Johnson County Housing Rehabilitation and Emergency Home Repair Grant Blackbaud Instructions

November 1, 2022

Getting started with Blackbaud

▶ Creating an account

▶ Accessing the application

▶ Uploading forms

grantrequest.com/Login.aspx?ReturnUrl=%2faccountmanager.aspx%3fSA%3dAM%26sid%3d6256&SA=AM&sid=6256

Please Sign In

Welcome to Johnson County Board of Supervisors Office

- First time applicants, click the "Create Account" link before entering your email.
- If you have an account, please sign in using your E-mail Address and Password.

E-mail

Password

Create Account Crear una cuenta

Forgot Password? ¿Has olvidado tu contraseña?

Login Iniciar a sesión

New Applicant?

An account allows you to access your saved and submitted applications at any time. It also allows us to send you a submission confirmation e-mail and notify you if additional information is necessary to process your application.

E-mail

Confirm E-mail

Password (must contain at least 5 characters, with both letters and numbers)

Confirm Password

Continue Continuar

Return to login Volver a iniciar sesión

My Account   X   Johnson County Juvenile Justice   X   +

grantrequest.com/FormTaxLookup.aspx?sid=6256&aid=20057

Apps   Employee Self Servi...   IDPH Iowa Youth Survey...   Data   About — Counties f...   PCA-JC Council Me...   Families Receiving I...   New Tab   QRS Providers | Iow...   Child Care Client Po...   Dese

Please enter your Tax ID: [   ] OK

The Tax ID that you entered was not found in the IRS database. Please check your entry. If it is correct, click OK to begin filling out your application form.

Please enter your Tax ID: [   ] OK

Form A

Printer Friendly Version | E-mail Draft

* Required before final submission

* Organization Name

* Title of Grant/Program

* Request Contact First Name   ***** Request Contact Last Name

* Request Contact E-mail   ***** Phone

* Organization Contact First Name   ***** Organization Contact Last Name

* Organization Contact E-mail   ***** Phone

* Address   ***** City   ***** State   ***** Zip Code

* Request Amount

* Program Start Date   ***** Program End Date

* Tax ID

* Project Description
Provide a two or three sentence description of proposed project

Form A   **Form B**   Form C Project Work Plan   Form D Budget   Form E Letters of Commitment   Review My Application

Form B

Printer Friendly Version | E-mail Draft
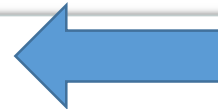
* Required before final submission

* Demonstration of Need

• Identify service gaps and document needs relative to the goals and objectives in 500 words or less. Utilize current, local data to substantiate need. Does this project duplicate any existing services in the community?• Describe the underserved population this program will serve (e.g. geographic area, population) and identify how they are underserved. • How is your organization uniquely qualified to meet the identified need?

Word count 0 of 500
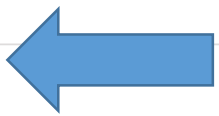
* Project Overview

• Summarize the proposed project in 500 words or less • Identify the strategies/programming to be provided• Describe how the proposed strategies/programming will meet the identified needs. For programs that are currently operating, discuss if and how the need has changed over time and the program's response to the changing need. • How is your organization uniquely qualified to provide the proposed services? Describe the staff qualifications for this project. Job descriptions for primary roles may be included as attachments.

Word count 0 of 500

* Description of Program or Service

• Describe the specific proposed services/activities to be provide in 2000 words or less. Include: a. the population to be served, eligibility requirements; b. referral and selection process; c. specific program activities and time frames; d. the research-based, evidence-based practice methods that will be utilized with fidelity; e. explain how the proposed program incorporates a trauma informed approach; f. location and facilities to be used, hours of operation• Describe the risk factors associated with your target population and the protective factors your program will address. • Describe how this program will meet the specific needs of the underserved population identified above.• For existing programs, has the program been proven effective in reducing juvenile delinquency? Summarize outcomes that have been achieved by this program or services. Be as specific as possible and include supporting data if available.• How will you collaborate with other providers, schools, etc. to coordinate services, avoid duplication and ensure efficient and successful outcomes for youth and families?• Describe how the program will target minority populations and address the disproportionate minority contact with special emphasis on African American youth.• Describe how the program or service will provide access for geographically isolated or otherwise hard-to-reach youth.

Word count 0 of 2000

Save & Finish Later   Next

Form A | Form B | Form C Project Work Plan | **Form D Budget** | Form E Letters of Commitment | Review My Application

Form D Budget

Printer Friendly Version | E-mail Draft

* Required before final submission
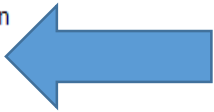
Project Budget

[   ]

* Attach a complete and detailed budget sheet, using this form. Be sure to include and specify other sources of support for your program. [i]
Fill out the attached form, upload, and attach it to the application.

[Choose File] No file chosen

[Upload]

* Budget Narrative and Justification
• If you are seeking a per-unit reimbursement (e.g. per class, per participant) briefly describe what is included in calculating that cost• Personnel justification including number of staffing hours and wages• Description of participant supports (e.g., food, incentives), program supplies (e.g. handouts, flyers, materials), and any necessary equipment• Description of specific proposed contractual expenses• Identify number of miles and mileage rate• If you are seeking administrative or indirect costs, identify them as a percentage of billed direct expenses• Description of other sources of funding and support for the program• Describe plans for future funding and support of the program

[   ]

[Save & Finish Later] [Next]

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Form A

Printer Friendly Version | E-mail Draft

* Required before final submission

* Organization Name
⚠️ This is a required field.

* Title of Grant/Program
⚠️ This is a required field.

Form A | Form B | Form C Project Work Plan | Form D Budget | Form E Letters of Commitment | **Review My Application**

You can review the information you've provided so far and make necessary modifications here. If you're satisfied with the contents of the application, click Submit to forward your application for consideration. If you're not ready to submit your application yet, click Save & Finish Later.

Form A

Printer Friendly Version | E-mail Draft

* Required before final submission

* Organization Name

JCSS

* Title of Grant/Program

JCSS

* Organization Contact First Name

Johnson County Social Services

* Organization Contact Last Name

Johnson County Social Services

* Organization Contact E-mail

lnash@johnsoncountyiowa.gov

* Phone

3196885707

Same as Organization Primary Contact

☐

* Request Contact First Name

Johnson County

* Request Contact Last Name

Social Services`

* Request Contact E-mail

lnash@johnsoncountyiowa.gov

* Phone

3193569060

* Address

* City

* Zip Code

==CAUTION: **This email originated from outside of Johnson County! Do not click links, open attachments or reply, unless you recognize the sender's email address and know the content is safe!**==

Thank you for your submission. Your application has been submitted successfully, and the tracking number is 20056. You will be receiving more information on the status of your application shortly. For your records, here is a copy of the contents of your application.

Johnson County Juvenile Justice Youth Development Program

Thank You! Your application has been submitted.

Form A

Organization Name
Johnson County Social Services

Title of Grant/Program
Test App

Request Contact First Name	Request Contact Last Name
Laurie	Nash

Request Contact E-mail	Phone
lnash@johnsoncountyiowa.gov	3193566090

Organization Contact First Name	Organization Contact Last Name
Johnson County Social Services	nash

Organization Contact E-mail	Phone
lnash@johnsoncountyiowa.gov	3193566090

Address	City	State	Zip Code
855 S. Dubuque Street Suite 202B	Iowa City	Iowa	52240

Request Amount
1.00

Program Start Date	Program End Date
7/1/2022	6/30/2023

Tax ID

Account: lnash@johnsoncountyiowa.gov | Change E-mail/Password Cambiar correo electrónico/contraseña   Contact Us Noscontacta | Exit Salio

Last Log in: 2/11/2022 5:22 PM GMT-05:00

Applications

Welcome to the My Account Page.

1. To view applications, select In-Progress or Submitted from the drop down on the right.
2. Click the application name to access your form.
3. To delete an application, click the garbage can icon.
4. Note: if you have a report to submit, the Requirements tab appears at the top. Click to access.

Show   In Progress Applications ▼

Application Name	Project Title	Requested	ID	Last Updated	Action
Johnson County Juvenile Justice Youth Development Program			20060	2/11/2022	
Johnson County Juvenile Justice Youth Development Program			20059	2/11/2022	
Johnson County Juvenile Justice Youth Development Program			20057	2/11/2022	
Johnson County Juvenile Justice Youth Development Program	JCSS	1	20045	2/11/2022	