

**Columbus Area
United Way**



Impact Grant - Agency User Guide

For Support, please contact:

Sarah Lindberg

slindberg@columbusunitedway.com

Phone: (402) 564-5661

Agency Login

Step 1: Access the On Line system at

<https://agency.e-cimpact.com/login.aspx?org=29030F>

Registering a New Agency

If you are not yet an Columbus Area United Way Partner Agency, please proceed with site registration. Registration is required for all non-partner agencies. **Existing CAUW Partner Agencies applying for an Impact Grant for a new program, skip to step 4.**

From the agency login page select 'Create a new e-CImpact account'

The screenshot shows the e-CImpact login and registration interface. On the left, the e-IMPACT logo is displayed with the text 'Community Impact Management' and 'AGENCY SITE'. On the right, the 'COLUMBUS AREA UNITED WAY Sign-In' section includes a 'Please sign in to your account.' prompt, input fields for 'User Name' and 'Password', a 'Sign in to our Secure Server' button, and a 'Forgot your password?' link. Below the sign-in section, a 'New to e-CImpact?' section features a 'Create an e-CImpact account' heading and a 'To create a new account select the link below:' prompt. A green button labeled 'Click here to create a new e-CImpact account' is highlighted with a green callout box that says 'Click here to create a new account'. At the bottom, the footer contains 'e-CImpact™ Community Impact Management © 2021 All Rights Reserved Privacy Policy' and 'POWERED BY seabrooks'. The main content area for Columbus Area United Way includes a welcome message, a list of goals (Kindergarten Readiness, graduation rate, job relevant skills, and suicide prevention), and a reference to the Resource Center and Community Impact Document. A green callout box at the bottom right says 'Review the welcome page then click Next to continue', pointing to a 'Next' button.

e-IMPACT™
Community Impact Management
AGENCY SITE

COLUMBUS AREA UNITED WAY
Sign-In
Please sign in to your account.

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

Click here to create a new account

e-CImpact™ Community Impact Management
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COLUMBUS AREA UNITED WAY

Welcome to the Columbus Area United Way application and allocation portal. The most important part of the funding process is demonstrating how our partners impact our community through our three pillars: Education, Financial Stability and Health. Relevant and emerging needs are also important when looking to serve those with the greatest needs.

Through an intense strategic planning process, CAUW has identified the following goals. Kindergarten Readiness and improving and maintaining graduation rate is our focus under the Education Pillar. Our Financial Stability partners assist with basic needs, as well as help adults improve job relevant skills. Finally, the local Health Initiative focuses on educating community members on healthier lifestyle choices along with an emphasis on decreasing suicide attempts by youth.

For more details on the impact priorities refer to the Resource Center in your portal. The Community Impact Document, which is located there, offers a more in-depth description of how the United Way has an impact on the Columbus area.

Review the welcome page then click Next to continue

Next

Step 2: Please enter all required information regarding your agency. Then proceed to the next page.

****EIN – the system will automatically validate your EIN, confirming you do not already have an e-CImpact account. The system will also automatically enter any information linked to the EIN entered.***

Columbus Area United Way Agency Registration

 Fields marked with an * are required fields.

Please complete the requested information below then click the 'Next' button in the bottom right corner of this page.

Agency Account Information

EIN:*

Agency Name:*

Website URL:

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:*

Last Name:*

Company:

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 spaces.

Please refrain from using the same password across multiple websites. If your password is compromised, your accounts will become vulnerable on all of those websites regardless of how secure that site is.

Password Examples:

-- abcdefg2 (valid, contains letters and numbers)
-- pa\$Sw0rd (valid, contains letters and numbers)
-- 1234567# (valid, contains letters and numbers)
-- abcdefgh (invalid, contains only letters)
-- abc23 (invalid, less than 6 characters)

Please note what
user name and
password you
create

Preferred User Name:*

Password:*

Confirm Password:*

After required
information is entered,
click Next to continue

Previous

Next

Step 3: Review the Agency Information, make corrections if needed, then click the “Complete Registration” button.



COLUMBUS AREA UNITED WAY

Registration Review

EIN: 012345678
Agency Name: Demo Agency
Website:

Agency Information Summary

Address: 100 Main Street
Columbus, Nebraska
68601
(Main)
Email Address: demo@agency.com (Main)
Phone Number: (402) 555-1200 (Main)

Primary Contact Information Summary

Contact Name: Jane Doe (Executive Director)
Company:

Preferred Login

Username: demo@agency.com
Password: *****

Previous

Complete Registration

A Confirmation Page will be displayed. Press the ‘Next’ button to continue.

*You will be redirected to the login page. If you are not able to log in with your new user name / password, please contact Sarah Lindberg, slindberg@columbusunitedway.com, or call 402-564-5661 to have your new account registration activated.

Step 4: Log in to the e-CImpact system using your agency's User Name and Password. The link to the on-line system is

<https://agency.e-cimpact.com/login.aspx?org=29030F>

The login page features the e-IMPACT logo on the left and a sign-in section on the right. The sign-in section includes fields for 'User Name' and 'Password', a 'Sign in to our Secure Server' button, and a link for 'Forgot your password?'.

Then, click on Request Impact Grant under the “Apply/Report” section:

Hello, Jane Doe My User Profile Change Password

Columbus Area United Way

Demo Agency

- Home
- Agency Profile
- Contacts
- Program Profiles
- Agency Email History

Apply / Report

- Request Impact Grant**

Demo Agency Home Page

Monday, November 15, 2021

November 2021						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
31	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	1	2	3	4
5	6	7	8	9	10	11

Today

- None Sc
- November
- None Sc

Step 5: Select a grant application you would like to apply for, and then click the 'Continue' button.

Impact Grants

2023

☒



Application

Purpose:

The purpose of the Community Impact Grant program is to provide health and human service agencies and organizations an opportunity to seek funds for immediate and creative responses to the most pressing human needs in the areas of Education, Financial Stability, Health and Community Needs. Community Impact Grants can be applied for in two different areas.

1. One year demonstration or pilot project grant: Organizations are encouraged to test and develop new or improved ways of delivering needed services, services which address emerging or newly identified needs, or services which respond to previously unmet or underserved needs within the four county service area of Boone, Colfax, Platte, and Nance counties. The desired results of these demonstration/pilot programs will be improved delivery or services for persons in need, and a stronger more integrated human service network in our community.

2. Impact Grants: Organizations that already have programs established that are addressing recognized concerns within the areas of Education, Financial Stability, Health and Community Needs. The objective of these impact grants will be to fund programs that will have measurable results that improve lives and make lasting change.

Funding: 4% of the interest earned by the Columbus Area United Way Endowment Fund is distributed back to the community through annual Impact Grants. It is recommended an Impact Grant application request be \$20,000 or less. The Fund Distribution Committee reviews all applications and makes funding recommendations to the Columbus Area United Way Board of Directors. Community Impact Grant funds will be distributed in one lump sum unless otherwise recommended by the Fund Distribution Committee.

Process: Please see full details in the Impact Grant Guidelines and Directions file attached to the Agency Information section of the application.

The filled-in radio button shows which application you will be using.

Review the next page, then click 'Complete Registration' to continue with the Impact Grant Application.

Review and Complete Registration

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

Request For Participation In: **Application**

Purpose:

Complete Registration

Then, click 'Continue' on the next Confirmation page.

Continue

United Way
Columbus Area United Way

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Process: Please see full details in the Impact Grant Guidelines and Directions file attached to the Agency Information section of the application.

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.

Complete the items in the section. Be sure to Save your Work by using the links at the bottom of the section.

Save My Work Save your work, continue working on this page

Save My Work And Return To Previous Page Save your work, return to previous page

Save My Work and Mark as Completed When you are done with the section, this saves your work and marks it complete

Return To Overview Page This option returns you to the previous page but does NOT save your work!

Financial Information

Financial Information

 Please depict the current financial health of your organization by providing the following information to complete these financial ratios:

Operating Reserve Ratio:

Operating cash reserve balance (from balance sheet):

Divided by

Average Monthly Expenses (annual expenses/12)
=

Operating Reserve Ratio:

Current Ratio:

Current Assets (from balance sheet)

Divided by

Current Liabilities (from balance sheet)

=

Current Ratio

Concerns

Are there any financial concerns, trends, etc. of which the Board needs to be aware?

Limit up to 1000 characters (0 used).

Agency Documents

Upload the requested file by using the “Choose File” button.

Agency Documents

Description	File	Last Modified	Action
Agency Board of Directors*	Choose File No file chosen Accepted file types: pdf, doc, docx, rtf, xls,.xlsx, csv, txt, gif, jpg, jpeg, tif, bmp, png, eps, ppt, pptx		

 [Save/Upload Attachment\(s\)](#)

 [Save/Upload Attachment\(s\) and Return to Previous Page](#)

 [Return to Overview Page](#)

Upload the requested file by using the 'Choose File' button.

Be sure to Save your Uploaded File to the application

Create a Program

When you have completed your Agency Information and Agency Documents sections, you will see "Completed/Ready to Submit" as status.

You need to define your Agency's Program using the "Create a New Program..." link.

[Create a New Program and Assign it to this Form Packet](#)

i Your Application is **almost** Ready to Submit. This Application requires that a minimum of 1 Program is included, in Completed / Ready to Submit status before you may submit more Program.

Application Status

[View Printable Version of:](#)

Not Started			In Progress			Ready To Submit		
Item (* indicates Required Item)			Last Updated			Status		
★ Demo Agency			11/15/2021 3:47 PM (CST)			Completed / Ready to Submit		
Agency Information*			Jane Doe 11/15/2021 3:47 PM (CST)			Completed / Ready to Submit		
Agency Documents			Jane Doe 11/15/2021 3:52 PM (CST)			Completed / Ready to Submit		

Program Registration

Program Registration

i Fields marked with an * are required fields.

Program Information

Program Name:*
Limit up to 150 characters (12 used).

Program Primary Contact:

Address

[Copy Agency Primary Address](#)

Address Type:

Address Line 1:

Address Line 2:

City:

State:

Zip Code:

Complete all fields on the
Program Registration page

Email Address

Email Type:

Email Address:

Phone Number

Phone Type:

Phone Number:

[Save/Complete Registration](#)

[Cancel and Return to Previous Page](#)

Click here to Save and Continue

Review the information on the confirmation page, and click 'Complete Registration'

Review and Complete Registration

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

Program Name: **Demo Program**

Request For Participation In: **Application**

Purpose:

Complete Registration

Continue

Then, click continue on the next page.

On your application, you will now see your Program and Application Sections to be completed for that Program.

Application Status

	Not Started	In Progress	Ready To Submit
Item (* indicates Required Item)	Last Updated	Status	
★ Demo Agency	11/15/2021 3:47 PM (CST)	Completed / Ready to Submit	
Agency Information*	Jane Doe 11/15/2021 3:47 PM (CST)	Completed / Ready to Submit	
Agency Documents	Jane Doe 11/15/2021 3:52 PM (CST)	Completed / Ready To Submit	
★ Demo Program		Not Started	
Program Information*		Not Started	
Program Budget*		Not Started	
Data Report*		Not Started	
Client Statistics*		Not Started	

These sections will now be completed to describe your Agency's Program

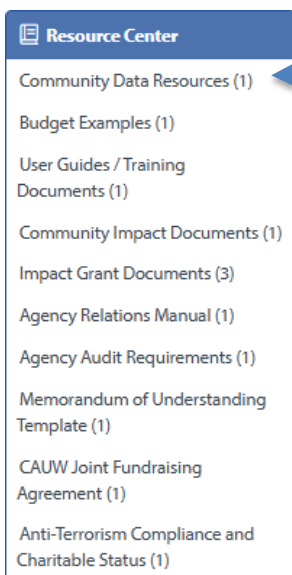
Program Information

Complete the fields on this screen:

Amount Requested

Fields to describe target population, program description, impact, etc. Some fields have a green-question-mark icon you can use to see additional information.

Describe social problems, community issues and/or community needs the program will address and why this program is the optimal approach. Include local relevant data specific to the community need or issue that would be addressed by the program. (For additional data support, please visit the Resource Center tab.)



Be sure to save your work using the links at the bottom of the page. Once all fields have been completed, use the Save My Work and Mark as Completed option.



[Save My Work](#)



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

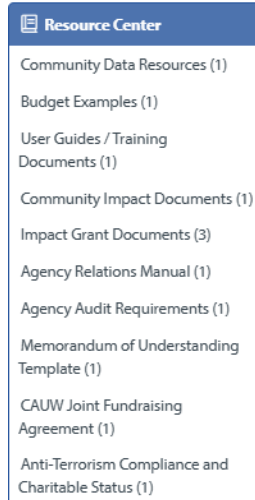


[Save My Work and Mark as Completed](#)

Program Budget

Complete the Income and Expense categories. Use the “Anticipated” total for amounts you are expecting and “Committed” for the income already received for the funding year. With “Project Expenses,” please specify the expenses from your organization that will come from your Impact Grant request and those that will come from outside funding. **There is a sample budget in the Resource Center under “Budget Examples.”

The “Net Excess (Deficiency)” will automatically calculate.



Program Income

Contributed Income

	Anticipated	Committed	Total
Funding from Columbus United Way			0.00
Foundation Grants			
State Grants			
Federal Grants			
Corporate Sponsors			
Individual Contributions			
Total Contributions	0.00	0.00	0.00

Earned Income

	Anticipated	Committed	Total
Service Fees			0.00
Fundraising Events			
Other Income	0	0	0
Total Earned Income	0.00	0.00	0.00

	Anticipated	Committed	Total
In-Kind Support			0.00
Total Project Income	0.00	0.00	0.00

Personnel Expenses

	CAUW Request	Other Funding	Total
Salaries and Wages			0.00
Payroll Taxes / Benefits			
Total Personnel Expenses	0.00	0.00	0.00

Non-Personnel Expenses

	CAUW Request	Other Funding	Total
Office Operations			0.00
Travel			
Equipment			
Supplies			
Training and Outreach			
Printing/Copying/Publication			
Insurance			
Lease/Mortgage			
Utilities/Phone/Internet			
Other (Click to Add)	0	0	0
Total Non-Personnel Expenses	0.00	0.00	0.00

****Don't forget to use the Budget Example in the Resource Center if you need help! ****

	CAUW Request	Other Funding	Total
Total Program Expenses	0.00	0.00	0.00

NET EXCESS (DEFICIENCY)

	Total
Net Excess (Deficiency)	0.00

 [Save My Work](#)

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

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

 [Return To Overview Page](#)

****NOTE****

You will need to justify your budget numbers in the "Program Budget Narrative" tab.

Program Budget Narrative

Does your program charge clients/participants for the service provided? Yes/No If yes, explain if the rate is fixed or variable and what is used to determine the rates.

Explain how a possible investment will be used to leverage additional funds.

There is an example of this justification in the Resource Center under “Budget Examples”

 **Resource Center > Budget Examples**

Budget Examples and Justification Example (For Partner Agency and Impact Grant Applications)

- 
-  [2024 CAUW BUDGET FORM GRANT APPLICATION - SAMPLE EXAMPLE.pdf](#)
 -  [Budget Justification Example.pdf](#)

For each category on your program budget—we’d like a justification for how you got to that number. Please see the example for further information. You can type it in here. OR you can attach in the supporting document form.

Describe your justification for each budget category on the Program Budget. *Please see example in the Resource Center. Feel free to upload a document for your budget justification in the supporting documents tab.*

Limit up to 4000 characters (0 used).

OR attach here.

Agency Documents

Description	File	Last Modified	Action
Board of Directors and Staff Roster*	Choose File No file chosen Accepted file types: pdf, doc, docx, rtf, xls, xlsx, csv, txt, gif, jpg, jpeg, tif, bmp, png, eps, ppt, pptx		
Additional Supporting Document Please upload additional information you wish to include with this funding application	Choose File No file chosen Accepted file types: pdf, doc, docx, rtf, xls, xlsx, csv, txt, gif, jpg, jpeg, tif, bmp, png, eps, ppt, pptx		
Budget Justification Optional upload - reference the Budget Narrative form	Choose File No file chosen Accepted file types: pdf, doc, docx, rtf, xls, xlsx, csv, txt, gif, jpg, jpeg, tif, bmp, png, eps, ppt, pptx		

Data Report

This section describes the Community Outcome Statement along with Outputs and Indicators that that will be used to measure impact against one of the Columbus Area United Way's Pillars. For more information on the Pillars, reference the e-CImpact 'Resource Center' on the home page, click on 'Impact Grant Document' then review "Pillar Goals and Community Outcomes for Impact Grants.pdf"

Information about the Pillars can be found here

Resource Center
Training Documents (1)
Community Impact Documents (1)
Anti-Terrorism Compliance and Charitable Status (1)
Impact Grant Documents (2)
Agency Relations Manual (1)
Memorandum of Understanding Template (1)
Example of a Demographic intake form (1)

Form Status: ● Not Started

Logic Model and Data Report

[View Diagram](#)

! Please complete the following tasks.

Requirements:

- Program Goals: Minimum of 1 required. Please enter 1.
- Inputs: Minimum of 1 required. Please enter 1.
- Activities: Minimum of 1 required. Please enter 1.

Program Goals

[Create a New Program Goal](#)

Inputs

[Create a New Input](#)

Activities

[Create a New Activity](#)

Community Outcome Statements

[Select a New Community Outcome Statement](#)

Select a "Program Goal," "New Input," and "New Activity."

[View Diagram](#)

[Return to Overview Page](#)

[View Printable Version](#)

Data Report / Select Community Outcome Statement, Output and Indicator, continued

Program Goals

Create a New Program Goal

Inputs

Create a New Input

Activities

Create a New Activity

Community Outcome Statements

Select a New Community Outcome Statement

"Select a New Community Outcome Statement"

**Make sure the correct pillar is selected – Financial Security, Youth Opportunity or Healthy Community

Community Outcome Statements > Select Ne

Pillar: Youth Opportunity

Community Outcome Statement:

- ☐ Improve Kindergarten Readiness
- ☐ Maintain or Improve High School Gradua

Choose your Community Outcome Statement and "Save My Work and Continue"

Save My Work and Continue

Close

Data Report / Select Community Outcome Statement, Output and Indicator, continued

Community Outcome Statements > Update

- ! Requirements:
- **Indicators:** Minimum of 1 required. Please enter 1.
 - **Outputs:** Minimum of 1 required. Please enter 1.
 - **Indicators and/or Outputs :** Minimum of 2 required. Please enter 2.

Pillar: Youth Opportunity

Community Outcome Statement: Improve Kindergarten Readiness

"Select a New Indicator"

Indicators

Select a New Indicator

Outputs

Select a New Output

[Cancel and Return to Previous Page](#)

[Close This Window](#)

Community Outcome Statements > Indicators > Select New

Community Outcome Statement: Improve Kindergarten Readiness

- i Please select one or more Indicators from the list below.
Requirements: Minimum of 1 required. Please enter 1.

Indicator:

- ☐ #/% of participants identifying resources, training and tools that were helpful for providing early childhood care (0-5)
- ☐ #/% of low income or at-risk children assisted financially in accessing early childhood education programs (0-5 years)
Examples: scholarships, financial assistance, childhood subsidy
- ☐ #/% of families and caregivers who improve knowledge of childhood development (0-5 years)

Save My Work and Continue

[Cancel and Return to Previous Page](#)

Select AT LEAST one indicator and "Save My Work and Continue"

Data Report / Select Community Outcome Statement, Output and Indicator, continued

Indicators

#/% of families and caregivers who improve knowledge of childhood development (0-5 years)

Indicator Measurement

	Previous Year Actual (Apr 2024 - Mar 2025)	Current Year Projected (Apr 2025 - Mar 2026)	Next Year Projected (Apr 2026 - Mar 2027)
# Served*			
# Achieving*			
% Achieving			

Fill out "Previous Year Actual" (This data is in your reports from previous years, if applicable.) Also, add in data for current year projected and next year projected. *Be aware of the dates* And "Save My Work" at the bottom

Measurement Questions

? Data Collection Methods:*

Limit up to 500 characters (0 used).

Please explain how you arrived at your projected number.*

Outputs

Select a New Output

Save My Work

Save My Work and Close This Window

Close This Window

Outputs

Select a New Output

"Select a New Output"

Community Outcome Statements > Outputs > Select New

Community Outcome Statement: Improve Kindergarten Readiness

Selected Indicators

- #/% of families and caregivers who improve knowledge of childhood development (0-5 years)

i

Please select one or more Outputs from the list below.
Requirements: Minimum of 1 required. Please enter 1.

Output:

☐ # of caregivers, parents, and early childhood professionals attending quality training supported by UW funding.

Save My Work and Continue

Cancel and Return to Previous Page

Select AT LEAST one output and "Save My Work and Continue"

of caregivers, parents, and early childhood professionals attending quality training supported by UW funding.

Delete

Output Measurement

	Previous Year Actual (Apr 2024 - Mar 2025)	Current Year Projected (Apr 2025 - Mar 2026)	Next Year Projected (Apr 2026 - Mar 2027)
Number*			

Measurement Questions

?

Data Collection Methods:*

Limit up to 500 characters (0 used).

Please explain how you arrived at your projected number:*

Limit up to 500 characters (0 used).

Complete all data on this page and "Save My Work"

Save My Work and Mark as Completed

Save My Work

Save My Work and Close This Window

Data Collection Methods:

test

Please explain how you arrived at your projected number.

test

Save My Work and Mark as Completed

View Diagram

Return to Overview Page

View Printable Version

Connect with  Columbus Area United Way

 e-Climpact™ Community Impact Management.

When the whole logic model section is filled out,
“Save My Work and Mark as Completed” on the
Logic Model Dashboard

Impact Grants

022 - Application

Demo Agency - Demo Program

Status: Not Started

Client Statistics

Fields marked with an * are required fields.

Provide client beneficiary characteristics data for the total number of unduplicated individuals that you are projecting for the next fiscal year.

Total for each section must match total number of program clients.

Save your work by selecting SAVE AS DRAFT as you fill in the form. After completing all data entry, select SAVE AND VERIFY; the system will then verify that the total for the total clients served.

Projected Total Clients Served by the Program

Projected (April
2022 - March 2023)
of Unduplicated Clients*
Total

Age

Provide the information on the Age of the clients that your program is serving.

Make sure to save your information before exiting the page.

Projected (April
2022 - March 2023)
00 - 04 Years (Preschool)
05 - 18 (School-Age)
19 - 64 (Adults)
65 + (Seniors)
Unknown
Total

Gender

Provide the information on the Gender of the clients that your program is serving.

Make sure to save your information before exiting the page.

Projected (April
2022 - March 2023)
Males
Females
Unknown
Total

County

Provide information on the location of the clients that your program is serving.

Make sure to save your information before exiting the page.

Projected (April
2022 - March 2023)
Platte
Boone
Butler
Collins
Nance
Polk
Other Communities
(Click here to itemize) 0
Total

Race

Provide information on the Race of the clients that your program is serving.

Make sure to save your information before exiting the page.

Projected (April
2022 - March 2023)
White
Black / African American
American Indian or Alaska Native
Asian
Native Hawaiian or Other Pacific
Islander
Other (Click to itemize) 0
Unknown
Total

Ethnicity

Provide information on the Ethnicity of the clients that your program is serving.

Make sure to save your information before exiting the page.

Projected (April
2022 - March 2023)
Hispanic, Latino or Spanish
Not Hispanic, Latino or Spanish
Unknown
Total

Save My Work

Save My Work And Return To Previous Page

Save My Work and Mark as Completed

Return To Overview Page

Complete each section with the Projected Demographic information describing the clients your program will be serving.

Be sure to save your work using the links at the bottom of the page.

When all application sections have been completed, complete the final screen and click the Red button to submit.

 Nice work, your Application is now Ready to Submit! **Would you like to Submit This Application 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

Approved at the Board of Directors meeting on*:

Executive Director*:

Board President*:

Board Treasurer*:

Send Submission Confirmation Email To*:

I certify that the information submitted in this application is true and correct to the best of my knowledge*: ☐

 **Submit This Application Now!**