

An email will be sent when the agency registration has been **approved** along with a reminder of the **user name** associated with the registration.

Dear Samuel,

Thank you for registering Zinc Center for Improvement (Sample Agency) with United Way of Greater Milwaukee & Waukesha County. Zinc Center for Improvement (Sample Agency)'s registration has been approved.

Please login to <https://agency.e-cimpact.com/login.aspx?org=53255U> using the Username and Password you created for yourself during the agency registration process. Then verify that your 'Profile' information is correct. Please notify us immediately if you have any problems logging into the system.

Username: gmcCarthy

If you have forgotten your password, please click the 'Forgot my Password' link to have a new one generated and emailed to you.

Thank you,
United Way of Greater Milwaukee & Waukesha County
<http://www.unitedwaymilwaukee.org/>

Finally an email will be sent with the **link** to complete the “**LOI/Request for Proposal**”

Dear Samuel,

Thank you for your interest in Special Grants - LOI/Request for Proposal - Healthy Girls Initiative - 2017 LOI for Zinc Center for Improvement (Sample Agency). Your request for application has been approved and the application is now ready for you to complete and submit.

Please login to <https://agency.e-cimpact.com/login.aspx?org=53255U> using your Username and Password. Please notify us immediately if you have any problems logging into the system.

Thank you,
United Way of Greater Milwaukee & Waukesha County
<http://www.unitedwaymilwaukee.org/>

After logging in to the system following the directions beginning on page eight (8) and ending on page ten (10)