

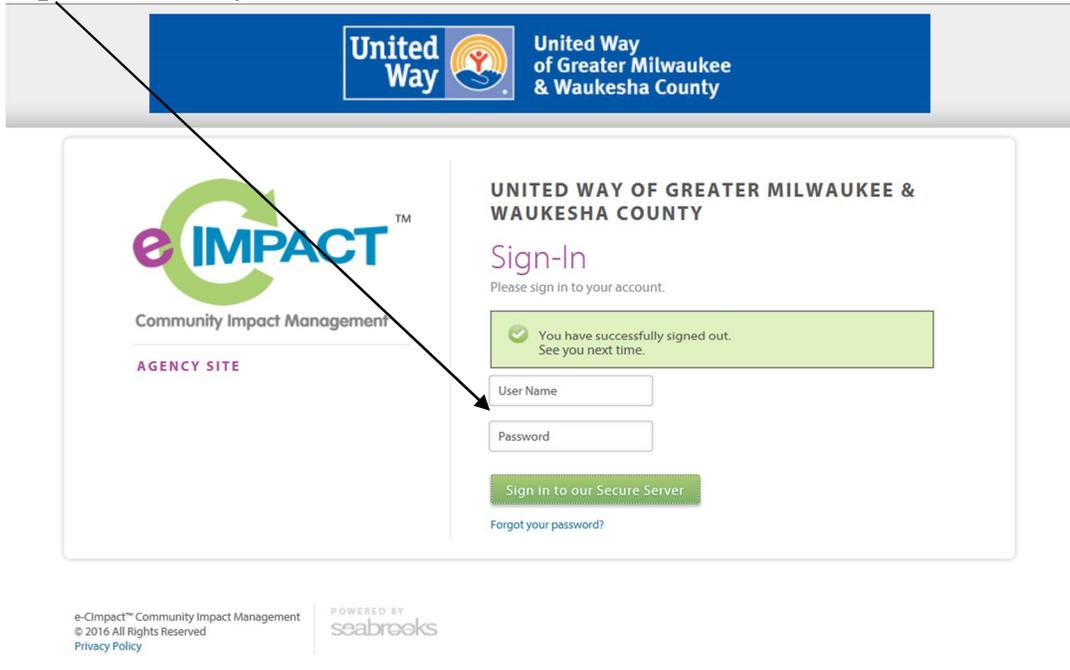
2016/2017 Healthy Girls Letter of Intent (LOI)

Screen Shots

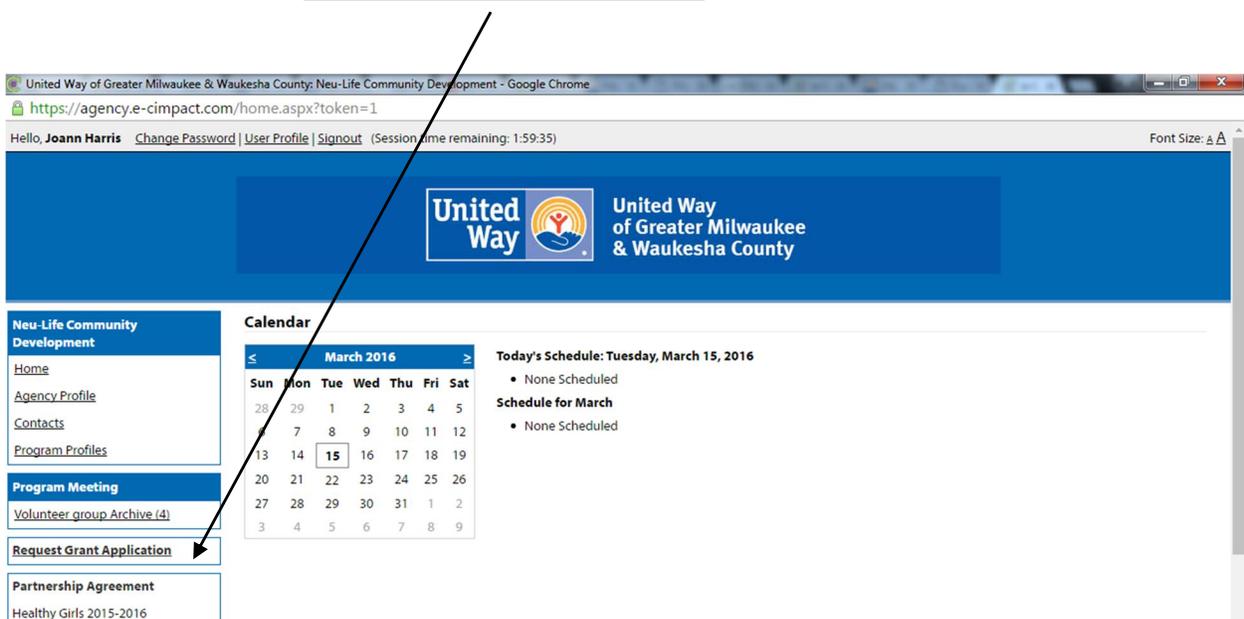
If you would like to apply for 2016/2017 Healthy Girls funding you will need to complete a "Letter of Intent" (LOI)

If your agency already has an account in e-CImpact

Sign in to e-CImpact as usual:



Click on the Link to **Request Grant Application**



Then click **Continue**

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

Click on the **drop down arrow** and select the programs you are submitting a Letter of Intent (LOI)

Special Grants

Request for Proposals - Healthy Girls Initiative - 2016 LOI

Center for Youth Development (Sample Agency)

Healthy Girls Initiative 2016 Letter of Intent

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

Grant must be submitted by 4:30pm on March 23rd.

Assign Programs to this Application

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 Application](#)

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

Application Status

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

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	<input checked="" type="checkbox"/> 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 screen will change and you can begin to complete the LOI.

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

Request For Participation

Please complete the following 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 Information

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

Yes
No

Previous Next

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 submitted request.

[Printer Friendly Version of This Page](#)

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 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 Information

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

Yes

[Continue](#)

Click on "Continue"

Agency Information

To complete the LOI click on "**Agency Information**"

Special Grants

Request for Proposals - Healthy Girls Initiative - 2016 LOI

Center for Youth Development (Sample Agency)

Healthy Girls Initiative 2016 Letter of Intent

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

Grant must be submitted by 4:30pm on March 23rd.

Assign Programs to this Application

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 Application](#)

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

Application Status

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

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	<input checked="" type="checkbox"/> Include?
Program Information 2016*		Not Started	

Complete the following information:

Special Grants

Request for Proposals - Healthy Girls Initiative - 2016 LOI

Center for Youth Development (Sample Agency)

Switch Forms

Status: Not Started



Agency Information

 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.

General Agency Information

Agency Name* Center for Youth Development (Sample Agency)

Agency EIN*

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?

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 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](#)

 [Return To Overview Page](#)

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)

Counseling for Individuals and Family (Sample Program #1)		Not Started	<input checked="" type="checkbox"/> Include? 
Program Information 2016*		Not Started	

Special Grants

Request for Proposals - Healthy Girls Initiative - 2016 LOI

Center for Youth Development (Sample Agency) - Counseling for Individuals and Family (Sample Program #1)

Switch Forms

Status: Not Started



Program Information 2016

 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* Counseling for Individuals and Family (Sample Program #1)

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).

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).

Complete the Program information:

Contact Information

Primary Contact*

Job Title*

Primary Email*

Primary Phone*

Primary Address*

Qualification Response

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

- [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 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:*

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)			
Center for Youth Development (Sample Agency)	3/15/2016 8:53 AM (CST)	Completed / Ready to Submit	
<u>Agency Information*</u>	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	<input checked="" type="checkbox"/> Include?
<u>Program Information 2016*</u>	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: <https://agency.e-cimpact.com/login.aspx?logout=true>

To create the account, **click here**:

United Way of Greater Milwaukee & Waukesha County

e-IMPACT
Community Impact Management
AGENCY SITE

UNITED WAY OF GREATER MILWAUKEE & WAUKESHA COUNTY

Sign-In
Please sign in to your account.

✔ You have successfully signed out.
See you next time.

User Name

Password

Sign 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

Complete all of the following information:



United Way of Greater Milwaukee & Waukesha County Agency Registration

i 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 (0 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)
- paSSword (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:*

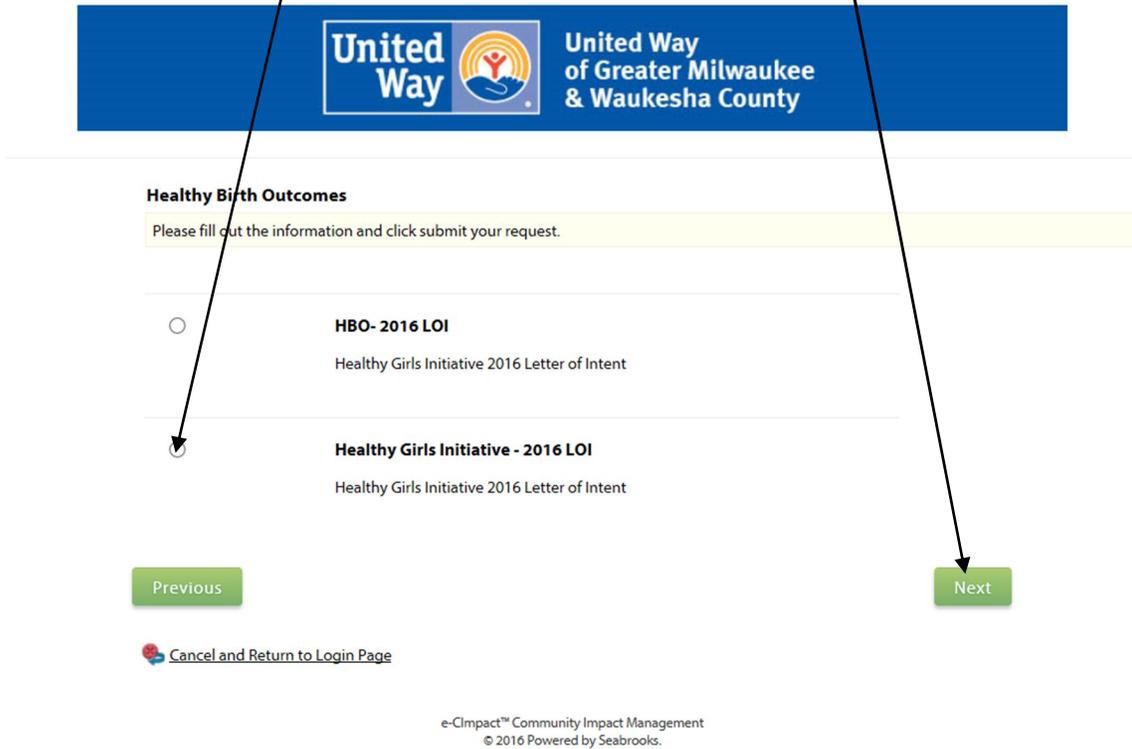
Confirm Password:*

[Cancel and Return to Login Page](#)

[Next](#)

Create your user name and password. Click **Next**:
Note: after the account has been created if you forget your password contact Gail L. McCarthy at gmccarthy@unitedwaygmwc.org to re-set this information.

Chose the **“Healthy Girls Initiative – 2016 LOI”** and click on **“Next”**



United Way United Way of Greater Milwaukee & Waukesha County

Healthy Birth Outcomes
Please fill out the information and click submit your request.

HBO- 2016 LOI
Healthy Girls Initiative 2016 Letter of Intent

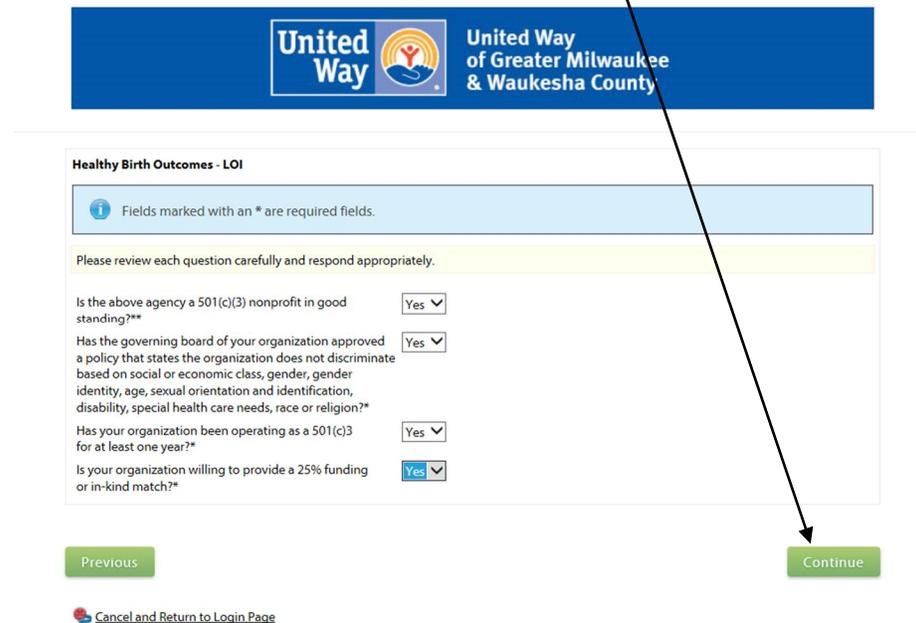
Healthy Girls Initiative - 2016 LOI
Healthy Girls Initiative 2016 Letter of Intent

Previous Next

[Cancel and Return to Login Page](#)

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Fill in the required information and click on **“Continue”**



United Way United Way of Greater Milwaukee & Waukesha County

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 ▾

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

Previous Continue

[Cancel and Return to Login Page](#)

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 Confirmation Summary

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

Successfully submitted on: 3/14/2016 at 2:20 PM CST

Confirmation Number: 22406

[Print registration summary](#)

Registration Summary

Confirmation #:	22406
Successfully submitted on: 3/14/2016 at 2:20 PM CST	
EIN:	39-1234567
Agency Name:	Center for Youth Development (Sample Agency#2)
Website:	https://www.unitedwaygmwc.org/home

Additional Agency Account Information Summary

Description: Sample Agency for Creating an Account in e-CImpact.

Agency Information Summary

Address: 225 West Vine Street
Milwaukee, Wisconsin
53212
(Main)

Email Address: gmccarthy@unitedwaygmwc.org (Main)

Phone Number: (414) 263-8123 (Main)

Primary Contact Information Summary

Contact Name: Gail L. McCarthy (Other Staff)

Company: United Way

Job Title: Community Impact & Campaign Administrator

Preferred Login

Username: McCarthy

Password: *****

Request Summary

Healthy Girls Initiative - 2016 LOI
Healthy Girls Initiative 2016 Letter of Intent

Healthy Birth Outcomes - LOI
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

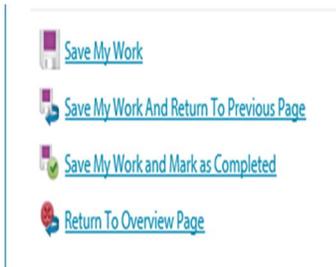
Has your organization been operating as a 501(c)3 for at least one year? Yes

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

Next

[Cancel 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” – Click here to save your work as you fill in each section.

“Save My Work and Return to Previous Page” – this can be used if you need to finish your work at a later time.

“Save My Work and Mark as Completed” – this should be used 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”**

The screenshot shows the United Way of Greater Milwaukee & Waukesha County website. The main content area is titled "Special Grants" and "Request for Proposals - Healthy Girls Initiative - 2016 LOI". It includes a sidebar with navigation links, a central text area with instructions, and a table at the bottom showing the application status for "Center for Youth Development (Sample Agency#2)".

Special Grants
 Request for Proposals - Healthy Girls Initiative - 2016 LOI
 Center for Youth Development (Sample Agency#2)
 Healthy Girls Initiative 2016 Letter of Intent

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

Grant must be submitted by 4:30pm on March 23rd.

Assign Programs to this Application

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.

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

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

Application Status

Not Started | In Progress | Ready To Submit | Submitted

Item (* indicates Required Item)	Last Updated	Status	Options
Center for Youth Development (Sample Agency#2)		Not Started	
Agency Information*		Not Started	

Create the program profile:



Development
2)

Program Registration

Please complete the fields below to register a new program.

Fields marked with an * are required fields.

Application

Program Information

Program Name:*

Limit up to 150 characters (48 used).

Description:

Limit up to 1500 characters (50 used).

Program Primary Contact:

als
ive - 2016 LOI
Documents (1)
ates (1)
olicy sample (1)
olbar (1)

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](#)

Click on "**Save/Complete Registration**"

To complete the LOI Process continue to answer the next questions. Click on **Next**



Request For Participation

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

Program Name: **Pregnancy Counseling Program (Sample Program #5)**
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](#) [Next](#)

Click on **Complete Registration**



Review and Complete Registration

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

Program Name: **Pregnancy Counseling Program (Sample Program #5)**
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](#)

Click on "**Continue**":

United Way of Greater Milwaukee & Waukesha County

[Printer Friendly Version of This Page](#)

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#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 serve reside in the Greater Milwaukee Area? (Milwaukee, Waukesha, Washington or Ozaukee Counties):
Yes

[Continue](#)

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.