

## Part I- City of Cincinnati Human Services Fund – FY24 Service Category e-CImpact Budget Update Instructions

1. Login into your e-CImpact account and access your original FY24 Human Services Fund application. For each funded program look for the blue 'Allow Revision" notation next to the Budget section. Click the Budget section link.

	-				
1 You may now make revisions to your Application. When you are finished making revisions to your Application, be sure to Re-Submit your Application.					
Application Status View Printable Version of this Entire Application 🛁					
Not Started Allow Revis	ion Ready To S	Submit Submitted	I		
Item (* indicates Required Item)		Last Updated	Status	Options	
🖈 AAA Test Agency		Not Started	<b>a</b>		
City of Cincinnati Human Services Fund - Services Category - Agency Information (City RFI		Not Started			
HSE REP Services Category - Agency Attachments		Not Started			
★ HSF Test		6/22/2023 2:39 PM (CST)	Allow Revision	🖉 Include? 📥	
City of Cincinnati Human Services Fund - Services Category - Proposal Information (City R		Not Started			
City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)*		Allow Revision			
HSF RFP - Services Category - Program Attachments	,		Not Started		

2. Revise the amount entered in the 'City of Cincinnati GFO' line item to your confirmed final grant amount.

City of Cincinnati Human Service	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, 2024. Under each category, add separate line items for each expense. Include short descriptions or provide the required details for each line. Include the requested grant award amount in the field Revenue: City of Cincinnati 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 o	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 be saved.	forms in this ap	Vication by using the SWITCH FORMS feature in the upper right corner. When switching forms, any updates to the existing form will automatically		
Revenue				
Category	City Funds	Non-City Funds		
Corporate				
Hamilton County				
Foundations				
Direct Federal Grants				
Fees for Program Participants				
City of Cincinnati GFO (Include Requested Grant Award Here)				
United Way of Greater Cincinnati				
State of Ohio				
Other Please list all other specific sources of income	0	0		
Total	0.00			



3. Make any revisions necessary in the Expenses section to align your budget to the final grant award.

Expense		
Category	City Funds	Non-City Funds
Salaries 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
Employee/Fringe Benefits		
Contractual Services Please list each subcontractor and associated cost.	0	0
Travel Mileage only within the City of Clincinnati at a rate not to exceed the current City mileage reimbursement rate.		
Space Total for Rent, utilities, telephone, building insurance, etc. Excludes cell phone, beeper, long distance and directory assistance service.		
Consumable Office and Program Supplies Excludes food and beverage costs.		
Operational Expenses Liability and Fidelity Bond insurance, printing, postage, etc.		
Other Please list all other expenses connected with this program that do not fit in a previous category. Total	0	0

4. When complete be sure to click the 'Save my Work and Mark as Completed' link

	Utner Please list all other expenses connected with this program that do not fit in a previous category. Total	U	U	
	Category	City Funds	Non-City Funds	
	Surplus or (Deficit)	0.00		
	Save My Work			
1	Late My Work And Return To Prev	ious Page		
	Save My Work and Mark as Complete Save My Work and Mark as Complete Save Save Save Save Save Save Save Sav	<u>eted</u>	<b>←</b>	

5. Continue to and complete Part II – Program Design Document Upload.



Part II- City of Cincinnati Human Services Fund – FY24 Service Category e-CImpact Program Design Document Upload Instructions

 Login into your e-CImpact account or return to your original FY24 Human Services Fund application home page. For each funded program click the 'HSF RFP- Services Category – Program Attachments' section (highlighted in yellow below).

HSF RFP Services Category - Agency Attachments	
∯* HSF Test	
City of Cincinnati Human Services Fund - Services Category - Proposal Information (City RFP FY24)*	
<u>City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)*</u>	
HSF RFP - Services Category - Program Attachments	

- 2. Find the 'Final Revised Program Model and Outcome Upload' section (highlighted in yellow below). You will upload your final revised program model here.
  - a. Your program model should each include a measure that you will report against. Additionally, please make sure that these outcomes reflect any changes in the funding your organization will receive.
  - b. Convert your document to PDF. All uploads must be in PDF format. They can still be multiple pages if necessary.
  - c. Click the 'Choose File' button highlighted below and the click 'Save/Upload Attachment(s)'

<u>ty of</u> - Services	<ul> <li>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.</li> <li>If any files are required for upload, this section will automatically be marked as 'Completed/Ready to Submit' once all required files are uploaded.</li> <li>Maximum Individual File Size: 32 MB, Combined Maximum File Size: 64 MB.</li> </ul>					
itegory 1	Items marked with an * are required.					
<u>y NRP Cat 1 -</u>	HSF RFP - Services Category - Program Attachments					
nall Nonprofits	Description	File	Last Modified	Action		
y ARP Small	Program Design Model - Required Upload* 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.	Test Upload.pdf	Test Person 6/29/2023 9:04 AM	<u>Delete</u>		
t y <u>NRP Small</u> t rment Works	Final Revised Program Model and Outcomes Upload "PDF Only** Please upload your revised and final version of your program design model and outcomes document. Please review the outcomes and ensure that they each include a measure that you will report against. Additionally, please make sure that these outcomes reflect any changes in the funding your organization will receive.	Choose File Accepted file types: pdf				
<u>P Nonprofit</u> man Services	Save/Upload Attachment(s) Save/Upload Attachment(s) and Return to Previous Page Return to Overview Page					
rment tners Year-One						

3. When finished click 'Save/Upload Attachment(s) and Return to Previous Page'



6. When the budget section has been marked as completed and the new program model uploaded you will be asked to resubmit your application. Please be sure to resubmit so we know you have completed your budget and program model updates.

<ul> <li>Nice work your Application is now Ready to Submit! Would you like to <u>Submit This Application Now</u>?</li> <li>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.</li> </ul>				
Application Submission Details  Executive Director*: Send Submission Confirmation Email Tor* I certify that the information submitted in this application is true and correct to the best of my knowledge*:  Comparison Comp				
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