Navigating eCImpact Step-By-Step Guide: Request for Proposal Application

Logging In:

To log into eCImpact, go to the United Way website and access the page for "**PARTNERS**," and then select "**FUNDED PARTNERS**." Here's a link to that page: <u>https://www.unitedwaygreaternashville.org/funded-partners/</u>.

<image>

From there click on TOOLS FOR FUNDED PARTNERS AND VOLUNTEERS.

Once you have clicked on **TOOLS FOR FUNDED PARTNERS AND VOLUNTEERS**, you will be directed to a page where you can find a link to eCImpact.



Upon accessing eCImpact, logging in is necessary. Typically, **usernames** are configured using the first initial and last name in all lowercase (e.g., jsmith). The **password** follows the same pattern but with the addition of a number 1 at the end (jsmith1).

If this combination does not grant access, it could be due to one of three reasons:

- Someone else set up your profile with different rules.
- You modified your username and password.
- Another individual shares the same first initial and last name, necessitating an alternative setup rule.

If you need assistance updating your password, please use the "Having Trouble signing in?" button.

	3
	UNITED WAY OF GREATER NASHVILLE
IVIPACI	Sign In Please sign in to your account.
Community Impact Management	Lkername
AGENCY SITE	Password
	sign in
	Having trouble signing in?

Once you log in to eCImpact, you will see your agency's Homepage.



Here you will find overview information with the most current NEWS. This could be application instructions, reporting deadlines, or other special announcements.

Before you start work on an application or report, ALWAYS go into your <u>Contacts</u> and update them. Add people who need to be added, delete people who are no longer with the agency. This is important to ensure you are receiving updates from United Way. Inside a funding process, this is our primary means of communication. Contacts are found in the yellow box in the upper left corner.

Application Access:

To access the application, go to the middle navigation box to the left of the screen and click on <u>2025-2027</u> <u>Community Impact Funding</u>

Scroll to the bottom of the instructions to find the **4 Sections** of the application. Each section is required. All fields are required as well. You should see the image below with the 4 sections of the application.

🖉 Community Impact Funding				
Community Impact Funding - 2025 - 2027 Community UWGN Test	r Impact Funding			
Funding: Funded programs will receive a final year of fur	nding based on funds available and satisfactory p	rogram performance.		
Process: Applications will be reviewed by allocations par panel chairs will make a recommendation on how funds	els consisting of volunteers. The leadership of the will be distributed.	e Review Committees, and lea	d	
Each section listed below must be completed. To acces <u>My Work</u> . When you are satisfied with your responses on the sect When all sections of the application have been marked Late applications will not be accepted. Submission Deadline: Month Day Year at 5:00 pm E	s a section, simply click on the section name . Yoi ion, mark it completed by clicking on the <u>Save M</u> completed, the application may be submitted. A	u may save your work at any t <u>/Work and Mark Completed</u> pplications must be submitte	ime by clicking on the link at the l at the bottom of each section pag d no later than Day Month Year t	bottom of the section page, <u>Save</u> e. xy 5:00 pm CST.
Application Status			View Printable Ve	ersion of this Entire Application 🖶
1 Not Started	(2)	Ready To Subn		- (4) Submitted
Item (* indicates Required Item)		Last Updated	Status	Options
💒 UWGN Test CIF			Not Started	🗹 Include? 🛑
Section 1: Agency Overview*			Not Started	
Section 2: Goals and Outcomes*			Not Started	
Section 3: 2025 - 2027 Services and Outcome Narrative	e		Not Started	
Section 4: 2025-2027 Allocation of Funds*			Not Started	

Section 1: Agency Overview

Click on the item <u>Section 1: Agency Overview</u>. Agency name and Primary contact will be prepopulated with the profile details. Drop down the contacts box and select the primary contact you want for the application. The next question is asking for ONE YEAR of funding. For example, if you are asking for a total of \$20,000, then your annual ask will be \$10,000. Lastly, enter your organization's total annual revenue. Please respond to the remaining questions with as much detail as possible. Keep in mind that your application is reviewed by volunteers who have little to no knowledge of your agency. Providing clear, comprehensive, and specific information will help ensure they understand the scope of work and impact you provide the community.

Click here to return to the home page.		
community Impact Funding - 2025 - 2027 Community I	moset Funding	
WGN Test - UWGN Test CIF	npace unung	₹ Switch Forms
atus: 🛑 Not Started		
Section 1: Agency Overview		
i Fields marked with an * are required fields.		
Please select one individual from your contact list w this individual.	who will be the "proposal contact." Questions about your application and schedule coordination for agency interview	vs will be handled through
Please reference the Community Impact Funding A will assist you as you determine which outcomes yo report.	pplication Instructions. This document contains details regarding the 2025-2027 Outcomes Framework. The 2025-20 ou will measure and ensure you are equipped to capture the information you will be required to report on in the ser	027 Outcomes Framework ni-annual and year-end
Agency Name*	UWGN Test CIF	
Primary Contact Person, Phone, Fax, and Email Address*	Brandon White, email: brandon.white@unitedwaygn.org	
1 Annual Amount Requested*		
Total Annual Revenue*		
Agency Information		
Please respond to the following. Provide as much o clear, comprehensive, and specific information will	detail as possible. Keep in mind that your application is reviewed by volunteers who have little to no knowledge of y I help ensure they understand the scope of work and impact you provide the community.	our agency. Providing
1. What is the mission of your agency?*		
limit up to 500 characters (0 used)		

After you have answered all the questions you can either <u>Save My Work</u> and keep working on other sections <u>OR</u> if you know this section is ready for submission, then you can hit <u>Save My Work and Mark</u> As Completed.

As you complete sections, the status on the HOME page where you navigate to each section will change:

Not Started	In Progress	Read	y To Submit	Submitted
Item (* indicates Required Item)	Last Updated		Status	
🔆 UWGN Test CIF	11/18/2022 8:48 AM (CST)		In Progress	
Section 1: Agency Overview*	Rebecca Carter 11/18/2022 8:48 AM (CST)		Completed / Ready to	Submit
Section 2: Outcome Form*			Not Started	
Section 3: Service & Outcomes Narrative*			Not Started	
Section 4: Allocation of Funds*			Not Started	

Section 2: Outcome Form

This section is the most complicated to navigate. You can't break it – so don't worry! If you get stuck, shoot me an email or your staff liaison to help you out! Projections are for 1 YEAR. Click on <u>Section 2:</u> <u>Outcome Form</u> to get into the form.

From here you will see a screen that will ask you to select a goal.

Select a goal from the list. Select Save my work and close this window.



Select a New Outcome Statement. Select Save my work and close this window.



Select a corresponding outcome statement. Select Save my work and close this window.

Outcomes > Select New

Outcome Statement:

- 🔘 1.01 Improve key physical, behavioral, mental health indicators
- O 1.02 Improve social capital and connections to community
- \bigcirc 1.03 Obtaining / maintaining stable housing in the community
- \bigcirc 1.04 Improving food security
- 🔘 1.05 Increasing individuals' health knowledge

Save My Work and Continue

Close This Window

You will be presented with corresponding Activities (Pathways as mentioned in the outcomes framework). Select a corresponding Pathway(s). Select Save my work and close this window.

x more Activities from the list below. inimum of 1 required. Please enter 1.
A1a. Individuals improve physical health
A1b. Individuals improve oral health
A1c. Individuals improve eye health
A1d. Individuals improve mental health
A1e. Individuals decrease substance use (alcohol, drugs, prescription drugs, etc.)
A1f. Individuals increase social-emotional skills such as distress tolerance, emotional regulation, etc.

Select <u>Save My Work and Continue</u>, which will take you to the data screen where you enter the total number you project serving....

ection 2: Outcome Form 25 - 2		
Projected Individuals Served BY County	July 25-June 26	
Iheatham County		
Davidson County		
Dickson County		
Hickman County		
Houston County		
Montgomery County		
Robertson County		
Stewart County		
Williamson County		

Select the Save My Work and Mark as Completed.

This will take you back to the beginning of the process where you can select another Goal / Outcome / Activity (Pathway). You will then repeat the steps above until you have added all the areas and outcomes that you'd like to be considered for in this RFP. Please remember only select outcomes you already provide. Points are not given for QUANTITY of services provided, but rather the QUALITY of the services.

You are now ready to move on to Section 3. You'll see your progress updated on the Home page.

Application Status		View Printable Version o	f this Entire Application 🖶
Not Started In Prog)	3	Submitted
Item (* indicates Required Item)	Last Updated	Status	Options
🔆 UWGN Test CIF	10/31/2024 3:18 PM (CST)	In Progress	🖉 Include? 📥
Section 1: Agency Overview*	Arroll Borden 10/31/2024 3:18 PM (CST)	Completed / Ready to Submit	
Section 2: Goals and Outcomes*	Arroll Borden 10/31/2024 3:14 PM (CST)	Completed / Ready to Submit	
Section 3: 2025 - 2027 Services and Outcome Narrative*		Not Started	
Section 4: 2025-2027 Allocation of Funds*		Not Started	

Section 3: Service & Outcome Narrative (All questions are required)

This section is where you tell the volunteers the story of your work. Answer each question by referencing each outcome you selected. For example, you select outcomes:

1.03 – Obtain / maintain stable housing in the community

2.04 - Increase parent / caregiving engagement in the child's education,

When answering the questions please reference the number, there is no need to write out the entire outcome statement.

Services and Outcomes Narrative
1. Describe how your agency delivers services to clients. This should allow us to understand how a client enrolls, engages and moves through your agency's programs to reach a successful outcome. Please document this for each outcome selected.*
1.03 - <u>our agency</u>
20.4 - our <u>spency</u>
Limit up to 4000 characters (48 used).
2. What is your goal in providing the service(s) in each outcome area chosen? For example, if you select Improve Student Success, what is the goal your agency strives to achieve?*
1.03 - <u>our agency</u>
20.4 - our <u>sgensy.</u>
Umit up to 4000 characters (48 used).
3. Clearly define success for each outcome selected. Include your definition of success, how you measure the success of this outcome, and specify when you count a customer as having achieved this

Once you have answered all the questions, make sure to Save My Work and Mark as Completed.

Section 4: Allocation of Funds

This final section is where you break down your funding request by Goal and county. Remember, you are projecting funds for one year. If you selected 2 areas with outcomes, your fund request should be split across 2 areas. If you selected 1 county, all your funds would be entered under that county. If you selected multiple counties, you'd have to tell us how you would distribute funds. We do not expect you to split funds evenly... it's up to you how you split it up and how it makes sense for the program, the service delivery and the outcomes. It may cost you more to do work in a rural county than in an urban county. We do not ask on the application how you determined your fund distribution, but this would be a good question to be able to answer in your interview with the volunteers. They may want to know how you came up with your funding request across areas and counties.

In the example below, the Impact areas selected are Building Strong, Healthy Communities, and Breaking the Cycle of Poverty. The agency is providing services in Cheatham, Hickman, and Stewart Counties. The annual amount requested is \$6,000. The funds are distributed throughout the three counties.

itatus: 😑 In Progress				
Section 4: Allocation of Fi	unds			
Considering the amoun For example, If you required dollars under the Fundi how much you would n would make sense. It is	tt of funding requested in Sectic uested \$10,000 and you want to ing Focus column header. If you need in each county to carry out up to each agency to determin	on 1 of this application use \$5,000 to "Buildi intend to deliver serv the work that was pr e how the funds woul	n, please break down ng Strong, Healthy Co rices in/to Davidson C ojected in Section 2 o Id need to be split be	the total funding request per funding focus area and by county. mmunities" and the other \$5,000 to "Improving Student Success," you would indicate those ounty and Robertson County, for example, you would then break down the \$5,000 according to if the application (outcome form). Maybe a 50/50 split would make sense, or maybe a 30/70 split ween the counties in order to achieve the projected outcomes for each county.
County Funded	Building Strong, Healthy Communities	Helping Kids Learn & Succeed	Breaking the Cycle of Poverty	Meeting Our Neighbors' Basic Needs
Cheatham County	2,000.00		1,000.00	
Davidson County				
Dickson County				
Hickman County	500.00		500.00	
Houston County				
Montgomery County				
Robertson County				
Stewart County	1,000.00		1,000.00	
Williamson County				
Save My Work				View Printable Version 🖶
Save My Work And Return	1 To Previous Page			
🇞 Save My Work and Mark as	s Completed			

Once you have finalized your numbers, select <u>Save My Work and Mark as Completed</u>. IF all sections are saved and "marked as completed" you will be directed to a screen where you can submit your application.

Application Submission Details			
Executive Direct	or*:		
Board Preside	nt#:		
Send Submission Confirmation Email	To:* brandon.white@unitedwaygn.or;		
	Submit This Application	Now!	
Application Status		View Printable	Version of this Entire Application
		3	(4)
Not Started In Progre	55	Ready To Submit	Submitted
Item (* indicates Required Item)	Last Updated	Status	Options
🖌 UWGN Test CIF	10/31/2024 3:37 PM (CST)	Completed / Ready to Submit	🗹 Include? 📥
Section 1: Agency Overview*	Arroll Borden 10/31/2024 3:18 PM (CST)	Completed / Ready to Submit	
Section 2: Goals and Outcomes*	Arroll Borden 10/31/2024 3:14 PM (CST)	Completed / Ready to Submit	
Section 3: 2025 - 2027 Services and Outcome Narrative*	Arroll Borden 10/31/2024 3:31 PM (CST)	Completed / Ready to Submit	

IF YOU DO NOT GET TO A SCREEN THAT LOOKS LIKE THIS, YOUR APPLICATION IS NOT READY TO BE

SUBMITTED! You will need to complete the Executive Director/CEO name, Board President Name and enter the email address where you want the confirmation sent. Then click **Submit This Application Now!** You can go back into eCImpact after the application has been submitted a save the application as a PDF, or print the application. No changes can be made once it has been submitted. If you notice an error or want to edit the application after submission and it is not December 15th, you can request access to your application again by emailing your Staff Liaison.

Contacts:

Cheatham, Robertson and Multi-County Applicants

Kathryn Stewart: Kathryn.stewart@unitedwaygn.org

Davidson County

Tori Glover: <u>Tori.glover@unitedwaygn.org</u>

Williamson, Dickson and Hickman County

Debby Rainey: <u>debby.rainey@unitedwaygn.org</u>

Montgomery, Houston and Stewart County

Valerie Guzman: valerie.guzman@unitedwaygn.org

Technical Support for eCImpact:

Arroll Borden: arroll.borden@unitedwaygn.org