

## 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.

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

Not Started **Allow Revision** Ready To Submit Submitted

Item (* indicates Required Item)	Last Updated	Status	Options
★ AAA Test Agency		Not Started	
<a href="#">City of Cincinnati Human Services Fund - Services Category - Agency Information (City RFP FY24)*</a>		● Not Started	
<a href="#">HSF RFP Services Category - Agency Attachments</a>		● Not Started	
★ HSF Test	6/22/2023 2:39 PM (CST)	Allow Revision	<input checked="" type="checkbox"/> Include?
<a href="#">City of Cincinnati Human Services Fund - Services Category - Proposal Information (City RFP FY24)*</a>		● Not Started	
<a href="#">City of Cincinnati Human Services Fund - Services Category - Budget (City RFP FY24)*</a> ←		● Allow Revision	
<a href="#">HSF RFP - Services Category - Program Attachments</a>		● 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 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.

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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 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.

**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
<small>Please list all other specific sources of income</small>		
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 <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"/>
Contractual Services <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"/>
Other <small>Please list all other expenses connected with this program that do not fit in a previous category.</small>	0	0
Total		

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

Other <small>Please list all other expenses connected with this program that do not fit in a previous category.</small>	0	0
Total		
Category	City Funds	Non-City Funds
Surplus or (Deficit)	0.00	

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

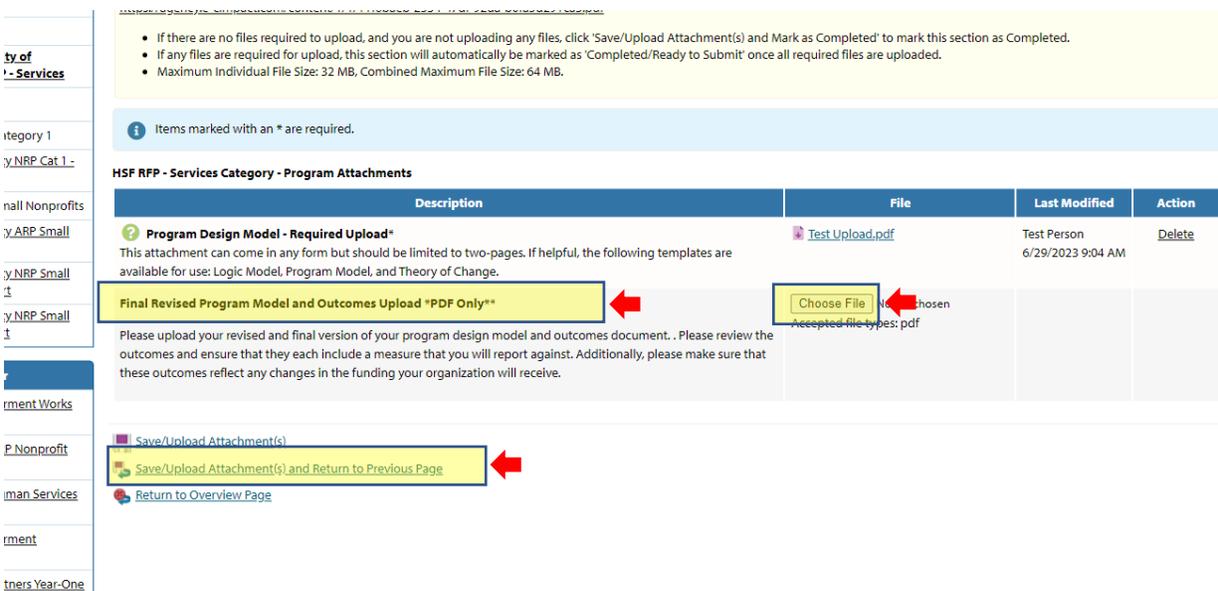
5. Continue to and complete Part II – Program Design Document Upload.

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

1. 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).



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)'**



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

- 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.

**1** 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**

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 of this Entire Application](#)

Item (* indicates Required Item)	Last Updated	Status	Options
		Not Started	
		In Progress	
		<b>Ready To Submit</b>	
		Submitted	