2016/2017 Healthy Girls Letter of Intent (LOI)

Screen Shots

If you would like to apply for 2016/2017 Healthy Girls funding you will need to complete a "Letter of Intent" (LOI)

If your agency already has an account in e-CImpact

Sign in to e-CImpact as usual:

	United Way	United Way of Greater Milwaukee & Waukesha County
Community Impact Man AGENCY SITE		UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY Sign-In Please sign in to your account. Vou have successfully signed out. See you next time. User Name Password Sign in to our Secure Server Forgot your password?
e-Cimpact [™] Community Impact Management © 2016 All Rights Reserved Privacy Policy	POWERED BY	

Click on the Link to "Request Grant Application"

1

							/		
💽 United Way of Greater Milwaukee & Wau	ukesha (County:	Neu-Li	ife Con	nmunit	y De	velopn	ent - Google Chrome	
https://agency.e-cimpact.com/	home	.aspx	?toke	n=1		/	<u></u>		
Hello, Joann Harris Change Password	User F	Profile	Signo	out (S	ession	lime	e rema	ning: 1:59:35)	Font Size: <u>A</u> A
			/	/	/	l	Jni V	ted Of Greater Milwaukee Vay & Waukesha County	
Neu-Life Community Development	Cale	ndar	Mar	ch 20'	16		>	Today's Schedule: Tuesday, March 15, 2016	
Home	Sun	Mon	Tue	Wed	Thu	Fri	Sat	None Scheduled	
Agency Profile	28	29	1	2	3	4	5	Schedule for March	
Contacts	1	7	8	9	10	11	12	None Scheduled	
Program Profiles	13	14	15	16	17	18	19		
Program Meeting	20	21	22	23	24	25	26		
Volunteer group Archive (4)	27	28	29	30	31	1	2		
Permert Grant Application	3	4	5	6	7	8	9		
Request Grant Application									
Partnership Agreement									
Healthy Girls 2015-2016									

Then click Continue

Your request will be sent to be approved. Once approved, please follow the steps below.

Click on the <u>drop down arrow</u> and select the programs you are submitting a Letter of Intent (LOI)

Special Grants					
Request for Proposals - Healthy Girls Initiative - 2	2016 LOI				
Center for Youth Development (Sample Agency)					
Healthy Girls Initiative 2016 Letter of Intent					
Please go to the following website for	Assign Programs to th	nis A	pplication		
information about the Healthy Girls Inititative Grant. https://www.unitedwaygmwc.org/Healthy- Girls-Initiative-Grant	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.				
Grant must be submitted by 4:30pm on March 23rd.	Select a Program: Healthy Girls Initiative (Sample Program #2) Assign Selected Program to this Application				
	🕂 <u>Create a new Pro</u>	grar	m and Assign it to th	is Application	
Application Status			View Printa	ble Version of this	Entire Application
Not Started In Pro	ogress	Re	eady To Submit	Subm	itted
Item (* indicates Required Item)			Last Updated	Status	Options
Center for Youth Development (Sample Agency	()			Not Started	
Agency Information*				Not Started	
Counseling for Individuals and Family (Sample	Program #1)			Not Started	🗹 Include? 📥
Program Information 2016*				Not Started	

When you have selected the specific program you are applying for then click on "Assign Selected Program to this Application"

When you have assigned the program the screed will change and you can begin to complete the LOI.

Complete the question below using the <u>drop down box</u> and click on "<u>Next</u>": If you need to return to the preceding page click on the "<u>Previous</u>" link.

Please complete the follow	ring Form and click the "Next" button located at the bottom of this page.
Program Name:	Healthy Girls Initiative (Sample Program #2)
Request For Participation In:	Healthy Girls Initiative - 2016 LOI
	Healthy Girls Initiative 2016 Letter of Intent
HBO Program Informatio	n
Does the population you ser	rve reside in the Greater
Milwaukee Area? (Milwauke	e, Waukesha, Washington or Yes No

The next screen will show your work for review. If the information is correct 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 Initiative (Sample Program #2)
Request For Participation In: Healthy Girls Initiative - 2016 LOI
Healthy Girls Initiative 2016 Letter of Intent
HBO Program Information
Does the population you serve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee Counties):
Yes
Previous Complete Registration

When you have clicked on "complete registration" you will receive an email confirmation that the registration of the LOI has been received by United Way of Greater Milwaukee & Waukesha County:

The next screen will show the <u>submitted request</u>.

	Printer Friendly Version of This Page
Confirmation	
🥑 Thank you, your reque	st has been submitted. An e-mail confirmation has been sent to you.
Agency Name:	Center for Youth Development (Sample Agency)
Program Name:	Healthy Girls Initiative (Sample Program #2)
Request For Participation In:	Healthy Girls Initiative - 2016 LOI
	Healthy Girls Initiative 2016 Letter of Intent
Successfully Submitted On:	3/14/2016 12:13:26 PM
Status:	Pending
HBO Program Informatio	n
Does the population you s Counties):	erve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee
Yes	
	Continue

Click on "Continue"

Agency Information

To complete the LOI click on "<u>Agency Information</u>"

Special Grants				
Request for Proposals - Healthy Girls Initiative- 20	016 LOI			
Center for Youth Development (Sample Agency)				
Healthy Girls Initiative 2016 Letter of Intent				
Please go to the following website for	Assign Programs to this A	pplication		
information about the Healthy Girls Inititative Grant. https://www.unitedwaygmwc.org/Healthy- Girls-Initiative-Grant	Please select a program fr box, please select the link	om the drop-down i to create a new pro	menu below. If th gram.	nere is no drop-down
Grant must be submitted by 4:30pm on March 23rd.	Select a Program:	ram to this Applicat	ion	~
Application Status	🛞 <u>Create a new Program</u>	m and Assign it to th <u>View Printal</u>	is Application	Entire Application
Not Started In Prog	gress Re	eady To Submit	Subm	itted
Item (* indicates Required Item)		Last Updated	Status	Options
Center for Youth Development (Sample Agency))		Not Started	=
Agency Information*			Not Started	
Counseling for Individuals and Family (Sample F	Program #1)		Not Started	🗹 Include? 📥
Program Information 2016*			Not Started	

Complete the following information:

equest for Propests - Healthy Girls Initiative - 2016 LOI enter for Youth Development (Sample Agency) Switch Forms Agency Information	pecial Grants			
enter for Youth Development (Sample Agency) Switch Forms tatus: Not Storted Agency Information I I I I I I I I I I I I I I I I I I	equest for Proposals - Healthy Girls Initiative - 20	16 LOI		
tatuz: Not Started Agency Information Image: India 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. General Agency Information Agency Rin* Qency Eln* Image: Started Agency Information Agency Lin* Settership requests will be considered. If this project includes more than one agency, please specify below. Image: Starter agencies Sol1c(3) nonprofit(s) in good Image: Starter agencies Sol1c(3) nonprofit(s) in good standing? Has the governing board of your organization approved a policy that starte the organization does not discriminate based on social or connenic class, gender, gender identiv, ages actual or that on a identification, idisability, special health care needs, race or religion? Has the governing board of your organization approved a policy that start one year? Is your organization willing to provide a 25% funding or in-kind match? Year My Work And Return To Previous Page Save My Work And Return To Previous Page Save My Work And Mark as Completed	enter for Youth Development (Sample Agency)			Switch Forms
Agency Information Pields 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 SWTCH between forms in this application by using the SWTCH FORMS feature in the upper right corner. When a switching forms, any updates to the existing form will automatically be saved. General Agency Information Agency Rame* Center for Youth Development (Sample Agency) Agency Ram* Center agencies 501(c)(3) nonprofit in good stan	tatus: Not Started			
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 SWTCH between forms in this application by using the SWTCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically be saved. General Agency Information Agency Name" Center for Youth Development (Sample Agency) Agency RIM" 39:555555 Pattership requests will be considered. If this project includes more than one agency, please specify below: Limit up to 1000 characters (to used). Are partner agencies 501(c)(3) nonprofit (s) in good standing? Qualification Responses Is the above agency a 501(c)(3) nonprofit in good standing?* Has the governing board of your organization approved a policy that states the organization adje intication, disability, special health care needs, race or religion? Has your organization energing as a 501(c)3 for a least one year? Is your organization willing to provide a 25% funding or in-kind match? Save: My Work And Return To Previous Paree Save: My Work And Return To Previous Paree Save: My Work and Mark As Completed	Agency Information			
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. General Agency Information Agency Name* Center for Youth Development (Sample Agency) Agency EIN*	Fields marked with an * are required fields.			
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. General Agency Information Agency EIN* Servery Name* Center for Youth Development (Sample Agency) Agency EIN* Servery Swill be considered. If this project includes more than one agency, please specify below: Limit up to 1000 characters (0 used). Limit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good Standing? Qualification Responses Is the above agency a 501(c)(3) nonprofit in good standing?* Has the governing board of your organization approved a policy that tastes the organization and identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Save My Work Save My Work And Return To Previous Page Save My Work And Return To Previous Page	You may save your work at any time by clicking	on the "Save My Work" link/icor	at the bottom or top of the	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. Ceneral Agency Information Agency Rame* Center for Youth Development (Sample Agency) Agency EIN* Surfactor and the considered. If this project includes more than one agency, please specify below: Limit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good standing? Aste partner agencies 501(c)(3) nonprofit in good standing? 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 class, action and identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)(3) for at least one year? Is your organization been operating as a 501(c) for at least one year? Is your organization been operating as a 501(c) for at least one year? Is your organization provide a 25% funding or in-kind match? View Printable Version in the discriminate in-kind match? View Printable Version in the discriminate in-kind match? View Printable Version in the discriminate in-kind match? Is your organization and identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c) for at least one year? Is your organization due that the provide a 25% funding or in-kind match? View Printable Version in the in-kind match?	When you have completed all questions on the or top of this page.	form, select the "Save My Work	and Mark as Completed" linl	k/icon at the bottom
General Agency Information Agency Name* Center for Youth Development (Sample Agency) Agency FIN* 30-555555 Partnership requests will be considered. If this project includes more than one agency, please specify below: Imit up to 1000 characters (0 used). Limit up to 1000 characters (0 used). Calification Responses Is the above agency a 501(c)(3) nonprofit in good standing?* 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 identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)3 for all converting	You may also SWITCH between forms in this ap switching forms, any updates to the existing for	plication by using the SWITCH Firm will automatically be saved.	ORMS feature in the upper ri	ight corner. When
Agency Name* Center for Youth Development (Sample Agency) Agency EIN* 39-555555 Partnership requests will be considered. If this project includes more than one agency, please specify below: Limit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good Standing? Has the governing board of your organization approved a poly that states the organization does not discriminate based on social or economic class, gender, gender identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Yiew Printable Version are sover by Work And Return To Previous Page Save My Work And Return To Previous Page	General Agency Information			
Agency EIN* 39-555555 Partnership requests will be considered. If this project includes more than one agency, please specify below: Limit up to 1000 characters (0 used). Limit up to 1000 characters (0 used). Limit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good Standing? Qualification Responses Is the above agency a 501(c)(3) nonprofit in good standing?* 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 identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Seve My Work And Return To Previous Page Seve My Work And Return To Previous Page Seve My Work and Mark as Completed	Agency Name*	Center for Youth Development (S	ample Agency)	
Partnership requests will be considered. If this project includes more than one agency, please specify below: Imit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good Qualification Responses Is the above agency a 501(c)(3) nonprofit in good standing?* 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 identify, age, sexual orientation and identification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Save My Work Save My Work Save My Work Save My Work Save My Work	Agency EIN*	39-5555555]	
Limit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good Qualification Responses Is the above agency a 501(c)(3) nonprofit in good standing?* 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 lidentification, disability, special health care needs, race or religion? Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Save My Work And Return To Previous Page	Partnership requests will be considered. If this proje	ect includes more than one agency	, please specify below:	
standing?* 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? Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Save My Work View Printable Version Save My Work And Return To Previous Page Save My Work and Mark as Completed	Limit up to 1000 characters (0 used). Are partner agencies 501(c)(3) nonprofit(s) in good standing? Qualification Responses Is the above agency a 501(c)(3) nonprofit in good		~	
Has your organization been operating as a 501(c)3 for at least one year? Is your organization willing to provide a 25% funding or in-kind match? Save My Work Save My Work And Return To Previous Page Save My Work and Mark as Completed	standing?* Has the governing board of your organization app a policy that states the organization does not disc based on social or economic class, gender, gender identity, age, sexual orientation and identification disability, special health care needs, race or religio	proved riminate r , on?		
Is your organization willing to provide a 25% funding or in-kind match? Save My Work View Printable Version Save My Work And Return To Previous Page Save My Work and Mark as Completed	Has your organization been operating as a 501(c): for at least one year?	3		
Save My Work View Printable Version Save My Work And Return To Previous Page Save My Work and Mark as Completed	ls your organization willing to provide a 25% fund or in-kind match?	ing		
Save My Work And Return To Previous Page Save My Work and Mark as Completed Save My Work and Mark as Completed	Save My Work		Vi	ew Printable Version
Save My Work and Mark as Completed	Save My Work And Return To Previous Page			
	Save My Work and Mark as Completed			
Seturn To Overview Page	🞭 <u>Return To Overview Page</u>			

Click on "Save My Work and Mark as Completed"

Next click on "**Program Information 2016**" and complete the information.

/	3/14/2016 4:54 PM (CST)		
ounseling for Individuals and Family (Sample Program		Not Started	☑ 🚆
· _			Include?
ogram Information 2016*		Not Started	
ecial Grants quest for Proposals - Healthy Girls Initiative - 2016 LC	01		
nter for Youth Development (Sample Agency) - Coun	seling for Individuals and F	amily	Switch Form
ample Program #1) atus: Not Started			82.5
Program Information 2016			
Fields marked with an * are required fields.			
You may save your work at any time by clicking on th	ne "Save My Work" link/icon	at the bottom or top	of the page.
When you have completed all questions on the form or top of this page.	, select the "Save My Work a	and Mark as Complete	ed" link/icon at the botton
You may also SWITCH between forms in this applicat switching forms, any updates to the existing form wi	ion by using the SWITCH F(Il automatically be saved.	DRMS feature in the u	pper right corner. When
Program Name*	Counseling for Individuals a	nd Family (Sample Proc	gram #1)
Funding Amount Requested: (may not exceed \$50,000)*	25,000.00		
Funding Purpose*	Both	\checkmark	
Briefly describe your program's capacity to serve populat	ions that are at risk for teen p	pregnancy and teen sex	ual violence?*
		~	
		*	
Limit up to 1500 characters (0 used).	tion funding plasse describe	the cossion on contract	option you will be using
in your organization is applying for sexual violence preven	tion runding, please describe	the session on contract	eption you will be using.
		~	
		\sim	
		~	
Limit up to 1500 characters (0 used).		~	
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the o	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the o populations intended to be served by this program*	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the e populations intended to be served by this program*	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the 6 populations intended to be served by this program*	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the o populations intended to be served by this program*	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the oppulations intended to be served by this program*	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the oppulations intended to be served by this program* Limit up to 1500 characters (0 used). Is there anything else you would like to chara?	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the oppulations intended to be served by this program* Limit up to 1500 characters (0 used). Is there anything else you would like to share?	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the oppulations intended to be served by this program* Limit up to 1500 characters (0 used). Is there anything else you would like to share?	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the oppulations intended to be served by this program* Limit up to 1500 characters (0 used). Is there anything else you would like to share?	curriculum you will be using.	nclude any proposed a	daptations or special
Limit up to 1500 characters (0 used). Please provide the name of and a brief description of the oppulations intended to be served by this program* Limit up to 1500 characters (0 used). Is there anything else you would like to share?	curriculum you will be using.	nclude any proposed a	daptations or special

Complete the Program information:

Contact Information		
Primary Contact*	Gail L. McCarthy 💙	
Job Title*		
Primary Email*	gmccarthy@unitedwaymilwaukee.<	
Primary Phone*		
Primary Address*	225 West Vine Street, Milwaukee, Wisconsin , 53212, U.S.A.	
Qualification Response Does the population you serve re Milwaukee Area? (Milwaukee, Wa Ozaukee Counties):	side in the Greater ukesha, Washington or	
Save My Work		View Printable Version
Save My Work And Return To	Previous Page	
Save My Work and Mark as Co	mpleted	
<u>Return To Overview Page</u>		

When information has been completed click on "Save My Work and Mark as Completed".

After you review the information click on "Submit This Application Now!":

Your Application is now Ready To Submit!			
Application Submission Details Send Submission Confirmation Email To:* gm Submitted By:	accarthy@unitedwaym/wauke Submit This App ⁴ cation f	e.d	
Application Status	<u>v</u>	View Printable Version of this Ent	ire Application 📕
Not Started In Progress	Ready To S	Submit Submittee	ł
Item (* indicates Required Item)	Last Updated	Status	Options
Center for Youth Development (Sample Agency)	3/15/2016 8:53 AM (CST)	Completed / Ready to Submit	=
Agency Information*	Gail L. McCarthy 3/15/2016 8:53 AM (CST)	Completed / Ready to Submit	
Counseling for Individuals and Family (Sample Program #1)	3/14/2016 5:00 PM (CST)	Completed / Ready to Submit	Include?
Program Information 2016*	Gail L. McCarthy 3/14/2016 5:00 PM (CST)	Completed / Ready to Submit	

Application is now complete.

If you are NEW to e-CImpact and need to Create an Account

Following this web site address: <u>https://agency.e-cimpact.com/login.aspx?logout=true</u>

To create the account, *click here*:



Complete all of the following information:

Prints: marked with an * are required fields. Fill in the required information fields below. Agency Name* Qamoy Name* Website UII: Cocurat Information Description: Unit unit up to 790 thusether 0 used. Address I Address I Address I Address I State of the	United Way of Greater	Milwaukee & Waukesha County Agency Registration
File in the required information En Number:	Fields marked v	vith an * are required fields.
Bency Account Information Env Numes: Agency Nume Bescription: Limit up to 750 characters (0 used). Address Ine 1: Cipote Automation Enval Address * Phone Number Phone Number Type: Phone Number Information Context Type: Select Chone Type: Phone Number Information Context Type: Select Context:	Fill in the required inform	nation fields below.
EIN Number:	Agency Account Inform	nation
Agency Name.* Website URE: Website URE: Concent Information Description: Lint: pro 79:0-dwates:es (0 used. Address Irpse* Address Type* Address Type* Address Type* Address Type* Address Ire 1: Address Ire 2: City* Address Ire 2: City*	EIN Number:	
Website Ufil: Concurt Information Description: Limit up to 750 characters ID used. Address Type* Address Type* Address Type* State* Wisconsin Fmail Address Fm	Agency Name:*	
Description:	Website URL:	
Description: Levit up to 720 characters 10 used: Address Impact Select Address Type	Account Information	
<form></form>	Description:	^
Address Address Line 1:* Address Line 1:* Address Line 2: City* State* Wisconsin Zip Code* Email Address Type* Fmail Address Type* Pone Number Phone Number Phone Number Phone Number* Phone Number* Phone Number* Phone Number* Pinary Contact Information Contact Type* Gompany: Job Trite: Deferred Login Enter your Password theor retype the Password to ensure that you have entered it correctly. Your Password must be between 6 at in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not confollowing characters *, %, or any white space. Password bamples: • = abddefig/ Vuidid, contains letters and numbers) • = baddefig/ Vuidid, contains letters and numbers) • = abddefig/ Vuidid, contains letters and numbers) • = babddefig/ Vuidid, contains letters and numbers)		Limit up to 750 characters (0 used).
Address Type* Select Address Type Address Line 1:* Address Line 2: City:* Select Address Type Final Address Email Address Email Address Final Address Final Address Phone Number Phone Number Phone Number Phone Number Contact Information Contact Type* First Name* Company: Job Title: Preferred Login Enters your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 at in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password must be between 6 at in length and contain at least letters and numbers)	Address	
Address line 1:* Address line 2: City:* State:* Wisconsin Zip Code:* Email Address Type:* Select Email Type Email Address:* Phone Number Phone Number Type:* Select Enail Type Phone Number Phone Number Type:* Select Contact Type Phone Number:* Phone Number:* Primary Contact Information Contact Type:* Select Contact Type First Name:* Middle Initial: Last Name:* Company: Job Title: Pressword then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 ar in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not or following characters: % or any white-space. Pessword Kodid, contains letters and numbers) - abcdefg2 (valid, contains letters and numbers) - abcdefg2 (Address Type*	Select Address Type
Address Line 2: City:* State:* Wisconsin Zip Code:* Email Address Email Address Email Address Email Address Phone Number Phone Number Phone Number Phone Number Phone Number:* Phone Number:* P	Address Line 1:*	
City:* State* State* Wisconsin View State* Wisconsin View State* Wisconsin View State* Wisconsin View State* Misconsin View State St	Address Line 2:	
State.* Wisconsin	City:*	
Zip Code:" Email Address Email Address Email Address Email Address Phone Number Phone Number Phone Number Phone Number Phone Number Phone Number Primary Contact Information Contact Type:*Select Ontact Type First 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 ar in length and contains at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not co following characters: '\$, or only white-space. Password Extra and numbers) abcdefg2 (valid, contains only letters) abcdefg2 (valid, contains only letters) abcdefg1 (valid, contains only letters) abcdefg1 (invalid, less than 6 characters) Preferred User Name:* Password:* Confirm Password:	State:*	Wisconsin
Email Address Email Address Type:* Select Email Type- Phone Number Phone Number Phone Number: Phone Number: Primary Contact Information Contact Type:* Select Contact Type - First Name:* Select Contact Type - Select Contact Type - First Name:* Select Contact Type - Select Contact Typ	Zip Code:*	
Email Address Type:* - Select Email Type Email Address.* Phone Number Phone Number.* Phone Number.* Primary Contact Information Contact Type.* Contact Type.* - Select Contact Type V 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 ar in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not confollowing characters: ",%, or any white-space. Password Examples: - abcdefg2 (valid, contains letters and numbers) - password (valid, contains letters and numbers) - abcdefg1 (walid, contains letters and numbers) - abcdefg1 (walid, contains letters)	Email Address	
Email Address:* Phone Number Phone Number Type:* Select Phone Type Phone Number.* Primary Contact Information Contact Type:* Select 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 arrin length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not confollowing characters: ", %, or any white-space. Password Examples: - abcdefg2 (valid, contains letters and numbers) - 12345674 (valid, contains letters and numbers) - abc23 (invalid, less than 6 characters) Preferred User Name:* Password:* Confirm Password.*	Email Address Type:*	Select Email Type 🗸
Phone Number Phone Number Type:* Select Phone Type Phone Number.* Primary Contact Information Contact Type:* Select Contact Type First Name:* Middle Initial: Last Name:*	Email Address:*	
Phone Number Type:* Select Phone Type Phone Number:* Select Contact Type Primary Contact Information Select Contact Type Contact Type:* Select 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 may not confollowing characters:*, %, or any white-space. Password Examples: Password (valid, contains letters and numbers) Preferred User Name:* Preferred User Name:*	Phone Number	
Phone Number:* Phone Number:* Primary Contact Information Contact Type:*	Phone Number Type*	Select Phone Type 🗸
Primary Contact Information Contact Type:* Select Contact Type First Name:*	Phone Number:*	
Primary Contact Information Contact Type* - Select Contact Type / / / / / / / / / / / / / / / / / /	Delenen C	
Contact Type:" Select Contact Type First Name:"	Primary Contact Infor	mation
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 ar in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not co following characters: *, *%, or any white-space. Password Examples: abcdefg2 (valid, contains letters and numbers) abcdefg4 (invalid, contains letters and numbers) abcdefg4 (invalid, contains letters) abcdefg4 (invalid, contains letter) abcdefg4 (invalid, contains letter) abcdefg4 (invalid, contains) abcdefg4 (invalid, contains) <td>Contact Type:*</td> <td> Select Contact Type Y</td>	Contact Type:*	Select Contact Type Y
Initial:	First Name:*	
Company:	I act Name:*	
Job Title: 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 arr in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not confollowing characters: ", %, or any white-space. Password Examples: - abcdefg2 (valid, contains letters and numbers) - pa\$Sword (valid, contains letters and numbers) - abcdefg4 (invalid, contains letters and numbers) - abcdefg6 (invalid, contains letters and numbers) - abcdefg6 (invalid, contains netters) Preferred User Name:* Password:* Confirm Password:*	Company:	
Preferred Login Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 ar in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not co following characters: ", %, or any white-space. Password Examples: - abcdefg2 (valid, contains letters and numbers) - pa5Sword (valid, contains letters and numbers) - abcdefg4 (invalid, contains letters and numbers) - abcdefg4 (invalid, contains letters) - abcdefg4 (invalid, contains letters) Preferred User Name.* Password.* Confirm Password.*	Loh Title	
Preferred Login Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 ar in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not confollowing characters: ", %, or any white-space. Password Examples: - abcdefg2 (valid, contains letters and numbers) - paSSword (valid, contains letters and numbers) - abcdefgh (invalid, contains letters and numbers) - abc23 (invalid, contains letters) Preferred User Name:* Password:* Confirm Password.*	Job Hue.	
Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 ar in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not co following characters: ", %, or any white-space. Password Examples: abcdefg2 (valid, contains letters and numbers) pa5Sword (valid, contains letters and numbers) 1234567# (valid, contains letters and numbers) abcdefgh (invalid, contains letters) abcdefgh (invalid, contains letters) abc23 (invalid, less than 6 characters) Preferred User Name:* Password:* Confirm Password:*	Preferred Login	
Password Examples: abcdefg2 (valid, contains letters and numbers) pa5Sword (valid, contains letters and numbers) 1234567# (valid, contains letters and numbers) abcdefgh (invalid, contains only letters) abcdefgh (invalid, contains only letters) abc23 (invalid, less than 6 characters) Preferred User Name:* Password:* Confirm Password:*	Enter your Password the in length and contain at following characters: ", 9	n retype the Password to ensure that you have entered it correctly. Your Password must be betwee least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may 1 6, or any white-space.
abcdefg2 (valid, contains letters and numbers) pa5Sword (valid, contains letters and numbers) 1224567# (valid, contains letters and numbers) abcdefgh (invalid, contains only letters) abc23 (invalid, less than 6 characters) Preferred User Name:* Password:* Confirm Password:*	Password Examples	
paSSword (valid, contains letters and numbers) 1234567# (valid, contains letters and numbers) abcdefph (invalid, contains only letters) abc23 (invalid, less than 6 characters) Preferred User Name:* Password:* Confirm Password:*	abcdefg2 (valid conta	ins letters and numbers)
Preferred User Name:* Password:* Confirm Password:*	 pa\$\$word (valid, cont. 1234567# (valid, cont. abcdefgh (invalid, cont. abc23 (invalid, less that 	ins letters and numbers) ins letters and numbers) tains only letters) n 6 characters)
Password.*	Preferred User Name:*	
Confirm Password.*	Password:*	
	Confirm Password:*	

Note: after the account has been created if you forget your password contact Gail L. McCarthy at <u>gmccarthy@unitedwaygmwc.org</u> to re-set this information.



Fill in the required information and click on "Continue"

\backslash
\backslash

Here you will review the information you entered and then click on "Complete Registration"

You will see the following information after submission:

	United Way of Greater Milwaukee & Waukesha County
Registration	n Confirmation Summary
📀 Than	sk vou for vour application
Than	nk you, your request has been submitted. An e-mail confirmation has been sent to you.
Succosfully o	ubmitted on: 2/14/2016 st 2:20 DM CST
Confirmation	1 Number: 22406
Print reg	istration summary
Registrati	ion Summary
Confirma	ation #: 22406 Successfully submitted on: 3/14/2016 at 2:20 PM CST
EIN: Agency N	39-1234567 Name: Center for Youth Development (Sample Agency#2)
Website:	https://www.unitedwaygmwc.org/home
Additiona	al Agency Account Information Summary
Description	on: Sample Agency for Creating an Account in e-CImpact.
Agency In	iformation Summary
Address:	225 West Vine Street Milwaukee, Wisconsin 53212 (Main)
Email Add	dress: gmccarthy@unitedwaygmwc.org (Main)
Phone Nu	umber: (414) 263-8123 (Main)
rimary Contact I	nformation Summary
ontact Name:	Gail L. McCarthy (Other Staff)
ompany: ob Title:	United Way Communtiy Impact & Campaign Administrator
of a word I a min	
lsername:	McCarthy
assword:	
equest Summar	y
Healthy Girls In	vitiative - 2016 LOI
Healthy Girls Init	tiative 2016 Letter of Intent
Healthy Birth C	Dutcomes - LOI
Please review e	each question carefully and respond appropriately.
Is the above ag	pency a 501(c)(3) nonprofit in good Yes
Has the govern class, gender, g	ning board of your organization approved a policy that states the organization does not discriminate based on social or economic gender identity, age, sexual orientation and identification, disability, special health care needs, race or religion?
Yes	
Has your organ	nization been operating as a 501(c)3 Yes
for at least one	year

Next

Scancel and Return to Login Page

First learn the "buttons" in e-CImpact: For each section of the report you can choose to do several different actions:

Save My Work	" <u>Save My Work</u> " – Click here to save your work as you fill in each section.
Save My Work And Return To Previous Page	"Save My Work and Return to Previous Page" – this can be
Save My Work and Mark as Completed	used if you need to finish your work at a later time. "Save My Work and Mark as Completed" – this should be used
Section To Overview Page	when you feel that your work is completed and ready for submission.
	"Return To Overview Page" – will take you back to the screen that lists all sections. NOTE: if you have entered data and used this section without saving you will lose all work not saved.

On this page you will create your Program Profile and complete the LOI process.

Begin by click on "Create a new Program and Assign it to the Application"

/

	United Works United W Way Way & Wayke	ay r Milwauke sha County	ee /		
enter for Youth Development	Special Grants	\			
ome gency Profile	Request for Proposals - Healthy Girls Initiative - 2016 LOI Center for Youth Development (Sample Agency#2)	\backslash			
ontacts	Healthy Girls Initiative 2016 Letter of Intent				
equest Grant Application	Please go to the following website for information about the Healthy Girls Inititative Grant.	AssignProgra	ims to this Applicat	ion	
ecial Grants equest for Proposals	https://www.unitedwaygmwc.org/Healthy-Girls-Initiative- Grant	Please select in o drop-down	a program from the n box, please select	drop-down menu belo the link to create a new	w. If there is program.
ealthy Girls Initiative - 2016 LOI	Grant must be submitted by 4:30pm on March 23rd.	🕂 Create a	new Program and A	ssign it to this Applicat	on
esource Center pecial Initiatives Documents (1)	Application Status		View Printabl	e Version of this Entire .	Application -
ogic Model Templates (1) hild protection policy sample (1)	Not Started In Progress	Rea	ady To Submit	Submitted	
dd SpellCheck Toolbar (1)	Item (* indicates Required Item)		Last Updated	Status	Options
	Center for Youth Development (Sample Agency#2)			Not Started	H
	Agency Information*			Not Started	

Create the program profile:

	Please complet	stration
	i Fields ma	rked with an * are required fields.
ration	Program Inform	mation
	Program Name:*	Pregnancy Counseling Program (Sample Program #5)
<u>- 2016 LOI</u>	Description:	Limit up to 150 characters (48 used). Sample Program for Creating a new program process.
uments (1) es (1)		
y sample (1)		Limit up to 1500 characters (50 used).
a <u>r (1)</u>	Program Primary Contact:	Gail L. McCarthy
Addres	s by Agency Primar	y Address
Addres	s by Agency Priman Type:	y Address Nain
Addres <u>Co</u> Address Address	s by Agency Priman Type: N Line 1: 2:	Address Main 25 West Vine Street
Addres <u>Cor</u> Address Address Address	s by Agency Priman Type: N Line 1: 2: Line 2:	y Address Main 25 West Vine Street
Address Con Address Address Address City:	S Dy Agency Priman Type: N Line 1: 2: Line 2: M	y Address Aain V 25 West Vine Street
Address Con Address Address Address City: State:	s Dy Agency Priman Type: N Line 1: 2: Line 2: M M 	y Address Main 25 West Vine Street Iilwaukee Visconsin
Address Address Address Address City: State: Zip Code	s by Agency Priman Type: M Line 1: 2: Line 2: M W : 5:	y Address Aain 25 West Vine Street Iilwaukee Visconsin 3212
Address Address Address Address City: State: Zip Code	s by Agency Priman Type: M Line 1: 2: Line 2: M W : 5: ddress	y Address Main V 25 West Vine Street lilwaukee Visconsin V 3212
Address Address Address Address City: State: Zip Code Email A Email Typ	s by Agency Priman Type: M Line 1: 2: Line 2: M w : 5: ddress pe: N	Address Aain V 25 West Vine Street Iilwaukee Visconsin 3212 Aain V
Address Address Address City: State: Zip Code Email A Email Ad	s by Agency Priman Type: M Line 1: 2: Line 2: M w time 2: 5: ddress dress: g	y Address Main V 25 West Vine Street Illwaukee Visconsin V 3212 Main V mccarthy@unitedwaygmwc.org
Address Address Address City: State: Zip Code Email A Email Ty Email Ad	s by Agency Priman Type: M Line 1: 2: Line 2: M w time 2: 5: ddress be: M dress: g Number	y Address Main V 25 West Vine Street Lilwaukee Visconsin V 3212 Main V mccarthy@unitedwaygmwc.org
Address Address Address City: State: Zip Code Email A Email Ad Email Ad Phone I	s by Agency Priman Type: M Line 1: 2: Line 2: M w : 5: ddress be: M dress: g Number rpe: N	y Address fain 25 West Vine Street tilwaukee Visconsin 3212 fain mccarthy@unitedwaygmwc.org

Click on "Save/Complete Registration"

To complete the LOI Process continue to answer the next questions. Click on "<u>Next</u>"

Uni V	ted 🛞	United Way of Greater Milwaukee & Waukesha County	
Request For Participa	tion		
Please complete the follo	owing Form and cli	ck the "Next" button located at the bottom of this page.	
Program Name:	Pregnancy Cou	inseling Program (Sample Program #5)	
Request For Participation Ir	n: Healthy Girls Ir	nitiative - 2016 LOI	
	Healthy Girls Ini	tiative 2016 Letter of Intent	
HBO Program Informat	tion		
Does the population you Milwaukee Area? (Milwau Ozaukee Counties):	serve reside in the G kee, Waukesha, Was	ireater Yes	
lick on " <u>Complet</u> Unite Wa	ed (Section of the section of the se	<u>on</u> " United Way of Greater Milwaukee & Waukesha County	
leview and Complete F	Registration		
Review and submit your re	equest. Review the ir	nformation below, then click "Complete Registration".	
Program Name:	Pregnancy Counse	eling Program (Sample Program #5)	
Request For Participation In:	Healthy Girls Initia	ative - 2016 LOI	
	Healthy Girls Initiat	ive 2016 Letter of Intent	
HBO Program Informatio	n		
Does the population you s Yes	serve reside in the G	reater Milwaukee Area? (Milwaukee, Waukesha, Washingto	n or Ozaukee Counties):
Previ	ous	Complete Registration	

Confirmation	Printer Friendly Version of This Page
🧭 Thank you, your reque	st has been submitted. An e-mail confirmation has been sent to you.
Agency Name:	Center for Youth Development (Sample Agency#2)
Program Name:	Pregnancy Counseling Program (Sample Program #5)
Request For Participation In:	Healthy Girls Initiative - 2016 LOI
	Healthy Girls Initiative 2016 Letter of Intent
Successfully Submitted On:	3/14/2016 2:32:38 PM
Status:	Pending
HBO Program Information	
Does the population you se Counties): Yes	erve reside in the Greater Muwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee

Now that you have created your account in e-CImpact and completed your program profile you can following the directions beginning on page 5 through 8 to complete the Healthy Girls Initiative – 2016 LOI application.