



# Human Services Fund

Administered by United Way of Greater Cincinnati



Community Impact Management

## e-CImpact Tutorial: Part I - Creating an e-CImpact Account



If you're a nonprofit seeking funding, visit [uwgc.org/grants](https://www.uwgc.org/grants) for a full listing of what applications are available.

**FIND GRANTS**

Access the e-CImpact online system by visiting:  
<https://www.uwgc.org/for-nonprofits>  
and clicking on the e-CImpact icon.

## QUICK LINKS



### AGENCY PORTAL

Access your nonprofit agency's donor and payment information.

**ENTER NOW**



### FIND VOLUNTEERS

Register for Volunteer Connection & find expert tips to succeed.

**READ MORE**



Community Impact Management

### E-CIMPACT ONLINE REPORTING

Login and manage your organization's profile & information.

**LOGIN NOW**

## Creating a New Account

To create a new account, click the green “Click here to create a new e-CImpact account” button.

The screenshot shows the e-CImpact sign-in page. At the top, there is a blue banner with the text "LIVE UNITED" and the United Way of Greater Cincinnati logo. Below the banner, the page is divided into two main sections. The left section features the e-IMPACT logo, which consists of a green circular arrow around the word "IMPACT" in blue, with a small "e" in a purple circle to the left. Below the logo, it says "Community Impact Management" and "AGENCY SITE". The right section is titled "UNITED WAY OF GREATER CINCINNATI" and "Sign-In". It includes a sign-in form with fields for "User Name" and "Password", a green "Sign in to our Secure Server" button, and a link for "Forgot your password?". Below the sign-in form, there is a section titled "New to e-CImpact?" with a large green arrow pointing right. To the right of this section, there is a link "Create an e-CImpact account" and a green button "Click here to create a new e-CImpact account" which is circled in red.

**LIVE UNITED**<sup>®</sup>

United Way  
of Greater Cincinnati

**e-IMPACT**<sup>™</sup>

Community Impact Management

AGENCY SITE

UNITED WAY OF GREATER CINCINNATI

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:

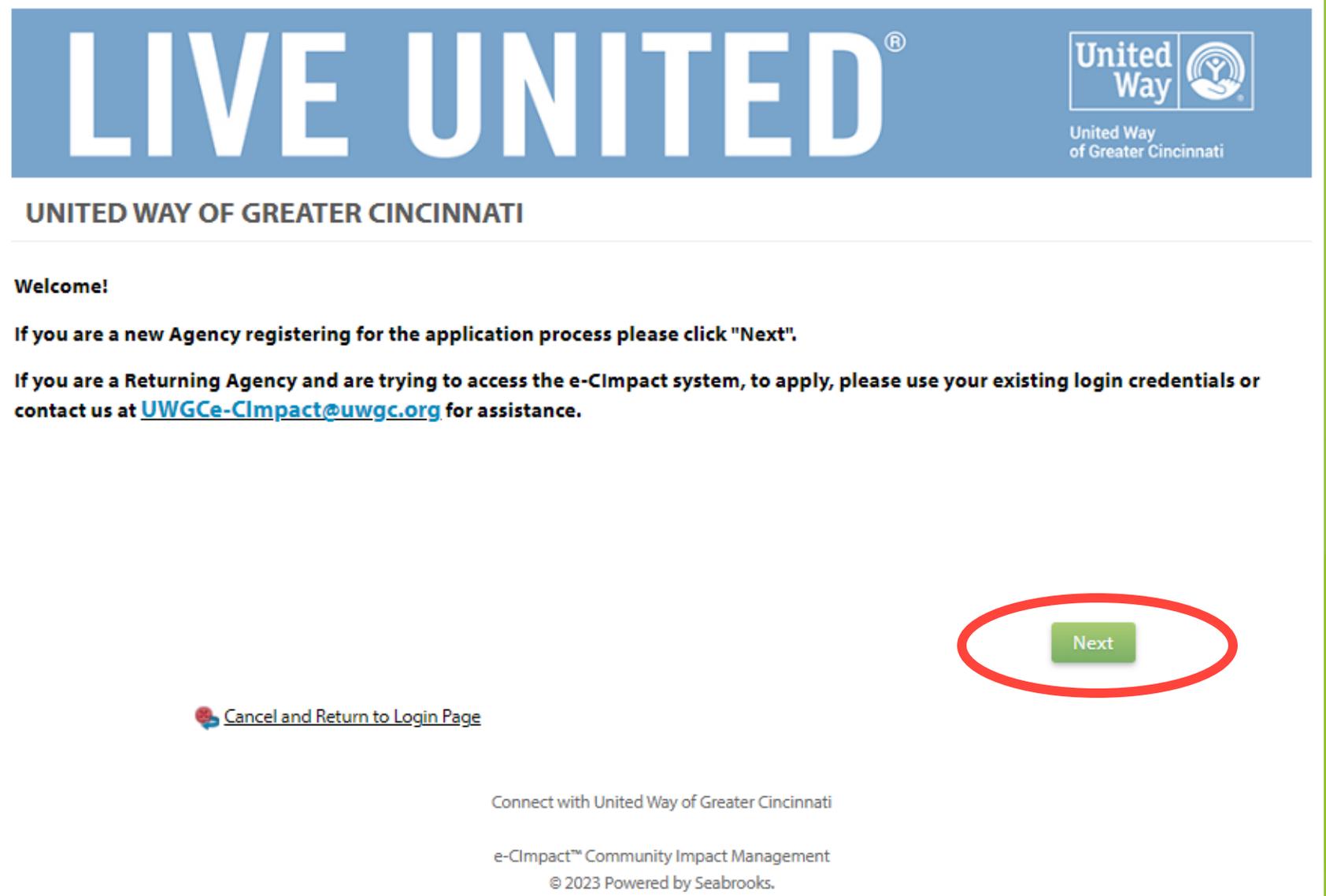
Click here to create a new e-CImpact account

e-CImpact™ Community Impact Management  
© 2023 All Rights Reserved  
Privacy Policy

POWERED BY  
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## Creating a New Account

On the Welcome page click the green "Next" button.



**LIVE UNITED**<sup>®</sup>

United Way  
United Way of Greater Cincinnati

**UNITED WAY OF GREATER CINCINNATI**

**Welcome!**

**If you are a new Agency registering for the application process please click "Next".**

**If you are a Returning Agency and are trying to access the e-Clmpact system, to apply, please use your existing login credentials or contact us at [UWGCe-Clmpact@uwgc.org](mailto:UWGCe-Clmpact@uwgc.org) for assistance.**

[Next](#)

[Cancel and Return to Login Page](#)

Connect with United Way of Greater Cincinnati

e-Clmpact™ Community Impact Management  
© 2023 Powered by Seabrooks.

# Completing Registration

# LIVE UNITED<sup>®</sup>



United Way  
of Greater Cincinnati

## UNITED WAY OF GREATER CINCINNATI

### United Way of Greater Cincinnati Agency Registration

**i** 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:

#### Account Information

Description: \*

Limit up to 4000 characters (21 used).

#### Address

Address Type:\*

Address Line 1:\*

Address Line 2:

City:\*

State:\*

On the United Way of Greater Cincinnati Agency Registration page complete the account and contact information questions.

# Creating a Username and Password

## Preferred Login

### YOUR EMAIL ADDRESS IS YOUR USER NAME.

Enter a 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.

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:\*

sample@sample.org

Password:\*

Confirm Password:\*

Previous

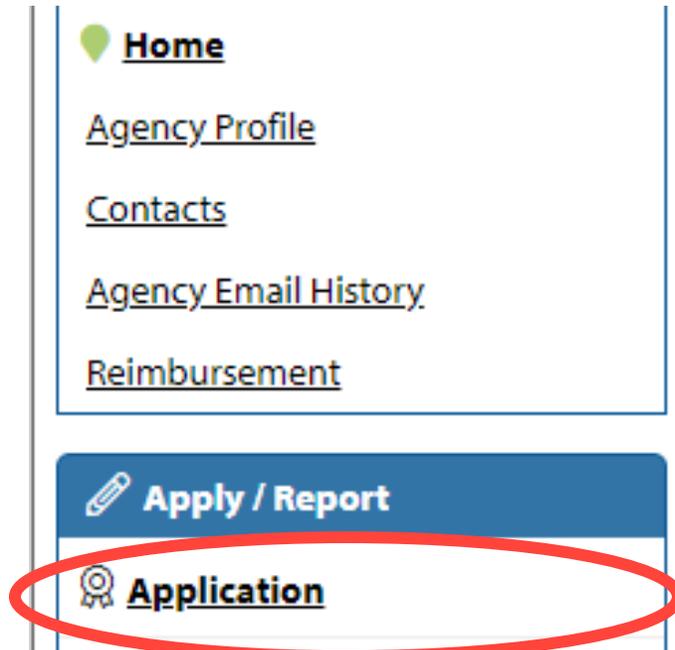
Next

 [Cancel and Return to Login Page](#)

Remember to document your Login and Password that you created during the registration process. You will need it to login to e-CImpact going forward.

Your Username must be your organizational email address

## Existing Users



Existing e-Impact account holders will find the HSF Service Category Application in the left side menu of their profile home page. Click “Application” to open.

# Select Application

Choose either the Services or Impact Award Category

## City of Cincinnati HSF

FY 2024-2025



### FY2024-25 City of Cincinnati HSF RFP - Services

Since 1981, Cincinnati City Council has allocated a portion of the General Fund to support human services programs and initiatives that are important to the city's health and vitality. The intent of the Cincinnati Human Services Fund (HSF) is to leverage, develop and scale proven strategies to accelerate progress toward community goals.

In the 2023 Fiscal Year, the City has finally restored the Human Services Fund to 1.5 percent of the General Fund. Yet they noted that there was still an opportunity to make a measurable, community-level impact by investing significant dollars in one priority. Council decided to maintain funding based on the current priorities but re-framed them to take a strategic focus.

Under Motion #202202006, 25%-33% of HSF will be allocated for an Impact Award to fund one social innovation project aligned to Eviction Prevention and Housing Stabilization. Remaining HSF dollars will be allocated based on the following priorities:

- 
- Overhead (administration) (2%)
- 
- [Comprehensive Workforce Development \(25%\) 1.875M](#)
- 
- [Youth Gun Violence Prevention and Reduction \(20%\) 1.5M](#)
- 
- [Supporting, Securing, and Stabilizing Housing for High Risk Populations \(10%\) 750K – 1.35M](#)
- 
- [Project LIFT \(10%\)](#)

This process provides the RFP forms to apply for funding from the City of Cincinnati Human Services Fund for the Fiscal Year 2024-2025 investment cycle.

Eligibility: 1) Agencies must be 501(c)3 organization compliant with licensing, accreditation and legal requirements, and 2) Nonprofit organizations do not need to be physically located in the City of Cincinnati, but City of Cincinnati Human Services funds may only be used to support city residents.

Human Services Funding is intended for a two-year grant cycle (September 1, 2023 – August 31, 2025), aligned with the City of Cincinnati's 2024 and 2025 fiscal years.

Organizations that are selected to receive funding will be notified in July 2023 of the grant amount for the first grant year. In July 2024, funded programs will be informed of the availability of second year grant funding.

Submitting a program proposal is not a guarantee of funding.

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Next to continue



### FY2024-26 City of Cincinnati

Since 1981, Cincinnati City Council has allocated a portion of the General Fund to support human services programs and initiatives that are important to the city's health and vitality. The intent of the Cincinnati Human Services Fund (HSF) is to leverage, develop and scale proven strategies to accelerate progress toward community goals.

With this current funding cycle, Council aims to impact specific city-wide issues with the HSF. In this partnership with local organizations, the City can use data and analytics to address these insights to better understand and solve for disparities as they relate to the City's funding of Human Services, and the delivery of those services, to implement effective programs and generate better outcomes for residents.

Under Motion #202202006, 25%-33% of HSF will be allocated for an Impact Award to fund one social innovation project aligned to Eviction Prevention and Housing Stabilization.

#### Purpose and Goal of the Impact Award

With the Impact Award, Council seeks to fund one collaborative project between multiple organizations and the City to address Cincinnati's eviction and housing crisis. The project should work to reduce evictions and stabilize housing by tracking eviction trends; using predictive analysis; funding immediate costs; and providing access to legal services.

Project proposals are encouraged to leverage multiple solutions to create a comprehensive strategy to address eviction and housing instability, including access to legal services, financial support, and social services. Reducing the number of evictions will ensure more stability for families and children, reduce the community costs associated with evictions, maximize the City's limited housing supply, and create a better quality of life for residents of all our neighborhoods.

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This process provides the RFP forms to apply for funding from the City of Cincinnati Human Services Fund Impact Award for the Fiscal Year 2024-2026 investment cycle.

Eligibility: 1) Agencies must be 501(c)3 organization compliant with licensing, accreditation and legal requirements, and 2) Nonprofit organizations do not need to be physically located in the City of Cincinnati, but City of Cincinnati Human Services funds may only be used to support city residents.

Funding under the Impact Award is for a one-time grant, to begin on September 1, 2023 and provide support for a planning period of, up to, six months, and an implementation period of up to 30 months. The funding must be expended by August 31, 2026. Organizations that are selected to receive funding will be notified in July 2023 of the grant award.

Submitting a program proposal is not a guarantee of funding.

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[Cancel and Return to Login Page](#)

# Complete Registration

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UNITED WAY OF GREATER CINCINNATI

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

### Review Your Registration Information

EIN:  
Agency Name: AAAA Test Agency  
Website: www.uwgc.org

### Additional Agency Account Information Summary

Description: Description goes here

### Agency Information Summary

Address: 2400 Reading Road  
Cincinnati, Ohio  
45202  
(Main)  
Email Address: humanservicesfund@uwgc.org (Work)  
Phone Number: (513) 762-7100 (Main)

### Primary Contact Information Summary

Contact Name: Testing Person (Grant Writer)  
Job Title:

fundus may only be used to support city residents.

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Submitting a program proposal is not a guarantee of funding.

Previous

Complete Registration

[Cancel and Return to Login Page](#)

## Review and complete Registration

# LIVE UNITED<sup>®</sup>



UNITED WAY OF GREATER CINCINNATI

### Registration Confirmation Summary



Your agency registration is complete. Please select "Next" to continue.

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

Successfully submitted on: 2/22/2023 at 9:22 AM CST

**Confirmation Number: 49987**

## Click 'Next' to continue to the application

Next



Community Impact Management

## e-CImpact Tutorial: Part II – Adding Programs

[Home](#)[Agency Profile](#)[Contacts](#)[Agency Email History](#)[Reimbursement](#)[Apply / Report](#)[Application](#)

City of Cincinnati HSF

FY 2024-2025

[FY2024-25 City of Cincinnati HSF RFP - Services](#)

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

AAAA Test Agency



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- Comprehensive Workforce Development (25%) 1.875M
- Youth Gun Violence Prevention and Reduction (20%) 1.5M
- Supporting, Securing, and Stabilizing Housing for High Risk Populations (10%) 750K – 1.35M
- Project LIFT (10%)

This process provides the RFP forms to apply for funding from the City of Cincinnati Human Services Fund for the Fiscal Year 2024-2025 investment cycle.

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Organizations that are selected to receive funding will be notified in July 2023 of the grant amount for the first grant year. In July 2024, funded programs will be informed of the availability of second year grant funding.

Submitting a program proposal is not a guarantee of funding.

Each section listed below must be completed. To access a section, simply click on the section name. You may save your work at any time by clicking on the link at the bottom of the section page, [Save My Work](#).

When you are satisfied with your responses on the section, mark it completed by clicking on the [Save My Work and Mark Completed](#) at the bottom of each section page.

When all sections of the application have been marked completed, the application may be submitted. Applications must be submitted no later than **March 31, 2023 at 5:00 PM.**

**Late applications will not be accepted.**

**Submission Deadline: March 31, 2023 at 5:00 PM.**

#### 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.

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

This is the Services Category home page.

From here you will create programs to assign to the application and access the application sections. Look for the circled area below to begin

You must add at least 1 and no more than 3 programs

Step 1:  
Either select your program from the drop-down or click 'Create a New Program...'

### 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.

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

OR

Existing users may add an existing or new program

### 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.

Select a Program:

[Assign Selected Program to the Form Packet](#)

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

Step 2:  
Add program details and save



AAAA Test Agency

- Home
- Agency Profile
- Contacts
- Agency Email History
- Reimbursement

Apply / Report

- Application

City of Cincinnati HSF

FY 2024-2025

**FY2024-25 City of Cincinnati HSF RFP - Services**

### Program Registration

Fields marked with an \* are required fields.

#### Program Information

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

Impact Area: \*

Description: \*   
Limit up to 1500 characters (16 used).

Program Primary Contact:

#### Address

[Copy Agency Primary Address](#)

Address Type:\*

Address Line 1: \*

Address Line 2:

City: \*

State: \*

Zip Code: \*

#### Email Address

Email Type: \*

Email Address: \*

#### Phone Number

Phone Type: \*

Phone Number: \*

[Save/Complete Registration](#)

[Cancel and Return to Previous Page](#)

## AAAA Test Agency

[Home](#)[Agency Profile](#)[Contacts](#)[Agency Email History](#)[Reimbursement](#)

## Apply / Report

## Application

City of Cincinnati HSF

FY 2024-2025

[FY2024-25 City of Cincinnati HSF RFP - Services](#)

## Review and Complete Registration

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

Program Name: **Test Program**  
 Request For Participation In: **FY2024-25 City of Cincinnati HSF RFP - Services**

Since 1981, Cincinnati City Council has allocated a portion of the General Fund to support human services programs and initiatives that are important to the city's health and vitality. The intent of the Cincinnati Human Services Fund (HSF) is to leverage, develop and scale proven strategies to accelerate progress toward community goals.

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- Overhead (administration) (2%)
- [Comprehensive Workforce Development \(25%\) 1.875M](#)
- [Youth Gun Violence Prevention and Reduction \(20%\) 1.5M](#)
- [Supporting, Securing, and Stabilizing Housing for High Risk Populations \(10%\) 750K – 1.35M](#)
- Project LIFT (10%)

This process provides the RFP forms to apply for funding from the City of Cincinnati Human Services Fund for the Fiscal Year 2024-2025 investment cycle.

Eligibility: 1) Agencies must be 501(c)3 organization compliant with licensing, accreditation and legal requirements, and 2) Nonprofit organizations do not need to be physically located in the City of Cincinnati, but City of Cincinnati Human Services funds may only be used to support city residents.

Human Services Funding is intended for a two-year grant cycle (September 1, 2023 – August 31, 2025), aligned with the City of Cincinnati's 2024 and 2025 fiscal years.

Organizations that are selected to receive funding will be notified in July 2023 of the grant amount for the first grant year. In July 2024, funded programs will be informed of the availability of second year grant funding.

Submitting a program proposal is not a guarantee of funding.

[Previous](#)[Complete Registration](#)

## Step 3: Review and complete registration

## AAAA Test Agency

- [Home](#)
- [Agency Profile](#)
- [Contacts](#)
- [Agency Email History](#)
- [Reimbursement](#)

## Apply / Report

- [Application](#)

## Confirmation

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

Agency Name: **AAAA Test Agency**  
Program Name: **Test Program**  
Request For Participation In: **FY2024-25 City of Cincinnati HSF RFP - Services**

Since 1981, Cincinnati City Council has allocated a portion of the General Fund to support human services programs and initiatives that are important to the city's health and vitality. The intent of the Cincinnati Human Services Fund (HSF) is to leverage, develop and scale proven strategies to accelerate progress toward

2024, funded programs will be informed of the availability of second year grant funding.

Submitting a program proposal is not a guarantee of funding.

Successfully Submitted On: 2/22/2023 9:25:31 AM  
Status: Approved to Apply

Continue

Step 4:  
Confirmation and Continue

To add additional programs,  
repeat the steps just completed

#### 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.

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

You may add a total of 3  
programs for the Service  
Category



Community Impact Management

## e-CImpact Tutorial: Part III - Completing the Services Category Application

# Application Home

Hello, Testing Person My User Profile Change Password Sign Out 1:56:31 Select Language

# LIVE UNITED



AAAA Test Agency

- Home
- Agency Profile
- Contacts
- Agency Email History
- Reimbursement

Apply / Report

Application

City of Cincinnati HSF

FY 2024-2025

FY2024-25 City of Cincinnati HSF RFP - Services

City of Cincinnati HSF

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services  
AAAA Test Agency



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Each section listed below must be completed. To access a section, simply **click on the section name**. You may save your work at any time by clicking on the link at the bottom of the section page, [Save My Work](#).

When you are satisfied with your responses on the section, mark it completed by clicking on the [Save My Work](#) and [Mark Completed](#) at the bottom of each section page.

When all sections of the application have been marked completed, the application may be submitted. Applicants must be submitted no later than **March 31, 2023 at 6:00 PM**.

**Late applications will not be accepted.**

Submission Deadline: March 31, 2023 at 5:00 PM.

### 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.

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

### Application Status

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

	Not Started	In Progress	Ready To Submit	Submitted
Items (* indicates Required Item)				
AAAA Test Agency				Not Started
City of Cincinnati Human Services Fund - Services Category - Agency Information (City RFP FY24)*				Not Started
HSF RFP Services Category - Agency Attachments				Not Started
Test Program				Not Started
City of Cincinnati Human Services Fund - Services Category - Proposal Information (City RFP FY24)*				Not Started
City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)*				Not Started
HSF RFP - Services Category - Program Attachments				Not Started

This is the Services Category application home page.

From here you will access each section of the application.

- 2 agency sections
- 3 program sections per each program submitted
- An addition program section will appear for every additional program added.

# Application Sections

- Sections can be completed in any order
- Work may be saved and returned to later
- Remember to save when finished!

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

	Not Started	In Progress	Ready To Submit	Submitted
Item (* indicates Required Item)	Last Updated	Status	Options	
★ AAAA Test Agency		Not Started		
<u>City of Cincinnati Human Services Fund - Services Category - Agency Information (City RFP FY24)*</u>		● Not Started		
<u>HSF RFP Services Category - Agency Attachments</u>		● Not Started		
★ Test Program		Not Started	<input checked="" type="checkbox"/> Include?	
<u>City of Cincinnati Human Services Fund - Services Category - Proposal Information (City RFP FY24)*</u>		● Not Started		
<u>City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)*</u>		● Not Started		
<u>HSF RFP - Services Category - Program Attachments</u>		● Not Started		

Program Section Agency Section

Section Status

All sections must be filled out and submitted to complete the application.

# Agency Information

Complete all questions listed in each section.

- There are text, check-box, and drop-down questions.
- Required questions are marked with an asterisk\*

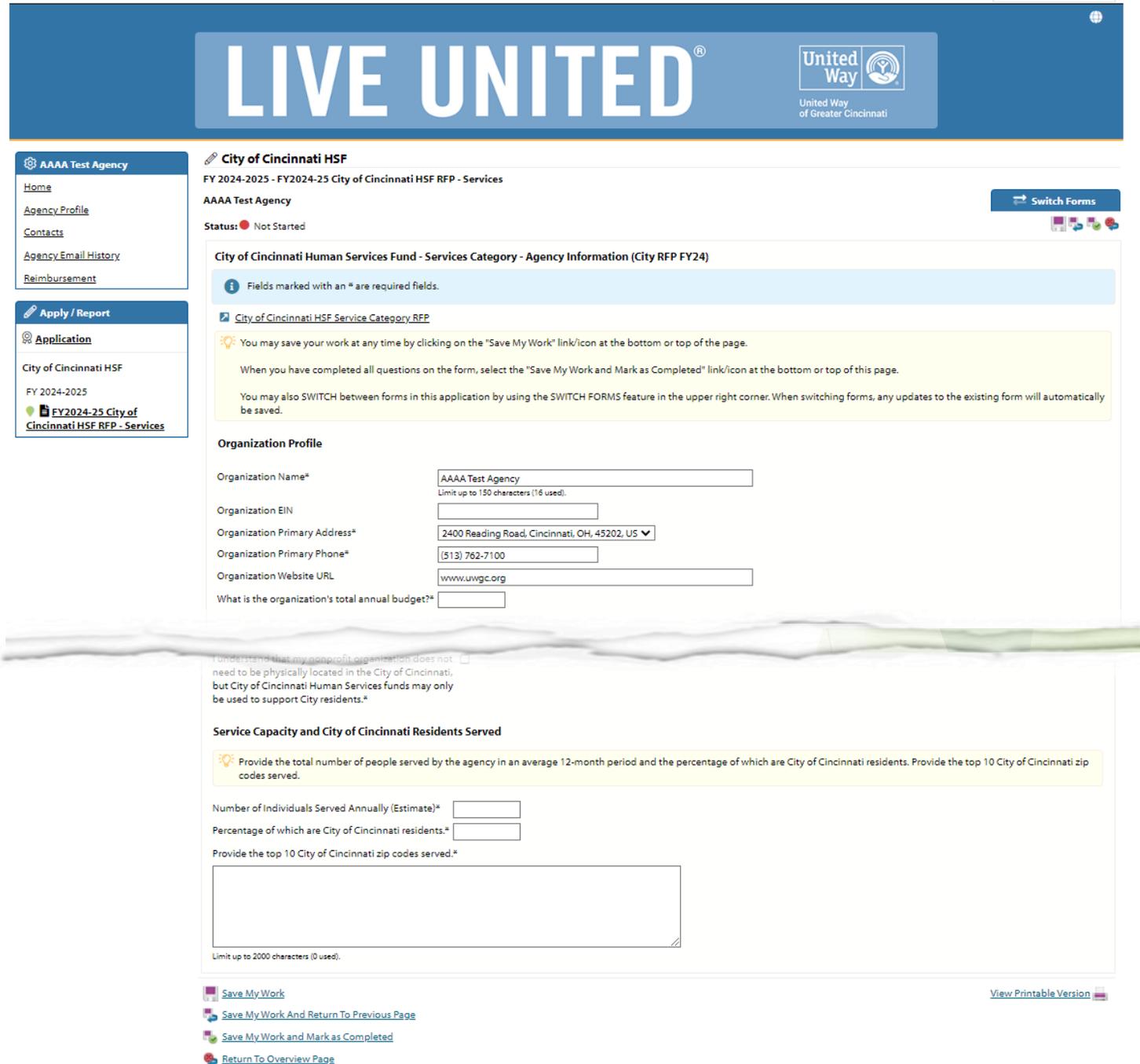
At the bottom of each section, there are several options to Save. You may save and return to complete your questions later.

 [Save My Work](#)

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

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

 [Return To Overview Page](#)



**LIVE UNITED**  
United Way of Greater Cincinnati

**City of Cincinnati HSF**  
FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

**AAAA Test Agency**  
Status: ● Not Started

**City of Cincinnati Human Services Fund - Services Category - Agency Information (City RFP FY24)**

Fields marked with an \* are required fields.

**City of Cincinnati HSF Service Category RFP**

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.

**Organization Profile**

Organization Name\*   
Limit up to 150 characters (16 used).

Organization EIN

Organization Primary Address\*  ▼

Organization Primary Phone\*

Organization Website URL

What is the organization's total annual budget?\*

I understand that my nonprofit organization does not need to be physically located in the City of Cincinnati, but City of Cincinnati Human Services funds may only be used to support City residents.\*

**Service Capacity and City of Cincinnati Residents Served**

Provide the total number of people served by the agency in an average 12-month period and the percentage of which are City of Cincinnati residents. Provide the top 10 City of Cincinnati zip codes served.

Number of Individuals Served Annually (Estimate)\*

Percentage of which are City of Cincinnati residents.\*

Provide the top 10 City of Cincinnati zip codes served.\*

Limit up to 2000 characters (0 used).

**Save My Work**  
**Save My Work And Return To Previous Page**  
**Save My Work and Mark as Completed**  
**Return To Overview Page**

[View Printable Version](#)

# Agency Uploads

Download and complete the agency board and staff demographics required upload.

- The template can be downloaded from [here](#).

Excel - Service Category-RFP-Required Upload-Applicant Information - Saved

File Home Insert Draw Page Layout Formulas Data Review View Automate Help

Clipboard Font Alignment Number

1	Board Member Name	Position	Age Range	Gender	Race/ Ethnicity	F	G
2							
3							
4							
5							
6							
7							
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1. Agency Board Roster 2. Staff Race&Ethnicity

Excel - Service Category-RFP-Required Upload-Applicant Information - Saved

File Home Insert Draw Page Layout Formulas Data Review View Automate Help Add-ins

Clipboard Font Alignment Number Styles Cells Editing Analysis Sensitivity

1	A	B	C	D	E	F	G	H	I
2	Total Number of Staff	Asian/Native Hawaiian/Other Pacific Islander	Black/African American	Hispanic/Latino	Native American/American Indian/Alaskan Native	White/Caucasian	Two or More Race/ Ethnicities	Other/ Prefer to Self-Describe	Unknown/ No
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1. Agency Board Roster 2. Staff Race&Ethnicity

### AAAA Test Agency

- [Home](#)
- [Agency Profile](#)
- [Contacts](#)
- [Agency Email History](#)
- [Reimbursement](#)

### Apply / Report

#### Application

City of Cincinnati HSF

FY 2024-2025

**FY2024-25 City of Cincinnati HSF RFP - Services**

### City of Cincinnati HSF

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

AAAA Test Agency

Switch Forms

Status: ● Not Started

Please upload your Agency and Board Demographics Spreadsheet. The template can be found on the UWGC website here:

[https://www.uwgc.org/sites/default/files/2023-02/UWGC\\_HSF\\_ServiceCategory\\_RFP\\_RequiredUpload\\_ApplicantInformation\\_FY24.xlsx](https://www.uwgc.org/sites/default/files/2023-02/UWGC_HSF_ServiceCategory_RFP_RequiredUpload_ApplicantInformation_FY24.xlsx)

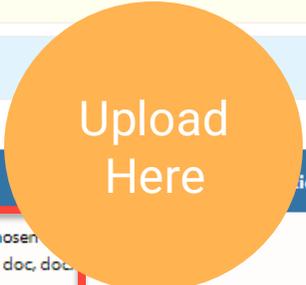
This attachment is required.

- If there are no files required to upload, and you are not uploading any files, click 'Save/Upload Attachment(s) and Mark as Completed' to mark this section as Completed.
- If any files are required for upload, this section will automatically be marked as 'Completed/Ready to Submit' once all required files are uploaded.
- Maximum Individual File Size: 32 MB, Combined Maximum File Size: 64 MB.

Items marked with an \* are required.

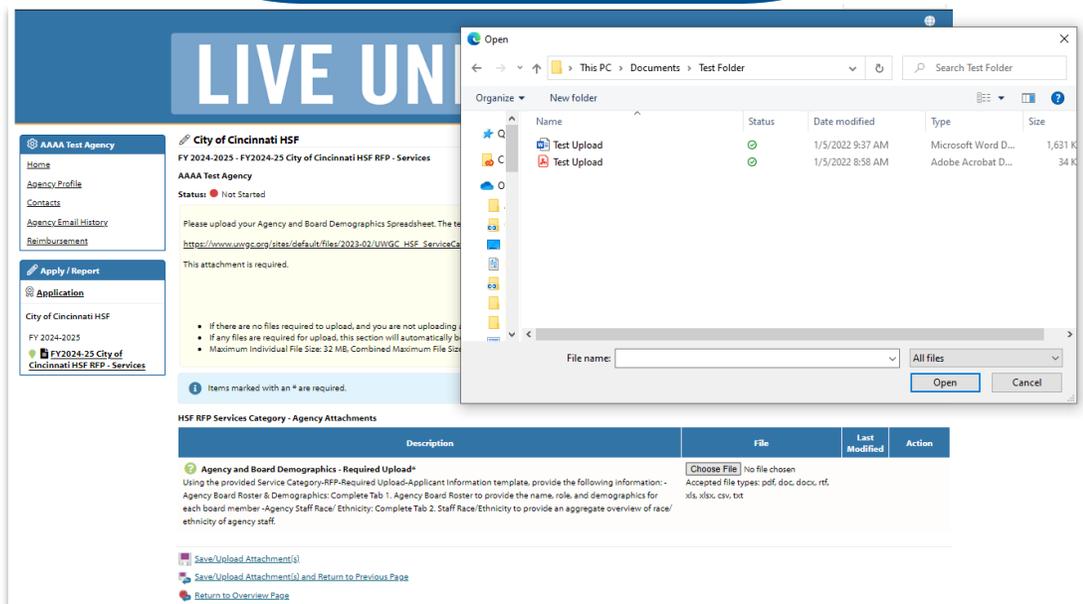
#### HSF RFP Services Category - Agency Attachments

Description	File	Action
<p> <b>Agency and Board Demographics - Required Upload*</b> <span style="background-color: orange; color: white; padding: 2px;">Required</span></p> <p>Using the provided Service Category-RFP-Required Upload-Application Information template, provide the following information: - Agency Board Roster &amp; Demographics: Complete Tab 1. Agency Board Roster to provide the name, role, and demographics for each board member -Agency Staff Race/ Ethnicity: Complete Tab 2. Staff Race/Ethnicity to provide an aggregate overview of race/ethnicity of agency staff.</p>	<div style="border: 2px solid red; padding: 5px;"><p><input type="button" value="Choose File"/> No file chosen</p><p>Accepted file types: pdf, doc, docx, xls, xlsx, csv, txt</p></div>	



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

## Step 1: Choose File



## Step 2: File Selected Click Save/Upload Attachment(s)

	File	Last Modified	Action
<p>Following information: - Agency Board Roster &amp; Demographics: Complete Tab 1. Agency Board Roster to provide the name, role, and demographics for each board member -Agency Staff Race/ Ethnicity: Complete Tab 2. Staff Race/Ethnicity to provide an aggregate overview of race/ ethnicity of agency staff.</p>	<p><a href="#">Choose File</a> Test Upload.docx</p> <p>Accepted file types: pdf, doc, docx, rtf, xls, xlsx, csv, txt</p>		

## Step 3: File Uploaded

### HSF RFP Services Category - Agency Attachments

Description	File	Last Modified
<p><b>Agency and Board Demographics - Required Upload*</b></p> <p>Using the provided Service Category-RFP-Required Upload-ApPLICANT Information template, provide the following information: -Agency Board Roster &amp; Demographics: Complete Tab 1. Agency Board Roster to provide the name, role, and demographics for each board member -Agency Staff Race/ Ethnicity: Complete Tab 2. Staff Race/Ethnicity to provide an aggregate overview of race/ ethnicity of agency staff.</p>	<p><a href="#">Test Upload.docx</a></p>	<p>Testing Person 2/22/2023 9:4</p>
<p><a href="#">Save/Upload Attachment(s)</a></p> <p><a href="#">Save/Upload Attachment(s) and Return to Previous Page</a></p> <p><a href="#">Return to Overview Page</a></p>		

AAAA Test Agency

- Home
- Agency Profile
- Contacts
- Agency Email History

City of Cincinnati HSF

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

AAAA Test Agency - Test Program

Status: ● Not Started

City of Cincinnati Human Services Fund - Services Category - Proposal Information (City RFP FY24)

Fields marked with an \* are required fields.

City of Cincinnati HSF Service Category RFP

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 be saved.

Program Description

Program Name\*

Amount Requested\*

Does HSF funding requested exceed 60% of the total program revenue from September 1, 2023 through August 31, 2024?\*

Service Category

Please select the service category for which you will be applying for funding from the drop-down menu below.

Please select the service category.\*

- Comprehensive Workforce Development
- Youth Gun Violence Prevention and Reduction
- Supporting, Securing, and Stabilizing Housing for High-Risk Populations

Program Narrative

Program Narrative - Provide a narrative description of the project seeks to serve.\*

Limit up to 2000 characters (0 used).

Evidence of need for this particular program. Do not provide general community data such as poverty or addiction levels, but data about demand for this program. Are there waiting lists growing over time? Has program participation increased over time? Has the neighborhood/school/etc. asked the agency to provide this service, and if so, why?\*

Select the appropriate service category for this program from the drop-down menu.

- One category per program
- You may submit up to 3 programs in the same category, or submit any combination of programs and categories. (e.g. 3 Workforce programs or 2 Youth Gun Violence and 1 Stabilizing Housing, etc.)

# Proposal Information Cont.

## Comprehensive Workforce Development Program Priority and Category Alignment

 Please select the program priority that best matches your project, and describe how does this program align to the goals, priority areas, and, if appropriate, target populations of this funding category?

Please select the program priority that best matches your project.

Workforce Development – What population(s) or communities does the program currently serve or plan to serve? How does the program support one or more of the following strategies: expand access to quality childcare; build capacity and career opportunities within the childcare industry; provide upskill training that prepares women for careers in growing sectors such as technology, infrastructure, or sustainability or other similar projects with a focus on creating economic stability.

Limit up to 4000 characters (0 used).

## Program Narrative

Program Narrative - Provide a narrative to complement the program design attachment. Describe the program, populations the project seeks to serve.\*

Limit up to 2000 characters (0 used).

Evidence of need for this particular program. Do not provide general community data such as poverty or addiction levels, but data that lists growing over time? Has program participation increased over time? Has the neighborhood/school/etc. asked the agency to provide this service, and if so, why?\*

Limit up to 2000 characters (0 used).

Why this program design was chosen. Programs make choices about what activities to provide and what models to adopt. Why is your program structured in this way and not in a different way? Did you adopt a national model or established best practices? If so, explain the model and why it was chosen. Did you start with a pilot project to test for success?\*

Limit up to 2000 characters (0 used).

What communities or populations do you target to serve. How participants are recruited. Where do you target to provide your services? Do people just show up or do you actively market your services? Do people have to meet specific requirements to be eligible to participate in the program? What are those requirements?\*

## Data-Informed Approach(es) and Impact

Share how the program used or plans to use data to inform the delivery of services. This could include details on evidence from proven models or research, best practices, past outcomes and internal learnings, or evidence in support of the program design.\*

Limit up to 2000 characters (0 used).

## Current and Proposed Outcomes

Provide a brief narrative of results over time, if available, and proposed outcomes. If possible, compare program results with national data on non-program participants or other baseline data.\*

Limit up to 2000 characters (0 used).

## Expertise

Describe the expertise of the program staff to serve targeted communities and implement the project proposed. Explain how the program will have the capacity to achieve its

Describe how the program would be sustained after this grant period, if funded. List specific sources of funds and anticipated amounts to be spent from Human Services funding would be spent and how this would impact the program and results. Explain how the City of Cincinnati would be impacted and how many Cincinnati residents will be served.\*

Limit up to 4000 characters (0 used).

## Additional Information

Provide any other important information that was not included in other sections of the Request for Proposal. (Response optional)

Limit up to 2000 characters (0 used).

- [Save My Work](#)
- [Save My Work And Return To Previous Page](#)
- [Save My Work and Mark as Completed](#)
- [Return To Overview Page](#)

[View Printable Version](#)

Complete the required narrative questions.

You may save your work and return later!

Enter your revenue for FY24-25 for your project.

**AAAA Test Agency**

- [Home](#)
- [Agency Profile](#)
- [Contacts](#)
- [Agency Email History](#)
- [Reimbursement](#)

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**Apply / Report**

- Application**

City of Cincinnati HSF

FY 2024-2025

**FY2024-25 City of Cincinnati HSF RFP - Services**

**City of Cincinnati HSF**

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

AAAA Test Agency - Test Program

Status: ● Not Started

**City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)**

Complete the budget template in the online system for a projected program revenue and expenses for the period of September 1, 2023 through August 31, 2025. Enter separate line items for each expense. Include short descriptions or provide the required details for each line. Include the requested grant award amount and GFO.

-----

Line item detail may be added where indicated.

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 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, your current work will be saved.

**Revenue**

Category	City Funds	Non-City Funds
Corporate	<input type="text"/>	<input type="text"/>
Hamilton County	<input type="text"/>	<input type="text"/>
Foundations	<input type="text"/>	<input type="text"/>
Direct Federal Grants	<input type="text"/>	<input type="text"/>
Fees for Program Participants	<input type="text"/>	<input type="text"/>
City of Cincinnati GFO (Include Requested Grant Award Here)	<input type="text"/>	<input type="text"/>
United Way of Greater Cincinnati	<input type="text"/>	<input type="text"/>
State of Ohio	<input type="text"/>	<input type="text"/>
Other	0	0
<a href="#">Please list all other specific sources of income</a>		
<b>Total</b>		

Enter your expenses for FY24-25 for your project.

Line items can be entered by clicking on the underlined category links, this will open a pop-up window to enter the line-items

Expense	City Funds	Non-City Funds
<u>Salaries</u> <small>Please list positions paid under this program and their associated pay. Each line item should contain the position title and % of time allocated to the project.</small>	0	0
Employee/Fringe Benefits	<input type="text"/>	<input type="text"/>
<u>Contractual Services</u> <small>Please list each subcontractor and associated cost.</small>	0	0
Travel <small>Mileage only within the City of Cincinnati at a rate not to exceed the current City mileage reimbursement rate.</small>	<input type="text"/>	<input type="text"/>
Space <small>Total for Rent, utilities, telephone, building insurance, etc. Excludes cell phone, beeper, long distance and directory assistance service.</small>	<input type="text"/>	<input type="text"/>
Consumable Office and Program Supplies <small>Excludes food and beverage costs.</small>	<input type="text"/>	<input type="text"/>
Operational Expenses <small>Liability and Fidelity Bond insurance, printing, postage, etc.</small>	<input type="text"/>	<input type="text"/>
<u>Other</u> <small>Please list all other expenses connected with this program that do not fit in a previous category.</small>	0	0
<b>Total</b>		
<b>Category</b>	<b>City Funds</b>	<b>Non-City Funds</b>
Surplus or (Deficit)		

# LIVE UNITED®

United Way of Greater Cincinnati

**AAAA Test Agency**

- Home
- Agency Profile
- Contacts
- Agency Email History
- Reimbursement

**City of Cincinnati HSF**

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services  
AAAA Test Agency - Test Program

Form: City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)  
Section: Expense

Category	City Funds	Non-City Funds
<b>Salaries</b> Please list positions paid under this program and their associated pay. Each line item should contain the position title and % of time allocated to the project.	0	0
<input type="checkbox"/> Person, Title, % Allocated	<input type="text"/>	<input type="text"/>
<input type="button" value="Add New Item"/>		

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# Program Uploads

## Step 1: Choose File

**LIVE UNITED**  
United Way of Greater Cincinnati

AAAA Test Agency

City of Cincinnati HSF

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

AAAA Test Agency - Test Program

Status: Not Started

Attach a document with your program design or model. The attachment should, at a minimum, include critical program resources (inputs), key activities and service components, and the desired outputs and outcomes of the program. You may choose to include information about programmatic assumptions or constraints.

Sample templates can be found here: [City of Cincinnati Human Services Fund](#) | [United Way of Greater Cincinnati \(uwgc.org\)](#) under Service Categories: Additional Resources

- If there are no files required to upload, and you are not uploading any files, click 'Save/Upload Attachment(s)' and Mark as Completed' to mark this section as Completed.
- If any files are required for upload, this section will automatically be marked as 'Completed/Ready to Submit' once all required files are uploaded.
- Maximum Individual File Size: 32 MB, Combined Maximum File Size: 64 MB.

Items marked with an \* are required.

Description	File	Last Modified	Action
<b>Program Design Model - Required Upload*</b> This attachment can come in any form but should be limited to two-pages. If helpful, the following templates are available for use: Logic Model, Program Model, and Theory of Change.	<input type="button" value="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](#)

Sample program design templates are available [here](#).

## Step 2: File Selected Click Save/Upload Attachment(s)

**LIVE UNITED**

AAAA Test Agency

City of Cincinnati HSF

FY 2024-2025 - FY2024-25 City of Cincinnati HSF RFP - Services

AAAA Test Agency - Test Program

Status: Not Started

Attach a document with your program design or model. The attachment should, at a minimum, include critical program resources (inputs), key activities and service components, and the desired outputs and outcomes of the program. You may choose to include information about programmatic assumptions or constraints.

Sample templates can be found here: [City of Cincinnati Human Services Fund](#) | [United Way of Greater Cincinnati \(uwgc.org\)](#) under Service Categories: Additional Resources

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Description	File	Last Modified	Action
<b>Program Design Model - Required Upload*</b> This attachment can come in any form but should be limited to two-pages. If helpful, the following templates are available for use: Logic Model, Program Model, and Theory of Change.	<input type="button" value="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 Here

## Step 3: File Uploaded

HSF RFP - Services Category - Program Attachments

Description	File	Last Modified	Action
<b>Program Design Model - Required Upload*</b> This attachment can come in any form but should be limited to two-pages. If helpful, the following templates are available for use: Logic Model, Program Model, and Theory of Change.	<a href="#">Test Upload.pdf</a>	Testing Person 2/22/2023 9:35 AM	<a href="#">Delete</a>

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

Once all sections read 'Completed/Ready to Submit', you are ready to submit your application!

- Have your Executive Director/CEO sign off on the proposal by entering their name here

- Select the certification button

- Click the red 'Submit This Application Now!' button

All sections must read 'Completed / Ready to Submit' before you may submit the application

**!** 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 correct to the best of your knowledge.

**Application Submission Details**

Executive Director\*:

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!**

**Application Status** [View Printable Version](#)

Not Started   In Progress   **Ready To Submit**

Item (* indicates Required Item)	Last Updated	Status	Options
★ AAAA Test Agency	2/22/2023 9:42 AM (CST)	Completed / Ready to Submit	
<a href="#">City of Cincinnati Human Services Fund - Services Category - Agency Information (City RFP FY24)*</a>	Testing Person 2/22/2023 9:42 AM (CST)	Completed / Ready to Submit	
<a href="#">HSF RFP Services Category - Agency Attachments</a>	Testing Person 2/22/2023 9:40 AM (CST)	Completed / Ready To Submit	
★ Test Program	2/22/2023 9:40 AM (CST)	Completed / Ready to Submit	
<a href="#">City of Cincinnati Human Services Fund - Services Category - Proposal Information (City RFP FY24)*</a>	Testing Person 2/22/2023 9:40 AM (CST)	Completed / Ready to Submit	
<a href="#">City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)*</a>	Testing Person 2/22/2023 9:39 AM (CST)	Completed / Ready to Submit	
<a href="#">HSF RFP - Services Category - Program Attachments</a>	Testing Person 2/22/2023 9:35 AM (CST)	Completed / Ready To Submit	

Congratulations!

Your application is complete. You'll receive an email confirmation of submittal

**Key Dates and Deadlines:**

- March 17, 2023, 4PM: Deadline for questions for the Service Category RFP
- **March 31, 2023, 5PM: Service Category RFP Proposal Due Date**
- April 14, 2023, 4PM: Deadline for questions for the Impact Award
- **April 28, 2023, 5PM: Impact Award RFP Proposal Due Date**
- July 2023: Notification of Grant Awards

# Questions?

[humanservicesfund@uwgc.org](mailto:humanservicesfund@uwgc.org)

For the RFP and additional information please head to the UWGC website [here](#).