



UNITED WAY
Johnson &
Washington Counties



**North
Liberty**

FY26-FY27 Joint Funding Application E-CImpact Technical Training



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Application Timeline and Funding Cycle

Key dates, deadlines, and the timeline of the funding cycle



Funding Cycle: Funds awarded through this application will support programs from July 1, 2025, to June 30, 2027, across all participating funding entities.

Application Timeline

September 9,
2024

Application
Released

October 15,
2024

Applications
Due by 5:00
pm

Late Applications

- To ensure fairness to all applicants and to accommodate the needs of all involved funders, late applications cannot be accepted through this system.
- For extension inquiries with specific funders, please contact the funder directly. Note that extensions are not guaranteed, and deadlines are generally upheld.



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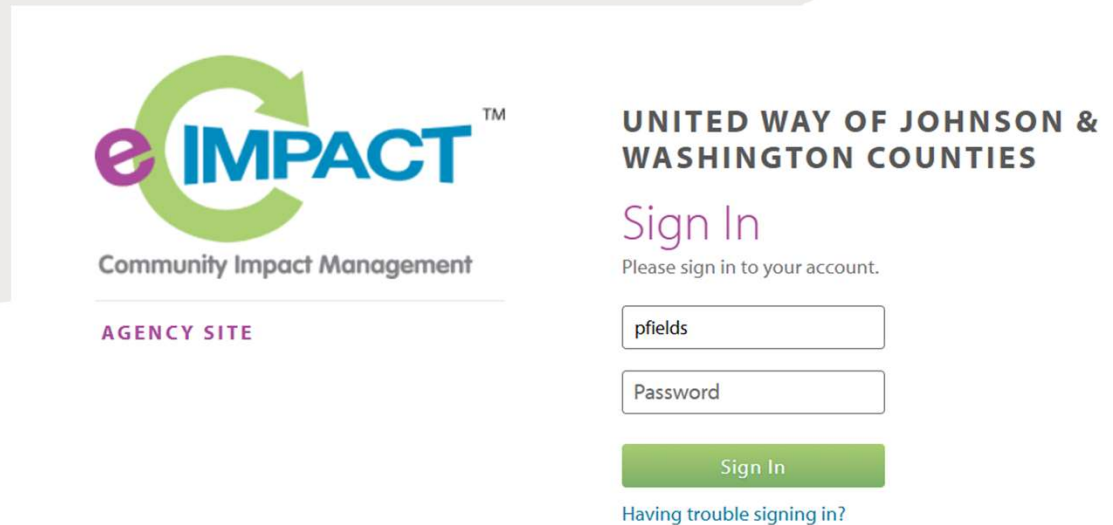


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E-CImpact Basics

Introduction to the platform and how to access the application.

Accessing the Joint Application via e-CImpact



To access the e-CImpact platform for the Joint Funding Application, visit:

<https://agency.e-cimpact.com/login.aspx?org=17300U>

- You must use this link, and not the link from a general e-CImpact google search to access the correct site associated with the United Way of Johnson and Washington Counties.
- Though the admin for this site is UWJWC, this is the correct link to access the application for all funders involved in the joint application.

Logging in

To log in, go to: <https://agency.e-cimpact.com/login.aspx?org=17300U>

If you already have an agency account, enter your username and password for login.

If you forget your password, click the “Forgot your Password?” Link to reset.

If you already have an account, skip to Page 11 of this guide.

If you do not have an agency account, you may create an account by clicking on the Create new account link.

e IMPACT™
Community Impact Management
AGENCY SITE

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

Sign-In
Please sign in to your account.

User Name

Password

Sign in to our Secure Server

[Forgot your password?](#)

New to e-IMPACT?

Create an e-IMPACT account
To create a new agency account select the link below:

[Click here to create a new e-IMPACT agency account](#)

Additional Help Text Available

- For more information on certain questions, look for items marked with a blue and white question mark.
- Simply hover over the question mark to view additional details.

The screenshot shows a list of categories on the left side of a form. The categories are: Grants - Federal, State, Foundation*, Fees for Services*, Fun, and Annual Endowment Draw. Each category has a blue and white question mark icon to its left. The 'Fees for Services*' category is circled in green. A blue arrow points from the 'Additional Help Text Available' title to the question mark icon. A yellow tooltip box is open over the 'Fees for Services*' category, displaying the following text:

💡 Fees for Services

This represents revenue earned from providing services for which fees are charged. It includes income from service contracts, program fees, client charges, and any other payments received for specific services rendered by the organization.

The background of the screenshot shows a grid of empty input fields for data entry.

Character Limits


- Each section has a character limit identified.
- As you enter information, you can view how many characters you have used, and how many are remaining.

United Way of Johnson & Washington Counties: ***Test - Work - Microsoft Edge
https://agency.e-cimpact.com/home.aspx?token=1

Hello, **Big Outcomes** My User Profile Change Password

Health/Mental Health

Grant Narratives - Funder Requests

 Please complete the narratives below for each funder from whom you are requesting funding. For the five listed funders, please enter 'N/A' in the corresponding field.

You can find eligibility details and contact information for each funding opportunity here.

1. United Way JWC Funding Narrative: Tell us about your services to Johnson & Washington County residents represented in your operation. If your agency serves a larger regional area, please provide the percent of overall clients that are Johnson & Washington County residents. If your request is program specific, please provide the program name.

Limit up to 4000 characters (0 used).

2. Johnson County Funding Narrative: Johnson County prioritizes funding that supports the wellbeing and/or health outcomes for Johnson County residents. Tell us about your agency's services to Johnson County residents. If your agency serves a larger regional area, please provide the percent of overall clients that are Johnson County residents.

Limit up to 4000 characters (0 used).

3. City of Iowa City Funding Narrative: Tell us about your services to Iowa City residents. If the agency serves a regional area, please provide % of overall clients that are Iowa City clients for that program.

Limit up to 4000 characters (0 used).

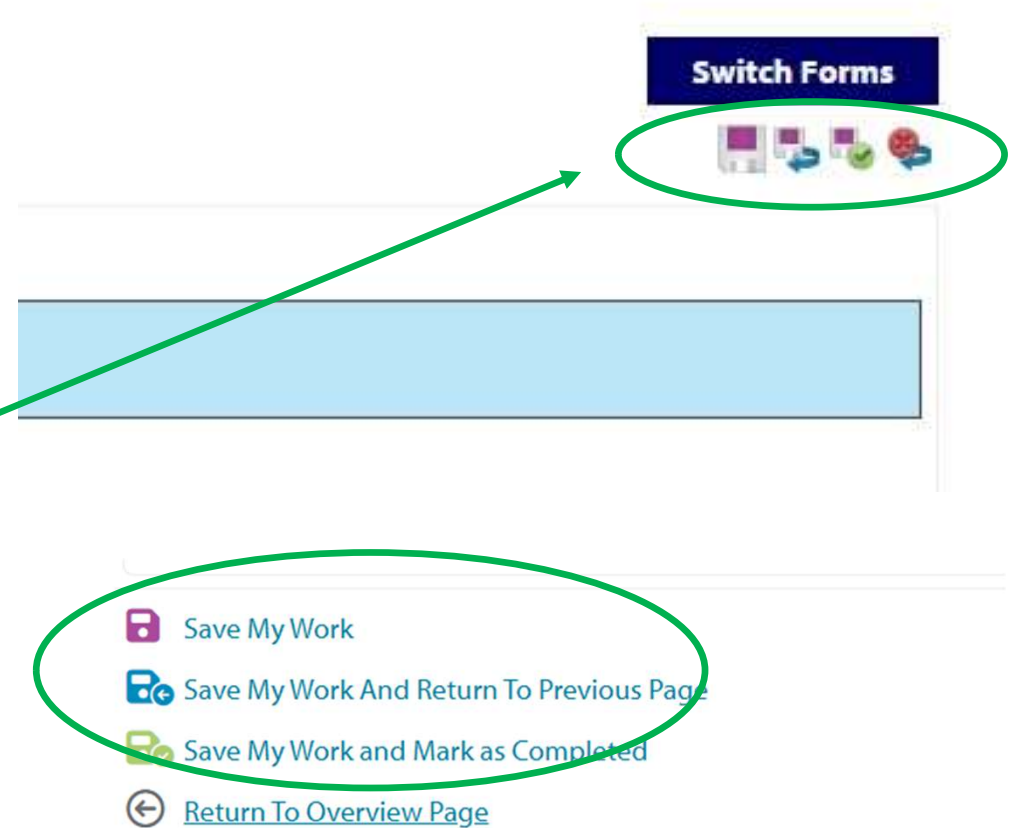
4. City of Coralville Funding Narrative: How do your services specifically address the needs of Coralville residents?

Saving Your Work

- You can save your work regularly while you complete the application. Save Options:

- Top right-hand corner of page

- Bottom left-hand of page



Exporting to PDF

Limit up to 4000 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](#)

[Export This Form To HTML](#)

[Export This Form To Adobe PDF](#)

[Export This Form To Adobe PDF \(Large Font\)](#)



At any point, you can export the form to a pdf to review, print and/or save.



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Established Agency Accounts

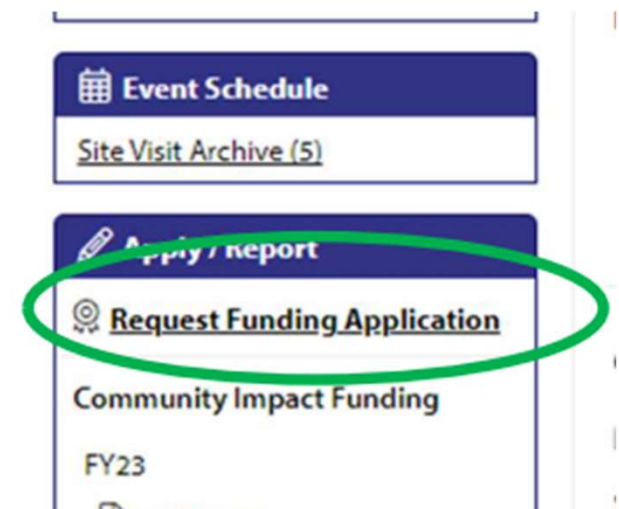
Established Agency Accounts

If your agency already has an account with e-CImpact, follow these instructions to log in and access the application

1. Log in using your username and password

2. Locate 'FY26-FY27 Joint Funding Application' on the left-hand navigation panel.

3. If you don't see it listed, select 'Request Funding Application' on the left-hand panel and then choose 'FY26-FY27 Joint Funding Application' from the options.



Log in for Established Agency Accounts

1. Log in using your username and password

- If you've forgotten your password, click the 'Forgot Password' link to reset it.
- If you're a new user at an existing agency, please ask your agency admin to add you as a user or contact United Way for assistance if needed.

eIMPACT™
Community Impact Management
AGENCY SITE

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

Sign-In
Please sign in to your account.

User Name

Password

Sign in to our Secure Server

[Forgot your password?](#)


Locate the Application


2. Locate 'FY26-FY27 Joint Funding Application' on the left-hand navigation panel.


- From here, you can view all applications and reports associated with your account
- Click on the Joint Application link listed under FY26-FY27


FY24

 Joint Application

 1st Quarter

 2nd Quarter

 3rd Quarter

 4th Quarter

FY25

 Joint Application

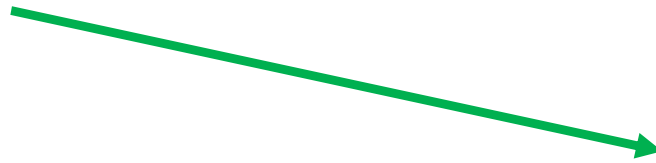
FY26-FY27

 Joint Application

Open Process

Open Process Overview

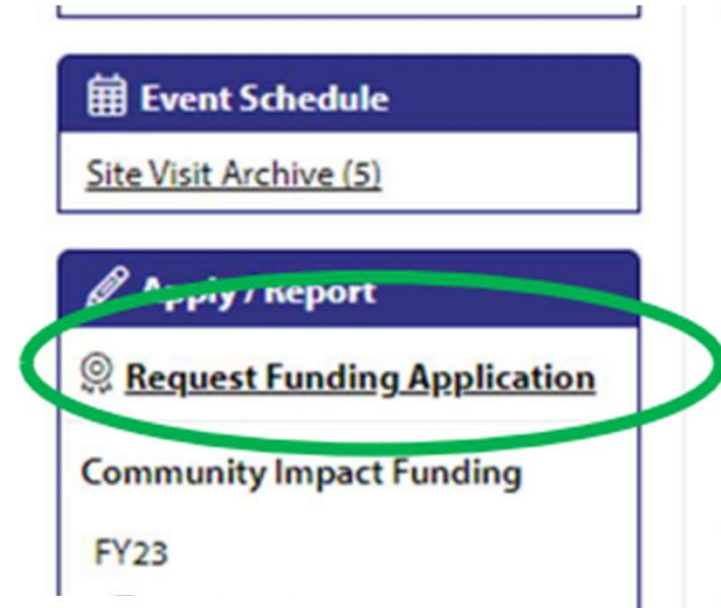
 The Best Grant Ever



Locate the Application

3. If you don't see the application listed, select 'Request Funding Application' on the left-hand panel.

- You will then be directed to a page to verify eligibility for this application cycle.
- Answer the qualifying question to proceed.
- Select the FY26-FY27 Joint Funding Application



Community Impact Funding FY26-FY27



Joint Application

The FY26-FY27 Joint Funding Application is a cooperative application for org services to request funding from **United Way of Johnson & Washington Cour County, Johnson County, City of Iowa City, City of Coralville, and City of Nor**

Organizations will be able to request funding and provide supporting informa funders through one application.

We will be hosting several training sessions over the next few weeks to assist changes, understanding funder priorities, technical support for eCImpact, ar the budget sections. Please see the details below:

Locate the Application

3. If you don't see the application listed, select 'Request Funding Application' on the left-hand panel.

- You will then be directed to a page to verify eligibility for this application cycle. Click next to Select the FY26-FY27 Joint Funding Application

A screenshot of the 'Community Impact Funding' page for the 'FY26-FY27' cycle. The page title is 'Community Impact Funding' with the subtitle 'FY26-FY27'. Below the title, there is a radio button selected next to the heading 'Joint Application'. The text below explains that the FY26-FY27 Joint Funding Application is a cooperative application for organizations to request funding from the United Way of Johnson & Washington Counties, Johnson County, City of Iowa City, City of Coralville, and City of Norwalk. It also mentions that organizations will be able to request funding and provide supporting information through one application, and that training sessions will be hosted to assist with the process.

Community Impact Funding
FY26-FY27

Joint Application

The FY26-FY27 Joint Funding Application is a cooperative application for org services to request funding from **United Way of Johnson & Washington Cour County, Johnson County, City of Iowa City, City of Coralville, and City of Nor**

Organizations will be able to request funding and provide supporting informa funders through one application.

We will be hosting several training sessions over the next few weeks to assist changes, understanding funder priorities, technical support for eCImpact, ar the budget sections. Please see the details below:

- Answer the qualifying question to proceed to the application

A screenshot of a qualification question on the application page. The header reads 'UNITED WAY OF JOHNSON & WASHINGTON CO'. The question is 'FY25 Joint Application Qualification' and asks 'Is your group a nonprofit organization that serves Johnson or Washington Counties?'. A dropdown menu next to the question is set to 'Yes' and is circled in green. Below the question is a green 'Previous' button.

UNITED WAY OF JOHNSON & WASHINGTON CO

FY25 Joint Application Qualification

Is your group a nonprofit organization that serves Johnson or Washington Counties?

Previous



UNITED WAY
Johnson &
Washington Counties



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Agency Registration

New Agency Accounts

For agencies that have not previously applied for funding through the Joint Application in e-CImpact.

1. If your agency has not previously applied for funding through the Joint Application in e-CImpact, register a new account by clicking on the 'Create a new e-CImpact account' link.

2. Follow the prompts to enter your agency's information, including the Name, EIN, Mission, Description of Community Need, and relevant contact details.

3. Create a username and password, then click next to proceed

4. Select the FY26-FY27 Joint Funding Application.

5. Answer the qualifying questions and click 'Continue' to proceed.

6. Review your information and click 'Complete Registration' to proceed to the application.

New to e-CImpact?

Create an e-CImpact account

To create a new agency account select the link below:

[Click here to create a new e-CImpact agency account](#)

Create a New Agency Account

1. If your agency has not previously applied for funding through the Joint Application in e-CImpact, register a new account by clicking on the 'Create a new e-CImpact account' link.



UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

Thank you for your interest in applying for funding.

In order to complete an application, you must register your agency and programs. Click the "next" arrow in the bottom right corner to continue.

If your agency has applied before, there is already a profile in the online system and you will not be allowed to make a duplicate profile.

If you have any questions during the process or need to know your agency profile login information, please contact:

Wendy Nolan at wendynolan@unitedwayjwc.org or 319-338-7823.

[← Cancel and Return to Login Page](#)


[Next](#)

Enter Agency Information

2. Follow the prompts to enter your agency's information, including the Name, EIN, Mission, Description of Community Need, and relevant contact details.

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

United Way of Johnson & Washington Counties Agency Registration

 Fields marked with an * are required fields.

All required information for the Agency Profile must be provided in order to be approved.

Agency Account Information

EIN:*

12-1234567

Agency Name:*

UWJWC Test

Website URL: *

www.unitedwayjwc.org

Account Information

Description:

Connector, Collaborator, Partner, Funder

Limit up to 4000 characters (40 used).

Create your account Username

3. Create a username and password, then click next to proceed

Preferred Login

Preferred Username:*

Password:*



Confirm Password:*



- ✓ Password must be at least 8 characters long.
- ✓ Must not contain " % or blank spaces.
- ✓ Must meet at least 3 of the 4 following requirements:
 - ✓ At least 1 capital letter
 - ✓ At least 1 lowercase letter
 - ✓ At least 1 number
 - ✓ At least one symbol (allowed symbols are !@#\$%^&*())
- ✓ Password and Confirm Password must match.

Previous

Next

 [Cancel and Return to Login Page](#)

Select the Application

4. Select the FY26-FY27 Joint Funding Application.

Community Impact Funding

FY26-FY27



Joint Application

The FY26-FY27 Joint Funding Application is a cooperative application for organizations providing services to request funding from **United Way of Johnson & Washington Counties and Johnson County, Johnson County, City of Iowa City, City of Coralville, and City of North Liberty.**

Organizations will be able to request funding and provide supporting information for each of the local funders through one application.

We will be hosting several training sessions over the next few weeks to assist with application changes, understanding funder priorities, technical support for eImpact, and a detailed review of the budget sections. Please see the details below:

1. Joint Application Changes Training with Joint Funders

Date: Thursday, September 19

Time: 10:00 am - 11:30 am

Zoom Link: <https://us06web.zoom.us/j/84051908963>

2. FY26-FY27 Joint Application - eImpact Software Technical Training

Qualifying Agencies

5. Answer the qualifying questions and click 'Continue' to proceed.

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

FY25 Joint Application Qualification

Is your group a nonprofit organization that serves Johnson or Washington Counties?

Yes ▾

Previous

Continue


[← Cancel and Return to Login Page](#)

Connect with United Way of Johnson & Washington Counties

Complete Registration

6. Review your information and click 'Complete Registration' to proceed to the application.

UNITED WAY OF JOHNSON & WASHINGTON COUNTIES

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

Review the information below and click "Submit".

EIN: 12-1234567
Agency Name: UWJWC Test
Website: www.unitedwayjwc.org

Additional Agency Account Information Summary

Is your group a nonprofit organization that serves Johnson or Washington Counties?

Yes

 [Cancel and Return to Login Page](#)

[Complete Registration](#)



Agency Profile

Agency Profile

Additional fields have been added, allowing agencies to enter information in the profile once, without needing to re-enter it for each application cycle.

The dashboard shows a navigation menu on the left with the following items: Home, Agency Profile, Description of Community Need, Contacts, Statements, and Program Profiles. The 'Agency Profile', 'Description of Community Need', and 'Statements' items are circled in blue, green, and purple respectively. Arrows from these circles point to the corresponding detail views on the right. The top of the dashboard shows a home icon and the text '***Test'. Below the navigation menu, there are buttons for 'Apply' and 'Communi', and a status indicator 'Status: ● |'.

Agency Profile

Fields marked with an * are required fields.

Agency Name:*

EIN:
Format: '##-#####' or '#####'

Staff Liaison:

Primary Contact:

Website:

Facebook Profile:

Description of Community Need:*

Entering the Description of Community Need in your agency profile is required. While it will also be a required part of the application, the system will not auto-fill this information at this time. Once your profile is updated, you can copy and paste the Description of Community Need into the application.

Description of Community Need: What specific need in the community is your agency addressing? Describe the extent of the need, including current local data with source information and the major factors in the


Statements

| Type | Statements |
|-------------------|------------|
| Mission Statement | |
| Agency Statement | Testing |

[+ Add New](#)

Agency Profile – Mission Statement

Agency Mission Statement and Description of Community Need

 Your agency's mission statement will automatically populate from your profile. You can leave it as is or update it below.

The Description of Community Need is also available in your agency profile, but it will not auto-fill. You may copy and paste it from your profile or write a new statement below

Agency Mission Statement

Limit up to 2000 characters (0 used).

- Before starting your application, please update your Agency Mission Statement on your homepage if you haven't already done so.
- This will ensure the Mission Statement auto-populates in your application.

Agency Profile – Description of Community Need

Description of Community Need:*

Entering the Description of Community Need in your agency profile is required. While it will also be a required part of the application, the system will not auto-fill this information at this time. Once your profile is updated, you can copy and paste the Description of Community Need into the application.

Description of Community Need: What specific need in the community is your agency addressing? Describe the extent of the need, including current local data with source information and the major factors in the community contributing to the need.:

- Before starting your application, please update your 'Description of Community Need' on your homepage if you haven't already done so.
- You can then copy and paste this information into your application, as it will not auto-populate automatically.



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Creating and Assigning a New Program

A new program is required for the FY26-FY27 Joint Application

Unlike past applications where agencies reported on individual programs, indicators are now adjusted to cover all services your agency provides in Johnson and Washington Counties or seeks funding for from the joint funders.

To add the program

1. Click '**Create a New Program and Assign it to this Application**'

2. Name the new program using the format **[Agency Name] - FY26-FY27 Outcomes.**

3. Ensure that you click '**Complete Registration**' on the Review page to successfully add your program to the application.

Once the Program Profile registration is complete, all relevant forms for that program will display in your list of forms below.

Create and Assign a New Program

1. Click 'Create a New Program and Assign it to this Application'

Assign Programs to this Application

A new program is required for this application.

Rather than reporting on individual programs as some agencies may have done in the past, the new indicators are now agency-wide. When completing the outcomes select **be sure to choose all 'Services Provided' relevant to your agency's services** in Johnson and Washington Counties or for which you are seeking funding from one of the five joint funders.

To create a new program:

1. Click '**Create a New Program and Assign it to this Application**' to go to the Add New Program Profile page.
2. Name the program as **[Agency Name] - FY26-FY27 Outcomes**.
3. Create your new program profile based on agency-wide services.
4. Click '**Complete Registration**' on the Review page to finalize the addition.

Once the Program Profile is complete, all relevant forms will appear in your list below.

Select a Program:

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

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

Name the New Program & Complete the Profile

2. Name the new program using the format
**[Agency Name] - FY26-
FY27 Outcomes.**

- Choose “Performance Measurements for the Impact Area”
- Use General Agency Information to complete the remaining Program Profile.

Program Registration

Eligible programs must serve Johnson County residents.

i Fields marked with an * are required fields.


Program Information

Program Name:*
Limit up to 130 characters (32 used).

Impact Area:

Program Primary Contact:

Address

 [Copy Agency Primary Address](#)

Address Type:

Address Line 1:

Address Line 2:

City:

-

Complete new Program Registration

3. Ensure that you click **'Complete Registration'** on the Review page to successfully add your program to the application.

Email Address:

Phone Number

Phone Type:

-- Select Phone Type -- ▾

Phone Number:



Save/Complete Registration



Cancel and Return to Previous Page

Later in the application, you will complete 'Form E: FY26-FY27 Performance Measurements & Outcomes.' A program must be assigned to access this form.



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Starting Your Application

Application Homepage

General Instructions & Important Deadlines

To successfully submit your application, all forms must be marked as complete.

- Some forms require entries in each field. For narrative questions that do not apply, enter “NA” in the text field. For numerical fields that do not apply, enter “0.”
- All supporting documents sections must also be completed. The Board of Directors List and Agency Audit/Financial Review are required. Additional supporting documents are not mandatory.
- If you do not have additional supporting documents, you must still click into this section and mark it as complete. Otherwise, your application will be considered incomplete, and you will not be able to submit it.

Complete submission of all application materials and supporting documents is due by 5:00 pm on October 15, 2024

Late Applications

To ensure fairness to all applicants and to accommodate the needs of all involved funders, late applications cannot be accepted through this system.

For extension inquiries with specific funders, please contact the funder directly. Note that extensions are not guaranteed, and deadlines are generally upheld.

Thank you for your understanding.

NOTE: A new program is required for this application.

Instead of associating and reporting on individual programs, as some agencies may have done in the past, we have adjusted the indicators to reflect agency-wide reporting. When completing the outcomes selection, you will choose from a list of all services your agency provides in Johnson and Washington Counties or for all services for which you are requesting funding from one of the five joint funders.

To report on your outcomes and indicators agency-wide, please create a new program to associate with this application. The program name should

Application Homepage

Funding Eligibility

Who Can Apply for Funding?

United Way of Johnson and Washington Counties Funding:

- Affiliated UWJWC Partner Agencies may apply.
- If you have questions on your status as a United Way Partner Agency, please contact Emily Meister at emily.meister@unitedwayjwc.org

Johnson County Funding:

- Established non-profit social service organizations providing services within Johnson County to area residents are eligible to apply.
- Eligible organizations must have a non-discrimination clause. Eligible organizations must not discriminate against or deny services to any individual based on their race, creed, color, national origin, religion, age, sex, marital status, sexual orientation, gender identity, disability or handicap status.
- Johnson County will not provide funding to wrap insurance and/or Medicaid shortfall.
- For questions, contact Lynette Jacoby, Social Services Director at 319-356-6090 or ljacoby@johnsoncountyiowa.gov.

City of Iowa City Funding:

- Organizations with Legacy Agency status are eligible to apply.
- Applicants must apply for at least \$15,000 to be considered for funding.
- Iowa City bases its funding decisions on criteria established by the Housing and Community Development Commission. The Legacy Aid to Agency scoring criteria is posted at www.icgov.org/grants.
- If you do not meet these criteria, information on additional grant opportunities from the City of Iowa City is available at www.icgov.org/grants.
- Contact Sam Turnbull with any questions at 319.356.5237 or at sturnbull@iowa-city.org.

City of Coralville Funding:

- Any organization serving Coralville may apply.
- Please contact Ellen Habel with any questions: ehabel@coralville.org.

City of North Liberty Funding:

- Any organization serving North Liberty residents.
- Please contact Tracey Mulcahey for questions: tmulcahey@northlibertyiowa.org.

Application Homepage

Required Forms

- The FY26-FY27 Joint Application homepage will give access to all the required forms.
- Click the form link for each required form.
- Start with the FY25 Joint Funding Application Link

| Not Started | In Progress | Ready To Submit | Submitted |
|--|--|---|--|
| Item (* indicates Required Item) | Last Updated | Status | Options |
| ★+ ***Test | 9/19/2024 9:13 AM (CST) | In Progress | |
| FY26-FY27 Joint Funding Application* | Emily Meister 9/19/2024 9:13 AM (CST) | ● In Progress | |
| Form A: FY26-FY27 Funding Requests* | Emily Meister 9/9/2024 7:31 PM (CST) | ● Completed / Ready to Submit | |
| Form B1: FY26-FY27 Agency Demographics* | | ● Not Started | |
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) | ● Completed / Ready to Submit | |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | | ● Not Started | |
| Form D: FY26-FY27 Agency Salaries & Benefits* | | ● Not Started | |
| Supporting Documents | | ● Not Started | |
| ★+ Test - FY26-FY27 Outcomes | 9/20/2024 9:08 AM (CST) | In Progress | <input checked="" type="checkbox"/> Include? |
| Form E: FY26-FY27 Performance Measures and Outcomes* | Wendy Nolan 9/20/2024 9:08 AM (CST) | ● In Progress | |



UNITED WAY
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FY26-FY27 Joint Funding Application

FY26-FY27 Joint Application Funding Application

General Information

- Enter General Information for your organization 
- Your Agency Mission Statement will auto populate from your Agency Profile. You will copy and paste your Description of Community Need from your profile. 

FY26-FY27 Joint Funding Application

 Fields marked with an * are required fields.


General Information

Agency Name*
Limit up to 150 characters (7 used).


Executive Director Name*

Board President Name*


Agency Mission Statement and Description of Community Need

 Your agency's mission statement will automatically populate from your profile. You can leave it as is or update it below.

The Description of Community Need is also available in your agency profile, but it will not auto-fill. You may copy and paste it from your profile or write a new statement below

 Agency Mission Statement

Limit up to 2000 characters (0 used).

 Community Need:
What specific need in the community is your agency addressing?
Describe the extent of the need, including current local data with source information and the major factors in the community contributing to the need.

FY26-FY27 Joint Application Funding Application

Priority Areas

- United Way, City of Iowa City, and Johnson County all have funding priority areas.
- The system will not currently allow you to skip these questions, even if you are not applying for funding from one of these entities. Please select the options(s) that best fit your services.


United Way JWC Impact Areas

 Please select the United Way JWC Impact Areas that best describe your services.

Note that these areas have been recently updated.


- ? Healthy Community
- ? Youth Opportunity
- ? Community Resiliency
- ? Financial Security

City of Iowa City - City Steps Priority Areas

 If you are applying for City of Iowa City funding, please indicate which priority areas your services address.

- Services to the homeless or those at risk of homelessness
- Childcare
- Transportation
- Health/Mental Health Services
- Youth Activities and Programming
- Elderly activities and programming

Johnson County Priority Areas

 Please indicate the Johnson County Priority Areas that best describe your services.

- Basic Human Needs
- Child and Family Wellbeing
- Health/Mental Health

FY26-FY27 Joint Application Funding Application Grant Narratives – Funder Specific Questions

- Questions 1-5 must be answered for each funder you are requesting funding from.
- Provide a narrative response for every applicable funder.
- For funders you are not requesting funding from, enter 'NA' in the corresponding field.
- Note: All fields must be completed to submit the form.
- Questions have been reworded in this funding cycle to focus on supporting general operational funding.

Grant Narratives - Funder Requests



Please complete the narratives below for each funder from whom you are requesting funding. If you are not requesting funding from any of the five listed funders, please enter 'N/A' in the corresponding field.

You can find eligibility details and contact information for each funding entity by hovering over the question mark icon.

1. United Way JWC Funding Narrative: Tell us about your services to Johnson and/or Washington County represented in your operation. If your agency serves a larger regional area, please provide the percent of overall Washington County residents. If your request is program specific, please provide the percentage of Johnson County program.

Limit up to 4000 characters (0 used).

2. Johnson County Funding Narrative: Johnson County prioritizes funding for organizations addressing basic needs and/or health outcomes for Johnson County residents. Tell us about your services that address basic needs and/or health outcomes for Johnson County residents. If your agency serves a larger regional area, please provide the percent of overall clients that are Johnson County residents.

Limit up to 4000 characters (0 used).

3. City of Iowa City Funding Narrative: Tell us about your services to Iowa City and how the City Steps Program is implemented in your agency. If the agency serves a regional area, please provide % of overall clients that are Iowa City residents, if your request is program specific, please provide % of Iowa City clients for that program.

FY26-FY27 Joint Application Funding Application

Grant Narratives – Additional Agency Information

- Questions 6-10 focus on additional information relevant to the funder review process.
- Question 10: Match Funding – This question has been revised to ensure that operational funding is not restricted for match purposes if other funding becomes available. Agencies are now asked to describe how match funding has been used in the past. This approach informs funders of match requirements without imposing restrictions on agencies.

Grant Narratives - Additional Agency Information



All agencies applying for funding from any of the listed entities must complete the organization, please provide an explanation.

6. Provide a succinct, specific description of your primary target populations(s). Describe strengths. What barriers to success do they face? If your agency serves a regional area, provide information on residents.*

Limit up to 4000 characters (0 used).

7. Please explain how your agency promotes racial equity and inclusivity for historically underserved populations (including but not limited to Black, Hispanic/Latino, LGBTQ, immigrants/refugees, individuals with disabilities) through your services, for you

10. Describe how local funding received by your organization helped leverage other revenue in the last fiscal year. Identify and include specific grant/funding sources and amounts that were awarded that require a match.

Limit up to 4000 characters (0 used).









Application Forms

- Form A: FY26-FY27 Funding Requests – NEW Form
- Form B1: FY26-FY27 Agency Demographics
- Form B2: FY26-FY27 Agency Demographics – Additional Information – NEW Form
- Form C: FY26-FY27 Agency Budget
- Form D: FY26-FY27 Agency Salaries & Benefits
- Form E: FY26-FY27 Performance Measures & Outcomes



Form A: FY26-FY27 Funding Requests – NEW Form

| ★+ ***Test | 9/19/2024 9:13 AM (CST) | In Progress |  |
|--|--|---|---|
| FY26-FY27 Joint Funding Application* | Emily Meister 9/19/2024 9:13 AM (CST) |  In Progress | |
| Form A: FY26-FY27 Funding Requests* | Emily Meister 9/9/2024 7:31 PM (CST) |  Completed / Ready to Submit | |
| Form B1: FY26-FY27 Agency Demographics* | |  Not Started | |
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) |  Completed / Ready to Submit | |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | |  Not Started | |

Form A: FY26-F27 Funding Requests

Agency Budget

Agency Budget



Please enter your estimated total agency budget for the fiscal years FY26 and FY27. This should reflect the overall projected budget for your agency during this granting cycle.

| Agency Budget | FY26 | FY27 |
|---------------|-------------------------------------|-------------------------------------|
| Agency Budget | <input type="text" value="200.00"/> | <input type="text" value="300.00"/> |

- Please provide your estimated budgets for FY26 and FY27 in this section.
- This information will automatically calculate the percentage of your total budget based on your funding requests in the next section.

Form A: FY26-F27 Funding Requests

Funding Requests

? Funding Requests



Please enter your FY26 funding request for each funding entity. The amount will automatically populate the FY27 column, as all funders in this application roll over the annual request to duplicate in the following year. The percentage of the total budget will auto-populate for each fiscal year and funder.


You can find funding eligibility details and contact information for each funding entity by hovering over the funder name below.

| | FY26 Funding Request | FY26 % of Total Budget | FY27 Funding Request | FY27 % of Total Budget |
|-------------------------|------------------------------------|------------------------|----------------------|------------------------|
| ? United Way JWC | <input type="text" value="10.00"/> | 5.00 | 10.00 | 3.33 |
| ? Johnson County | <input type="text" value="10.00"/> | 5.00 | 10.00 | 3.33 |
| ? City of Iowa City | <input type="text" value="10.00"/> | 5.00 | 10.00 | 3.33 |
| ? City of Coralville | <input type="text" value="10.00"/> | 5.00 | 10.00 | 3.33 |
| ? City of North Liberty | <input type="text" value="10.00"/> | 5.00 | 10.00 | 3.33 |

- Please provide your FY26 Funding Request for each entity. This will auto-populate your FY27 Funding Request for each row.
- This information will automatically calculate the percentage of your total budget based on your agency budgets in the previous section.



Form B1: FY26-FY27 Agency Demographics

| ★+ ***Test | 9/19/2024 9:13 AM (CST) | In Progress |  |
|--|--|-------------------------------|---|
| FY26-FY27 Joint Funding Application* | Emily Meister 9/19/2024 9:13 AM (CST) | ● In Progress | |
| Form A: FY26-FY27 Funding Requests* | Emily Meister 9/9/2024 7:31 PM (CST) | ● Completed / Ready to Submit | |
| Form B1: FY26-FY27 Agency Demographics* | | ● Not Started | |
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) | ● Completed / Ready to Submit | |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | | ● Not Started | |

Form B1: FY26-FY27 Agency Demographics

Demographic Categories

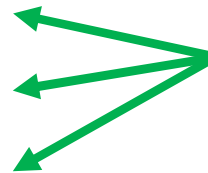
Gender



Please provide the unique number of individuals served who self-identified within each of the gender categories listed below

If your organization does not collect gender information, please report the total number of individuals served in the "Unknown Gender" category and provide an explanation in Form B2: FY26-FY27 Agency Demographic - Additional Information.

| | FY24 | Projected FY25 |
|------------------|----------------------|----------------------|
| ? Male* | <input type="text"/> | <input type="text"/> |
| ? Female* | <input type="text"/> | <input type="text"/> |
| ? Non-binary* | <input type="text"/> | <input type="text"/> |
| ? Unknown Gender | <input type="text"/> | <input type="text"/> |
| Total | | |



Please provide the unique number of individuals served who **self-identified** within each of the categories listed.

Unknown Category

If any individuals did not self-identify within one of the categories, please record that number in the 'Unknown' section.


If your organization does not demographic information in any of the categories, please report the total number of individuals served in the "Unknown" category and provide an explanation in Form B2: FY26-FY27 Agency Demographic - Additional Information.

Form B1: FY26-FY27 Agency Demographics

Historical and Current Data

- Please provide one year of historical data and the projected number of individuals you expect to serve in the current fiscal year.
- This should be self-identified information.
- If you do not collect data in any of the categories, enter '0'. If you wish, you may provide additional information for any '0's in Form B2.


Ethnicity

 Please provide the unique number of individuals served who self-identified within each category.






If your organization does not collect ethnicity information, please report the total number of individuals served in the current fiscal year in the Agency Demographic - Additional Information.

| | FY24 | Projected FY25 |
|---|----------------------|----------------------|
|  Hispanic, Latino, or Spanish Origin | <input type="text"/> | <input type="text"/> |
|  Not of Hispanic, Latino, or Spanish Origin | <input type="text"/> | <input type="text"/> |
|  Unknown Ethnicity | <input type="text"/> | <input type="text"/> |
| Total | | |

Age

 Please provide the unique number of individuals served who self-identified within each category.

If your organization does not collect age information, please report the total number of individuals served in the current fiscal year in the Agency Demographic - Additional Information.

| | FY24 | Projected FY25 |
|---|----------------------|----------------------|
|  0-5* | <input type="text"/> | <input type="text"/> |
|  6-17* | <input type="text"/> | <input type="text"/> |
|  18-29* | <input type="text"/> | <input type="text"/> |
|  30-61* | <input type="text"/> | <input type="text"/> |
|  62-74* | <input type="text"/> | <input type="text"/> |

Form B1: FY26-FY27 Agency Demographics

Unduplicated Data

- Please include only unduplicated numbers.
- Example: if a client accesses your services 5 times throughout the year, this counts as 1 unduplicated client.
- Example: Clients included in your Iowa City totals should not also be included in your Johnson County total

Geographic Location



Please provide the unique number of individuals served who reside with

If your organization does not collect information on place of residence, p
FY26-FY27 Agency Demographic - Additional Information.

NOTE: For Johnson County data, please exclude individuals from the follo
from other Johnson County municipalities and rural areas.


For Washington County, you may provide data at the whole county level.

| | FY24 | Projected FY25 |
|--|----------------------|----------------------|
| ? Johnson County (Combined, Unduplicated)* | <input type="text"/> | <input type="text"/> |
| ? Iowa City* | <input type="text"/> | <input type="text"/> |
| ? Coralville* | <input type="text"/> | <input type="text"/> |
| ? North Liberty* | <input type="text"/> | <input type="text"/> |
| ? Washington County | <input type="text"/> | <input type="text"/> |
| ? Unknown Geographic | <input type="text"/> | <input type="text"/> |



Form B2: FY26-FY27 Agency Demographics

Additional Information – NEW Form

| ★+ ***Test | 9/19/2024 9:13 AM (CST) | In Progress |  |
|--|--|---|---|
| FY26-FY27 Joint Funding Application* | Emily Meister 9/19/2024 9:13 AM (CST) | ● In Progress | |
| Form A: FY26-FY27 Funding Requests* | Emily Meister 9/9/2024 7:31 PM (CST) | ● Completed / Ready to Submit | |
| Form B1: FY26-FY27 Agency Demographics* | | ● Not Started | |
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) | ● Completed / Ready to Submit | |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | | ● Not Started | |

Form B2: FY26-FY27 Agency Demographics

Additional Information – NEW Form

Additional Information

If you reported individuals in the 'Unknown' category for any demographic in Form B1: FY26-FY27 Agency Demographics, please provide context in the corresponding section, such as why your agency doesn't collect this information or if other categories apply.

It is not required to report in these fields; however, you will not be able to submit your application until this form is complete. Please write 'NA' for each question if you do not have additional information to provide.

Additional Information for Unknown Categories

? 1. UNKNOWN GENDER

If you reported any individuals in the unknown gender category, please provide additional context.

NA

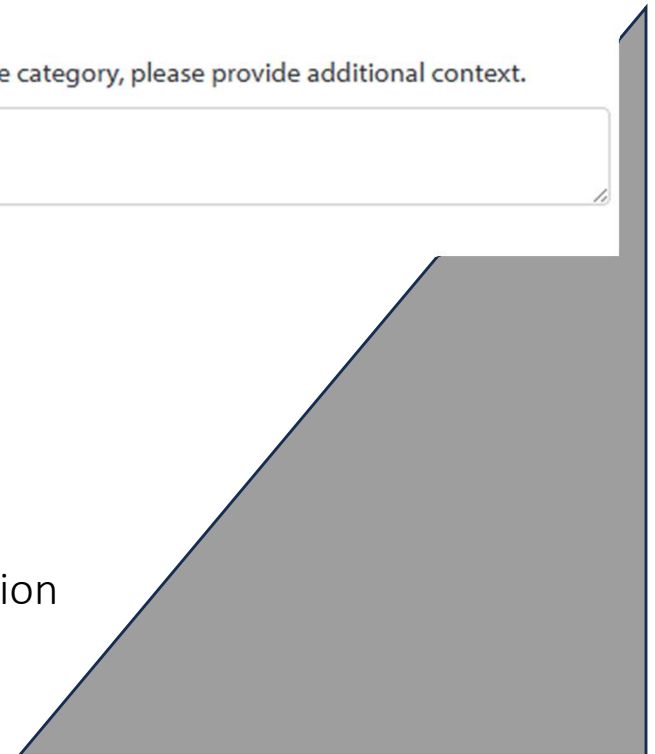
Limit up to 500 characters (2 used).

? 2. UNKNOWN RACE


If you reported any individuals in the unknown race category, please provide additional context.

NA

Limit up to 500 characters (2 used).



Form C: FY26-FY27 Agency Budget

| ★+ ***Test | 9/19/2024 9:13 AM (CST) | In Progress |  |
|--|--|-------------------------------|---|
| FY26-FY27 Joint Funding Application* | Emily Meister 9/19/2024 9:13 AM (CST) | ● In Progress | |
| Form A: FY26-FY27 Funding Requests* | Emily Meister 9/9/2024 7:31 PM (CST) | ● Completed / Ready to Submit | |
| Form B1: FY26-FY27 Agency Demographics* | | ● Not Started | |
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) | ● Completed / Ready to Submit | |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | | ● Not Started | |
| Form D: FY26-FY27 Agency Salaries & Benefits* | | ● Not Started | |
| Supporting Documents | | ● Not Started | |

Form C: FY26-FY27 Agency Budget


Auto-Calculations

| Operational Budget | | | |
|---------------------------|-------------|-------------|-------------|
| | FY23 | FY24 | FY25 |
| ? Total Revenue | | | |
| ? Total Expenses | | | |
| ? Restricted Funds | | | |
| ? Surplus/Deficit | | | |

- Some fields will auto-calculate. If there is not a box for you to enter information, this is an auto-calculated field.
- Once data is entered into the corresponding boxes, your calculated date will appear.
- To activate calculated fields, you may need to save your entries.

Form C: FY26-FY27 Agency Budget

Help Text for Budget Line Items

| | | | |
|---|---|----------------------|----------------------|
| Foundation* | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ? Fees for Services* | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ?  Fees for Services | This represents revenue earned from providing services for which fees are charged. It includes income from service contracts, program fees, client charges, and any other payments received for specific services rendered by the organization. | | |
| ? Annual Endowment Draw | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| ? Reserve or Carryover Funds | <input type="text"/> | <input type="text"/> | <input type="text"/> |

An in-depth FY26-FY27 Joint Application Budget Training will be held on **Tuesday, October 1**, from 10:00 am to 11:00 am via Zoom. This session will provide additional details on the budget sections of the application and offer guidance to ensure accurate and comprehensive submissions.





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Form D: FY26-FY27 Agency Salaries & Benefits

Form D: FY26-FY27 Agency Salaries & Benefits

| ★+ ***Test | 9/19/2024 9:13 AM (CST) | In Progress |  |
|--|--|-------------------------------|--|
| FY26-FY27 Joint Funding Application* | Emily Meister 9/19/2024 9:13 AM (CST) | ● In Progress | |
| Form A: FY26-FY27 Funding Requests* | Emily Meister 9/9/2024 7:31 PM (CST) | ● Completed / Ready to Submit | |
| Form B1: FY26-FY27 Agency Demographics* | | ● Not Started | |
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) | ● Completed / Ready to Submit | |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | | ● Not Started | |
| Form D: FY26-FY27 Agency Salaries & Benefits* | | ● Not Started | |
| Supporting Documents | | ● Not Started | |
| ★+ Test - FY26-FY27 Outcomes | 9/20/2024 9:08 AM (CST) | In Progress | <input checked="" type="checkbox"/> Include?  |

Form D: FY26-FY27 Agency Salaries & Benefits

| Employees | | | | | | | |
|--------------------------------------|-----------------------|----------------------|-------------------------|------------------------|------------------------|------------------------|----------------------|
| Position | Average Salary | Paid Leave | Health Insurance | Retirement Plan | FTE (Last Year) | FTE (This Year) | FTE (Next Ye |
| Executive Director / President / CEO | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Director of Operations /COO | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Director of Development | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Business Manager/CFO | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Program Director / Manager | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Program/Services Coordinator | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Direct Services Worker | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Administrative/Clerical staff | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Other | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

- Enter information for employees in your organization. A list of positions is in the right-hand column.
- Identify benefits for the positions by entering a “1” in the paid leave, health ins or retirement columns, if they are offered for that position.

Form D: FY26-FY27 Agency Salaries & Benefits

Other Positions



Community Impact Funding

FY26-FY27 - Joint Application

***Test

Form: Form D: FY26-FY27 Agency Salaries & Benefits

Section: Employees

| Position | Average Salary | Paid Leave | Health Insurance | Retirement Plan | F |
|---|----------------------|----------------------|----------------------|----------------------|----------------------|
| Other | 0 | 0 | 0 | 0 | 0 |
|  <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|  Add New Item | | | | | |

- If the available options do not match a position at your organization, you may create a new position.
- Click 'Other' to add your specific position information.

Form E: FY26-FY27 Performance Measures & Outcomes

| | | |
|--|---|-------------------------------|
| Form B2: FY26-FY27 Agency Demographics - Additional Information* | Emily Meister 9/6/2024 3:39 PM (CST) | ● Completed / Ready to Submit |
| FY26-FY27 Form C: FY26-FY27 Agency Budget* | | ● Not Started |
| Form D: FY26-FY27 Agency Salaries & Benefits* | | ● Not Started |
| Supporting Documents | | ● Not Started |
| ★ Test - FY26 FY27 Outcomes | 9/20/2024 9:08 AM (CST) | In Progress |
| Form E: FY26-FY27 Performance Measures and Outcomes* | Wendy Nolan 9/20/2024 9:08 AM (CST) | ● In Progress |



Performance Measure and Outcomes

Both shared outcomes and agency-identified outcomes are now included, enabling comprehensive community-wide reporting.

Common Outcomes for Community Wide Reporting

Services Provided:

- Utility & other housing services
- Early Childcare
- Transportation
- Mental Healthcare and Substance Use/Abuse Services
- Youth activities and programming
- Elderly activities and programming
- Food assistance (served or delivered meals, pantries, etc.)
- Services for victims of sexual assault
- Services for victims of domestic violence

Common Provided Outcomes

[+ Select a New Services Provided](#)

From the list, select one of the services your agency provides. On the following pages, you will report the number of services provided and the number of individuals served for that service.

Once you have completed reporting for that service, return to this page by clicking "Select a New Services Provided" to select another service from the list.

You must select and report on all services your agency provides, but you can only select one at a time, so please return to this page by clicking "Select a New Services Provided" until all applicable services have been reported.



Performance Measure and Outcomes Reporting

Services Provided: Utility & other housing services

Number of Services Provided

[+ Select a New Number of Services Provided](#)

Number of Individuals

[+ Select a New Number of Individuals](#)

One at a time, you will select either the number or services or number of individuals to report on

Number of Services Provided

of utility or other housing services provided

Number of Services Provided

Please record the total number of services/sessions provided for the

| | |
|-----------------------------|-----------------------|
| | FY25 Projected |
| Number of Services Provided | <input type="text"/> |

On the following page, you will enter information for that indicator

Form E: FY26-FY27 Performance Measures & Outcomes

Save and Continue

- Once all of the Performance Measurement information is complete, click “Save My Work and Mark as Completed” at the bottom left corner of the main Performance Measurement page.

Please identify how you will collect data.

Program Attendance Data
Readiness Assessment

Income

[+ Select a New Outcome Statement](#)

Health

[+ Select a New Outcome Statement](#)

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

[Return to Overview Page](#)



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Supporting Documents

Supporting Documents

Required Documents

Supporting Documents

| Description | File |
|--|---|
| Board of Directors List* Please upload your current board of Director's list | <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 |
| Audit/Financial Review Report* Please upload the most recent Audit or Financial Review for the organization. | <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 |

There are two required supporting documents:

1. Board of Directors List
2. Audit or Financial Review

Attach files by clicking 'Choose File' and uploading from your computer

Supporting Documents

Optional Attachments

xls, xlsx, csv, txt, gif, jpg, jpeg, tif, bmp,
png, eps, ppt, pptx

Additional Attachment

No file chosen

Accepted file types: pdf, doc, docx, rtf,
xls, xlsx, csv, txt, gif, jpg, jpeg, tif, bmp,
png, eps, ppt, pptx

You may upload additional supporting documents as needed. This could be photos, client testimonials, etc.



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Submitting Your Application

Submit Application

i Nice work, your Application is now Ready to Submit! **Would you like to Submit This Application Now?**

By entering the name of the Executive Director, you are validating that the information in the application is accurate and the Executive Director has reviewed it. Make sure the confirmation email is correct to receive confirmation of submission. Please save or print a copy of your FY24 application for your records.

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!

- Once all forms are complete and marked “Save My Work and Mark as Completed”, the status of your application will change to ‘Completed’ and a RED submit button will appear.
- If the Executive Director has reviewed the information, enter their name, make sure the email for confirmation is correct, and click the RED submit button.

Confirmation

- Once your application is submitted, you will be directed to a confirmation page.
- All colors will turn to green.
- You view and print your application, but once submitted you will not be able to edit the application.
- Please save a copy of your application for your records.

 Thank you for submitting the FY24 Joint Funding Application. Your application has been received.

Please save or print a copy of your FY24 application for your records.

Application Submission Details










Executive Director: Patti Fields
Submission Confirmation Email Sent To: vols@unitedwayjc.org

I certify that the information submitted in this application is true and correct to the best of my knowledge*:

Submitted By: Big Outcomes on 8/23/2022 at 3:29 PM CST

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

Not Started In Progress Ready To Submit **Submitted**

| Item (* indicates Required Item) | Last Updated | Status | Options |
|---|---|---|---|
|  ***Test | 8/23/2022 3:29 PM (CST) | Submitted |  |
| FY24 Joint Funding Application* | Big Outcomes 8/23/2022 3:24 PM (CST) |  Submitted | |
| FY24 Form A: Agency Salaries & Benefits* | Big Outcomes 8/23/2022 3:24 PM (CST) |  Submitted | |
| FY24 Form B: Agency Demographics* | Big Outcomes 8/23/2022 3:25 PM (CST) |  Submitted | |
| FY24 Form C: Agency Budget* | Big Outcomes 8/23/2022 3:26 PM (CST) |  Submitted | |
| Supporting Documents | Big Outcomes 8/23/2022 3:26 PM (CST) |  Submitted | |
|  Education | 8/23/2022 3:29 PM (CST) | Submitted |  |

If you need to make changes to a submitted application before the deadline, please contact Emily Meister at emily.meister@unitedwayjwc.org for assistance.

Funding Questions

Each of the funding entities in the FY26-FY27 Joint Funding Application will review applications through their own timeline and process.

Please contact the appropriate partner for questions regarding funding from that entity.

United Way of Johnson &
Washington Counties

Emily Meister

Emily.meister@unitedwayjwc.org

Johnson County

Lynette Jacoby

ljacoby@johnsoncountyiowa.gov

City of Iowa City

Sam Turnbull

sturnbull@iowa-city.org

City of Coralville

Ellen Habel

ehabel@coralville.org

City of North Liberty

Tracey Mulcahey

tmulcahey@northlibertyiowa.org



Application or Software Questions

For questions regarding the application process on e-CImpact, please reach out to United way of Johnson and Washington Counties.

Emily Meister

Director of Community Impact and
Engagement

Emily.meister@unitedwayjwc.org



UNITED WAY
Johnson and
Washington Counties

Thank you!

On behalf of all the joint funders, we extend our deepest gratitude for the essential and critical work each of you does for our community every day.

Thank you for your continued commitment and partnership.



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