

SMALL GRANT Online Application User Guide

Version 1: September 2017



• When you are finished with a session, don't forget to **Log Out** of the system.

Head of the Lakes United Way	2
Online Application – User Guide	

	Getting Started		
lf you r For	ADVOCATE. VOLUNTEER. Champion the cause. Give your time. User ID:	Log into the site usin user ID, and passwor via e-mail. The URL https://web.hlunitedv If you forget your pa click on the Forgot F button and enter the address related to yo – the password will b email.	g the link, rd provided is way.org ssword, Password email ur account e sent via
	Change Password Your password has expired, please enter a new password below: Enter New Password: Enter Password Hint: Save Save Cancel	New users are promp change the password password twice. Ente desired. Then click S	oted to I. Enter the Ir a Hint , if Save .

GIVE. Invest in your community. Welcome Michelle Main Menu Home My Profile Organization Profile Organization Profile Organization Profile Agency and Program Description Agency and Program Description Board Members Funding Applications and Reports My Reports My Reports United Way Website Log Out	Head of the La Hello Michelle, Welcome!! You are logged into the H hand menu. Please note: the full app please visit: http://hlunitedway.org/o	ADVOCATE. Champion the cause.	After a successful log-in, a Welcome screen with a message personalized to the organization will appear. A navigation menu is available to the left of the screen.
GIVE. Invost in your community. Vetcome Michelle Main Menu Home My Profile Organization Profile Agency and Program Contacts Agency and Program Contacts Agency and Program Description Board Members Funding Applications and Reports Wy Reports United Way Website Log Out Enange Organization	A A A A A A A A A A A A A A	Prefix Prefix First Michelle Middle Last Hargrave Suffix mhargrave@hlunitedway.org	Click on My Profile in the menu to the left. This will contain information from the user's personal account. Please review and make sure the data is correct. To change your password, click on the icon to the right of the password field.

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		Funding Appli	cations
tior	۱		The Funding Applications page includes all the application packages
		Description	that are open: large grant & small grant.
₽	x	LARGE Grant Application	Please select and complete the
₽	x	SMALL Grant Application	appropriate package for your request.
₽	x	Test	The due date indicates the date by
₽	x	Full Application: Basic Human Services	which the package is due.
₽	x	Full Application: Education	The status will show as outstanding
₽	x	Pre-Application	until all elements have been completed.
			Users can print the entire package of information from this screen by clicking the printer icon
	tior e e e	tion	Euncling Applic tion Large Grant Application A 2 SMALL Grant Application A 2 Full Application: Basic Human Services A 2 Full Application: Education A 2 Full Application: Education A 3 Full Application: Education A 4 Pre-Application

GIVE.	ADVOCATE.	
Welcome Michelle	Champion the cause.	In the small grant application there a
Main Menu	CMALL Creat Application Contents	sections for agency -related and
Home	SIMALL Grant Application - Contents	program-related information.
My Profile		
Organization Profile		Please note that if your agency has
Agency and Program Contacts	Test CB Agency - Agency	more than one program, you need o
Agency and Program Description	Section	to submit organization information of
Board Members	B B Standards of Accountability	for the again of the standard of the
 Funding Applications and Reports 		for the agency. It will automatically r
My Reports		included with each program application
► United Way Website		
▶ Log Out		
	Test CB Program - Program	
Functions	Section	
Financial Reviewer	Application Coverpage	
Change Organization	Proposal Narrative: Organization & Program Information	
CB Volumeer		

ıdar 360	Standards of Accountability	/
C Secure https://we	eb.hlunitedway.org/servlet/eAndar.CBPackageDtl?p=4B3A4D6264604E4C24377E3E&d=5F2C	
My Reports	Standards of Accountability	
United Way Website Log Out	The Head of the Lakes United Way (HLUW) Standards of Accountability listed below	COMPLETE THIS SECTION FIRST.
Functions	 The organization has tax-exempt status under IRS code 501(c)(3) and is provide written proof of tax-exempt status as a government entity. 	Please review each statement carefully and ensure your organization
Change Organization CB Volunteer	 The organization agrees to understand and comply with all applicable fed practices. 	is in compliance. If you are not able to meet one of
	3. Agencies which are statutorily required under State of Minnesota, State c attach to this application a copy of their most recent audited financial state audit performed by an independent Certified Public Accountant (CPA), are required to their agency. The narrative should include the processes in place to assure that agen Accepted Accounting Principles, and are free of material misstatement. The narrative level. Please indicate whether your Board has a member who is a CPA. Any agency is review to this application. Agencies required to file IRS Form 990 or IRS Form 990-E; classified as charitable organizations are required to include their current IRS determ	these factors, STOP and do not proceed with the full application. Contact Michelle Hargrave at HLUW to consult before continuing.

Cover P	Page
Section 2: PROGRAM Request Information Name of Program: * Application/program Contact Name: * Title: * Phone: * Email: *	Please complete the cover page and ensure all contact information is correct The program contact listed is the pers we will contact with any application questions.

Uploading Documents

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VE. M to your community:	ADVOCATE. Champion the cause.	VOLUNTEER Gres your time		
Main Menu REQU	JIRED AGENCY FINANCIA	AL Documents (Dov	wnload here)	
A Photon Separation Photon gency and Photon Contacts gency and Photon Dencedular gency and Photon Dencedular Sector Advances month Advances and topological	28 Agency (215536 - Agency) Ami 51 e 10Y 55002			_
N Reports Docum Neter Way Violate Ing CM	ents Summary s several documents to be uploaded to complete the grant application	n process. Please review the checklist carefully a	the Financial Requirements have char	ged.
Functions AGENCY	EINANCIAL DOCUMENTS REQUIRED:	he required checkest of documents are as tollows		
hanola Penlewer hange Organization 8 Vaketeer Orezaniz	ation budgets for prior year actual, current year estimated and n	text year projected.		
including	income and expenses, using your agency's existing budget format ((+ or - 10%) financial change in the past year, please attach a budget narrative	(fyour organization has had a		
		expanding the result(e)		
Most re Agencie	cent audited Financial Statement, including opinion and manage s which are statutorily required under State of Minnesiota, State of Wi is remarklings to how an anounce audit are removed to attach for Wi	expansing the security ement letters.		
Agoni and Agoni	cent audited Pinancial Statement, including opinion and manage a wrich are statucity required under State of Manescell, Bate of We o reoutations to have an annual audit, are recurred to attach to the a	example readout		
OAD PAGE: ections: Please uplo corption' text box. Y	ent audited Pinancial Statement, including opinion and manages s which are stabilistly required under State of Menesota. State of We reconstructions to have an annual addt, are required to attach to the a add each document one at a time ou may ignore the effective and 2014	e. Type the title of the of expiry date	locument in the 'D	ocument
OAD PAGE: ections: Please uplo cription' text box. Y	ent audited Pinancial Statement, including opinion and manages a which are stabilishy regards under State of Manuscata. State of Via o regulations to have an annual add, are required to attach to this a add each document one at a time ou may ignore the effective and 2014 Financial	e. Type the title of the of expiry date	locument in the 'D	ocument
OAD PAGE: ections: Please uplo cription' text box. Y ear ass pe	ent audited Pinancial Statement, including opinion and manages s which are stability required under State of Menesota. State of We recontinues to have an annual add, are required to attach to the a definition of the state of the state of the state of the state out may ignore the effective and 2014 Financial Document	e. Type the title of the of expiry date	locument in the 'D	ocument
ections: Please uplo cription' text box. Y ear ass pe ocument Description	exit audited Pinancial Statement, including opinion and manages a which are stability required under State of Ner- reconstructions to have an annual audit, are recurred to attach to the a dual each document one at a time ou may ignore the effective and 2014 Financial Document	e. Type the title of the of expire date	Jocument in the 'D	ocument
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ections: Please uplo cription' text box. Y ar ass pe accument Description	ad each document one at a time ou may ignore the effective and 2014 Financial Document Choose File No file chosen	e. Type the title of the of expire date	Jocument in the 'D	ocument

There are two sections where you can upload documents – one for agencyelated documents, and one for program-related documents. Please refer o the document submission checklist isted on the summary page and as the inal element of your program section to complete to ensure you have uploaded he correct documents.

To upload a document, Press the **Add** button on the summary page, which will take you to an upload page where you can upload the document and give it a description.

Please do not click **Submit** on the main summary page until **ALL** documents in that section have been uploaded.

Te	es	t CB Program - Program	The next section of the online application is for program-related information.
		Section	If your agency has two or more
₽	x	Application Coverpage	with corresponding forms.
₽	x	Proposal Narrative: Organization & Program Information	The program title is listed at the top
₽	x	Program Staff	Please double-check to ensure sure
₽	x	Logic Model	submit information for the appropria
₽	x	Cliient Statistics - Beneficiaries (Prior Year Actual) (Total = 0)	program.
₽	x	Client Statistics - Age (Prior Year Actual) (Total = 0)	
Þ	₽	Client Statistics - Gender (Prior Year Actual) (Total = 0)	
opo		al Narrative: Organization & Program Informati	ion This section requests information ab
D D O Tes	DS: CB P	al Narrative: Organization & Program Informati	This section requests information ab the applicant organization and progr This information is included with eac program application.
Tes	ОСВ Р	al Narrative: Organization & Program Informati	This section requests information ab the applicant organization and progr This information is included with eac program application. Please note that there are word limit for many of the questions.
Tes	DSi CBP	al Narrative: Organization & Program Informati rogram (213546 - Program) GRANT Proposal Narrative Form	This section requests information ab the applicant organization and progr This information is included with eac program application. Please note that there are word limit for many of the questions. The questions about number of boar
Tes AL × Pleas	CG P	al Narrative: Organization & Program Informati rogram (213546 - Program)	 This section requests information about the applicant organization and progration is included with each program application. Please note that there are word limit for many of the questions. The questions about number of boar members, staff, etc., allow only numerical answers.

	Program Funding Source	es	
es	st CB Program - Program	List the program funding	sources for est in the
	Section	forms. Please note the con	nbined total
•	Proposal Narrative: PROGRAM Information	program budget.	your entire
•	Program Funding Sources (PLANNED)	Planned = Planning to su request for funding	ubmit a
•	Program Funding Source (PENDING)	<i>Pending</i> = Request for fu	unding
•	Program Funding Sources (COMMITTED)	submitted but not award <i>Committed</i> = Funding aw	ed varded
	Program: Key Program S	taff	
		You may provide informati staff members.	on for up to 5
odel	Program Metrics & Eval	uation	
Form Logic support goals support boutput & mount y gram re- se list : uts #1:	Model t programs that contribute to the community-wide goals. This section asks the applicant to delineate how the pr and how the proposed program activities will result in specific measurable results (outputs & outcomes). Please outcome measures. Note: Please structure your responses as follows. ACTIONS - Program strategies and ou deliver (i.e. 5,000 meals served); OUTCOMES - Performance goals; the change it creates (i.e. % of clients - esult/impact). your first primary activity and explain how they are based on best practices. Briefly describe any relevan 0 of 100 words What are the results of the primary activity #1? (i.e. number of clients engaged in program).*	Please complete the Logic Metrics Form listing 3 activ outputs and 3 outcomes fr activities.	Model and ites, 3 om those
	Codel Co	Program Funding Sources Section Forgram Funding Sources (PLANRED) Forgram Funding Sources (PLANRED) Forgram Funding Sources (PLANRED) Forgram Funding Sources (COMMITTED) Comments of the section of the sectin of the section of	Section Program Funding Sources Section Proposal Narrative: PROGRAM Information Program Funding Sources (PLANNED) Program Funding Sources (PLANNED) Program Funding Sources (COMMITTED) Program Funding Sources (COMMITTED) Program Funding Sources (COMMITTED) Program Sudde equate to program Sudde equate to program Sudde equate to program budget. Program Funding Sources (COMMITTED) Program Funding Sources (COMMITTED) Program Sudde equate to program Sudde

Client Statistics

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 https://web.hlunitedway.org/servlet/eAndar.CBPackages?p=4B3A4D6264604E4C24377E3E

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 Client Statistics - Beneficiaries (Prior Year Actual) (Total = 0)

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 ☆

 Client Statistics - Age (Prior Year Actual) (Total = 0)

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 Client Statistics - Gender (Prior Year Actual) (Total = 0)

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 Client Statistics - Ethnicity (Prior Year Actual) (Total = 0)

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 ☆

 Client Statistics - Income (Prior Year Actual) (Total = 0)

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 ☆

 Client Statistic - Zipcode (Prior Year Actual) (Total = 0)

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 Client Statistic - Beneficiaries (Current Year Estimated) (Total = 0)

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 ☆

 Client Statistics - Age (Current Year Estimated) (Total = 0)

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 Client Statistics - Gender (Current Year Estimated) (Total = 0)

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 Client Statistics - Gender (Current Year Estimated) (Total = 0)

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 Client Statistic - Ethnicity (Current Year Estimated) (Total = 0)

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There are a total of **18 Client Statistics** forms across 6 categories – this is because each type of demographic requires a different form on the application software. The first six forms should reflect actual numbers from the prior fiscal year. The next six forms are estimated numbers for the current fiscal year and the last 6 forms are your projected numbers.

Please note: All **Client Statistics** forms <u>must equal the total</u> number served by the program. Once you have completed the total beneficiaries form, every other form should equal the total beneficiaries form, or users will be asked to correct the client statistics form(s). Do not click **Submit** until all forms have been completed.

This rule does not apply to the income forms, since you can track either by household or individual.

Age

Remember: The total number at the bottom of this form MUST equal the totals given for the other forms from the same year. Do not submit any forms until you are sure that the totals are equal on each form. Submission will not be possible if the totals given are not equal.

Preschool (0-5) Children (ages 6-11) Youth (ages 12-14)	0
Children (ages 6-11) Youth (ages 12-14)	8
Youth (ages 12-14)	0
	U
Youth (ages 15-18)	0
Adults (19-64)	0
Seniors (65+)	0
Unspecified	0
Total	8

	Marketing Information		
Market	Program (213546 - Program)	UW will use program sei annual fund	this information about your rvices in United Way's raising campaign.
Client St Please submit u provides healthy	Ories p to three examples of services provided by the program that a weekly contribution of \$X dollars would make possit meals and snacks for 1 youth at our OST Program). This information may be used for marketing during United War		
	test 1 2 of 75 words		
2.			

					Completion Checklis	t]		
S	mal	II G	Gra	ant Con	npletion Checklist	As the FINAL Step in the application			
		Form				process, please complete the checklist. This			
(†	Ø ×	x → x Small Grant Completion Checklist					an aid to ensure all elements were		
s	Small A only su A.	pplic bmit AGI	atio the a ENC	on for Funding agency financi CY & FINANCIA	Checklist: Please ensure your application includes ALL of the below co ial review information once. L Information Checklist:	he application.			
		1)	St	andards of Acc	countability				
				• Yes	No No				
		2)	Co	overpage					
				• Yes	No No				
		3)	Lis	st of Board Me	mbers and Their Affiliations *				
) Yes	No N/A				

			Sumr	or	ts						
Appl	ication S	ummary Reports		Summary Reports allows the user to							
Once the review the	pre-application a a various compon	nd application are available online and ents of your application by viewing a a	you have entered informati summary of the applicatior	/	create, print and/or save a complete PDF summary of all of the information submitted for the agency and program. The report will include all online forms, and will include a list of uploaded documents. To print a summary, click on the application you wish to print and press Submit . Click Refresh to check status. When status is						
To view a <u>Summary</u> order to v Refresh I	summary, choos <u>r Reports</u> - to viev iew it.) If you do r button.	e which application to review, then pr r, click on the summary name (if you ot see the summary immediately app	ess the Submit button. The are using Chrome, you may lear in <u>Summary Reports,</u> y	er we in							
You can applicatio	delete a report fro n.	m the <u>Summary Reports</u> list at any ti	me - this does not delete ar	the							
۲	Full Application	n Ins and list of uploaded documents with	in application					Ready , click on the underlined name and a			
0	Pre-Applicatio	1						PDF document will open. Save a copy of this			
My	^{ibmit} Summar	y Reports	Summary reports are routinely deleted from the system after 30 days. Users can recreate the summary again if it was								
								deleted from My Summary Reports.			
s R	efresh	Name	Date	#Pages	Size	Type	Stat	Deleting a summary document does not			
	Full Application	Test CB Agency - CB Package Detail Report	08/09/2013 10:11:28 AM	1 f	4512	PDF	Rea	delete the of application.	priginal information in the		
8	Delete Cancel										

Questions or Problems?

Application content and methodology Questions Contact:

Michelle Hargrave <u>mhargrave@hlunitedway.org</u> or 218.726.4771

Technical Questions on the online Platform Contact:

Elizabeth Mayne <u>emayne@Hlunitedway.org</u> or 218.726.4779