

IMPACT FUND GRANT PROGRAM

2021 SMARTSIMPLE USER GUIDE



2021 Impact Fund Grant Program

SmartSimple Navigation User Guide

Registration

Who needs to register? The **Primary Contact** of the Application for the Organization.

***Primary Contact:** The individual responsible for receiving email notifications relating to the application and grant, if awarded. They will be an active “User” in the system and will have access to submit the Application, Application Revisions (if requested), Interim Reports, Final Reports and Amendment Requests.*

If your organization has **multiple** individuals (or collaborators) that need to receive email notifications relating to the application and grant, if awarded, then we recommend creating/using a shared email address when registering your account and creating the organizational profile. The benefits of this are:

- An entire team of staff can have access to the system, application and post-award materials.
- It reduces access issues in the future when individuals leave the organization.
- It enables visibility into organizational historical funding information.

Program/Project Directors & Signatory Information: We collect this in the application and they do not need to register (unless they are also the Primary Contact). Grant Agreements will be sent through DocuSign and emailed to them individually. They can always be set-up in the system later, if awarded.

System Note: Automated emails will come from “larimerimpactfund.smartsimple.com”

- Please make sure this is saved so emails do not go to Spam
- If you have questions regarding the application, use the “**Notes**” section within the application. It will notify BHS staff directly and they will respond in the system. Please **do not reply** to emails from larimerimpactfund.smartsimple.com
- If you have other questions please contact bhsgrants@larimer.org

To Register and/or Login please go to: <https://larimerimpactfund.smartsimple.com/>

LARIMER COUNTY BEHAVIORAL HEALTH SERVICES

Login

Email

Password

Log In

[Forgot Password?](#)

Click below to register

Register

Welcome to Behavioral Health Services Impact Fund Grant Program

Larimer County Behavioral Health Services (LC BHS) was created in response to overwhelming input from the community for enhanced and expanded behavioral health care across the county. The BHS Impact Fund Grant Program (formerly Distributed Services) allows Larimer County to invest directly in programs that serve the behavioral health needs of our community.

For 2021, the Impact Fund Grant Program will distribute \$2.5 million through two types of grant funding; targeted and responsive. Targeted grant funding is designed to address systematic gaps in behavioral health care with concentrated focus and funding. The Gary A. Darling Grant, awarded to a program at the intersection of criminal justice and behavioral health, as well as the 2021 areas of focus defined by our advisory groups, are included in this type of funding. Responsive Grants allow organizations to define the problem they want to address and propose solutions to improve the challenges faced in the communities they serve.

Both types of grant funding can be accessed through one streamlined application process. Please login to apply for a BHS Impact Fund Grant.

Learn more: [BHS Impact Fund Grant Program](#)
For Technical System Support please email: bhsgrants@larimer.org

Organization Information



Instructions

Please complete your Organization and Primary Contact information to register. Fields with a red asterisk * are required.

* Organization Legal Name  ?

Tool Tip: The legal name is used for populating grant agreements, payments, and verifying documents.

Department

* Organization Business Name  ?

Tool Tip: The Business Name is used when referring to your organization in publications and reports.

* Organization Type

Please Select



* Tax ID (EIN Number)

* Address

Address 2

* City

* State

Colorado

* Zip Code

* Country

United States

Phone

Number of Employees

Please Select



Headquarters

Mission Statement

Primary Contact Information

* First Name

* Last Name

Title

* Email  

* Phone

* Address

Address 2

* City

* State

* Zip Code

Tool Tip: If your organization has multiple individuals (or collaborators) that need to receive email notifications relating to the application and grant, if awarded, then we recommend creating/using a shared email address when registering your account.

Click the **“Submit”** button

Within **5 minutes** you will receive an email with the subject, **“Login to Account”** that will provide your username and a link to create your password.

Once you have set your password you will receive an email with the subject, **“Successful Password Change”** with the reminder to login at <https://larimerimpactfund.smartsimple.com/> with your new credentials.

Please save your username (email) and password to login in the future.

Additional Instructions for:

Organizations with Fiscal Sponsors. If you are an organization with a Fiscal Sponsor, please register with your organization information. Any Fiscal Sponsor documents will be required separately within your application.

Large Organizations/Higher Education Institutions (e.g. Colorado State University, UCHealth). Please register with specifics regarding your organization’s hierarchy including the particular business unit, school, college or department that is associated with your application in the “Organization Business Name”. Examples are provided below.

*** Organization Legal Name**

Colorado State University

Department

Department of Human Development and Family Studies

*** Organization Business Name**

CSU College of Health and Human Sciences

*** Organization Type**

Higher Education Institution

*** Organization Legal Name**

University of Colorado Health

Department

*** Organization Business Name**

UCHealth Community Paramedic Division

*** Organization Type**

Hospital Authority



Starting an Application
(once logged in)

On the Applicant Home Page
Click **“Funding Opportunities”**

Click **“Apply Now”**

New Grant

- Please complete each section of the Grant Application below.
- Some of the Contact Details information is copied directly from your organization and user profiles and will appear in a read-only state within this form. If the information displayed is not current, please update your organization and user profiles prior to completing and submitting this form.
- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu.
- Click on the "Application Summary" button to review a PDF of your application at any time.

GRANT OVERVIEW CONTACT DETAILS PROGRAM DESIGN FINANCIAL INFORMATION SUPPLEMENTAL MATERIALS

* **Program/Project Title**

100 characters left

* **Executive Summary**

Briefly describe the program/project for which you are applying for funding. How would you describe the impact of this program/project to a Larimer County taxpayer?

150 words left

* **Amount Requested** NEXT >

Withdraw **Save and Refresh** Submit

Read the instructions

Click "Save and Refresh"

2021-118 Sample Organization

- Please complete each section of the Grant Application below.
- Some of the Contact Details information is copied directly from your organization and user profiles and will appear in a read-only state within this form. If the information displayed is not current, please update your organization and user profiles prior to completing and submitting this form.
- If you wish to communicate with staff regarding your application, use the **Notes** tab located within the left side menu.
- Click on the "Application Summary" button to review a PDF of your application at any time.

Application Summary

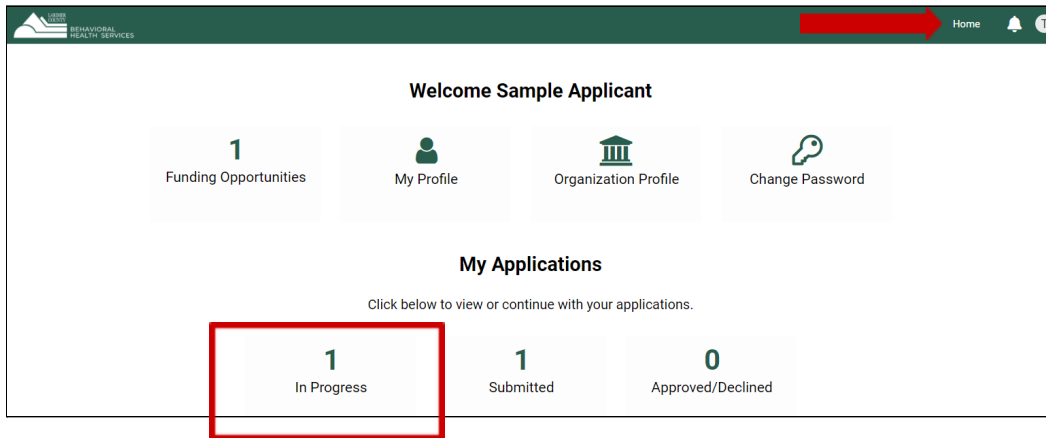
GRANT OVERVIEW CONTACT DETAILS PROGRAM DESIGN FINANCIAL INFORMATION SUPPLEMENTAL MATERIALS

* **Program/Project Title**

Sample Application

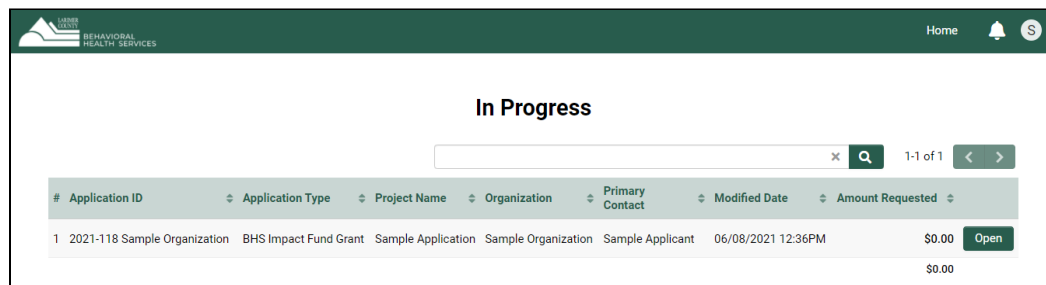
82 characters left

Clicking Save and Refresh will populate your "Application ID"



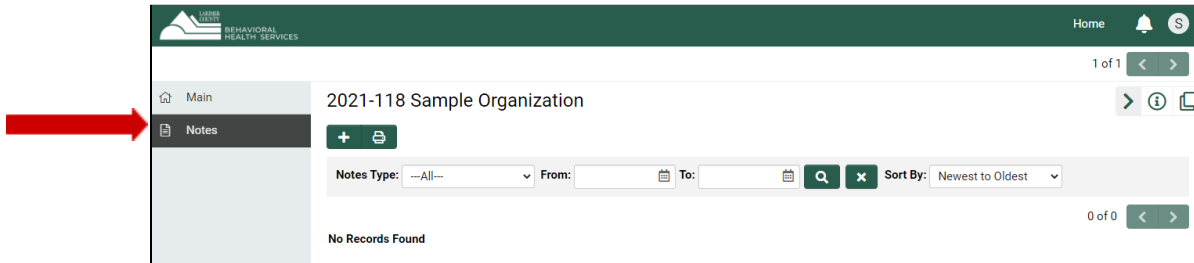
To Exit the Application and return later
Click **“Home”** in the top right corner

You will find your drafted application under
“In Progress” application.

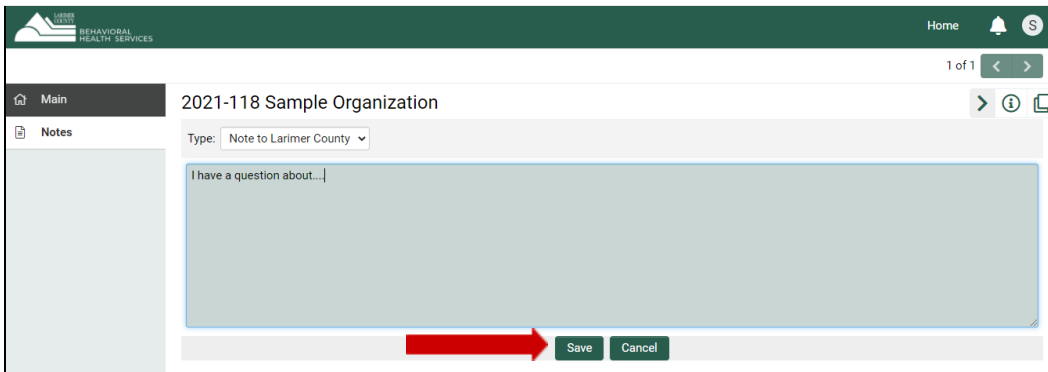


Click **“Open”**

If you need to communicate with BHS staff:

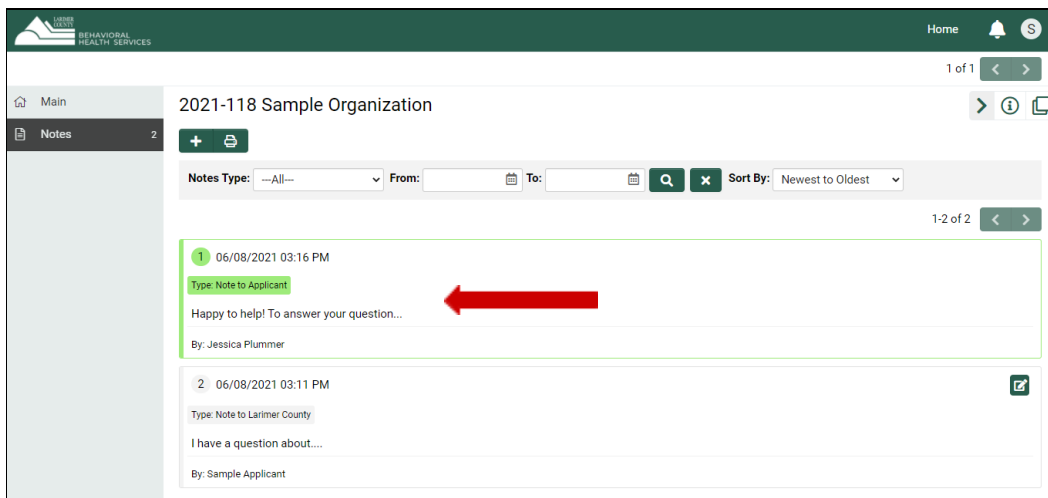


Click the “+” button to send a “Note” to BHS Staff

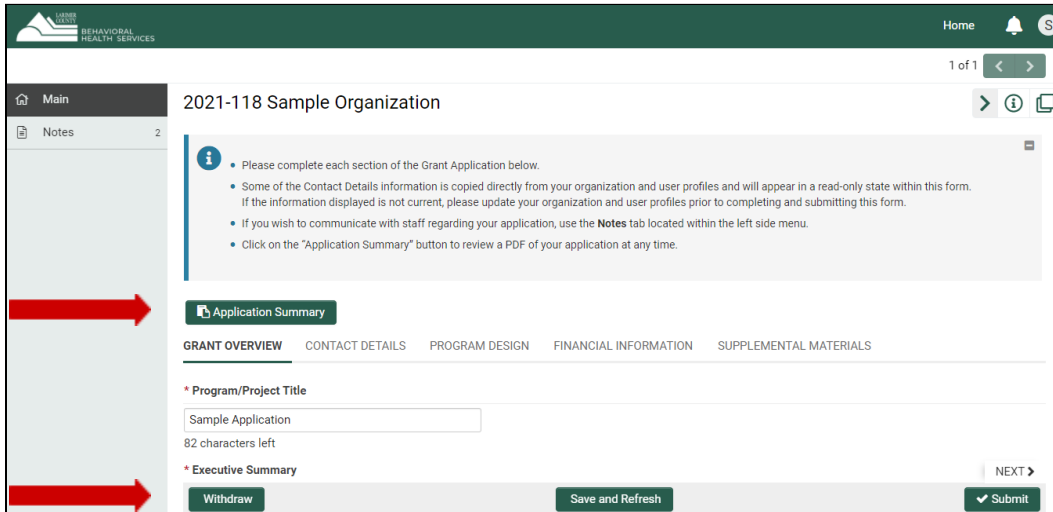


Type in your question/comment

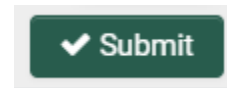
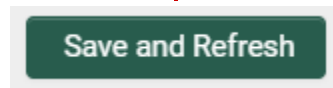
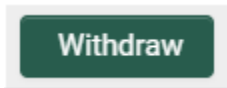
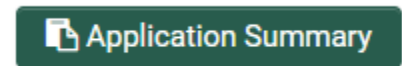
Click “Save”



A member of the BHS team will respond
Applicants will receive notification via email



Click “**Application Summary**”
to download a PDF of your application
for review at any time



At the bottom you have three options:

Withdraw anytime **before** you Submit

Save and Refresh **anytime**

Submit **before** the due date/time

Application Navigation

To navigate through the Application it is easiest to click the **Heading** you want to navigate to that section of the application. You do not need to complete the previous section in order to move forward. You can complete any section at any time. Just remember to click **“Save and Refresh”** as you work on different parts of the application.

GRANT OVERVIEW CONTACT DETAILS PROGRAM DESIGN FINANCIAL INFORMATION SUPPLEMENTAL MATERIALS INTERNAL

* Program/Project Title

100 characters left



This will be the title used to refer to your program in Behavioral Health department communications

Hover over the "Tool Tips" to get guidance to those questions

* Executive Summary

Briefly describe the program/project for which you are applying for funding. How would you describe the impact of this program/project to a Larimer County taxpayer?

150 words left

These two questions are the **only** places in the application that have **word/character limits**.

* Amount Requested



Tool Tip: Once you complete the Budget, click **“Save and Refresh”** the Amount Requested will auto-populate to reduce double entry of information.

* Period of Performance Start Date

The 2021 Impact Fund grant period of performance runs from your rationale for requesting an alternate program start date.

Please Select



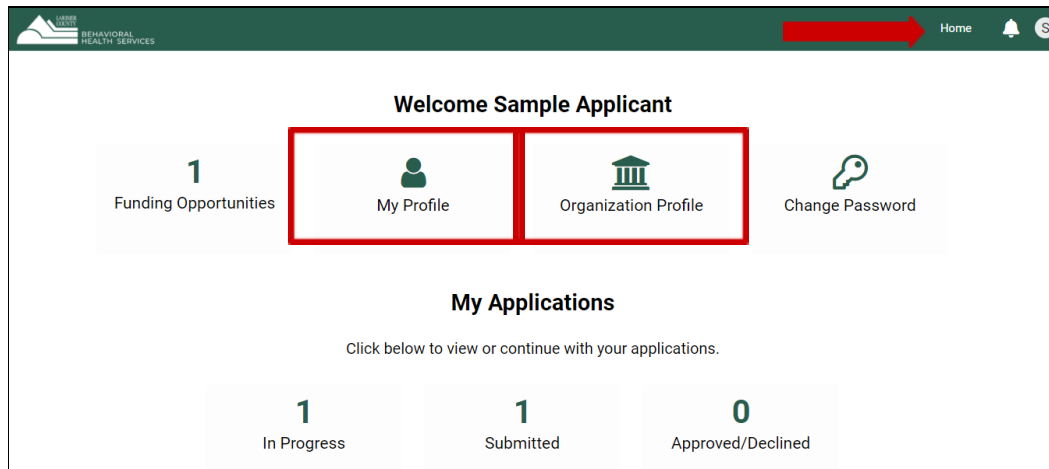
Tool Tip: The Period of Performance End Date will auto-populate 12 months from the selected Start Date once the application is submitted and requested dates are **approved**.

Period of Performance End Date



Contact information for each of the three Roles (Primary Contact, Program/Project Director and Grant Signatory) are required. The system will populate all three with the Primary Contact information because in many organizations Primary Contacts assume all three roles. However, you can edit the Program/Project Director and Signatory information within the application.

Some of the Contact Details (Organization Information and Primary Contact) appear in read-only form because the information is copied directly from your organization and user Profiles and will appear uneditable within the application form. If the information displayed is not correct, please update your organization and user Profiles prior to completing and submitting this form.



To navigate to your Profile, click “**Home**” located in the top right-hand corner.

To update your Organization Details
Click on “**Organization Profile**”
Update your information, click “**Save**”

To update your Primary Contact Information
Click “**My Profile**”
Update your information, click “**Save**”

The dashboard features a dark green header with the logo for 'LIVESTRONG BEHAVIORAL HEALTH SERVICES' on the left and 'Home', a notification bell, and a user profile icon on the right. Below the header, the text 'Welcome Sample Applicant' is centered. There are four main navigation cards: 'Funding Opportunities' with a large number '1', 'My Profile' with a person icon, 'Organization Profile' with a building icon, and 'Change Password' with a key icon. A section titled 'My Applications' follows, with the instruction 'Click below to view or continue with your applications.' Below this instruction are three summary cards: 'In Progress' with a large number '1' (highlighted by a red box), 'Submitted' with a large number '1', and 'Approved/Declined' with a large number '0'.


To navigate back to your application
Click **"In Progress"**

This screen shows a list of applications under the heading 'In Progress'. At the top, there is a search bar and a pagination indicator '1-1 of 1'. Below is a table with the following columns: '#', 'Application ID', 'Application Type', 'Project Name', 'Organization', 'Primary Contact', 'Modified Date', and 'Amount Requested'. A single row of data is visible:

#	Application ID	Application Type	Project Name	Organization	Primary Contact	Modified Date	Amount Requested
1	2021-118	Sample Organization	BHS Impact Fund Grant	Sample Application	Sample Organization	Sample Applicant	06/08/2021 12:36PM

The 'Amount Requested' column shows '\$0.00' for the first row, and a second '\$0.00' is listed below it. An 'Open' button is located to the right of the first row's data. A red arrow points to this 'Open' button.

Click **"Open"**

 Program Design Worksheet



Click the following button to enter your Objective details into the Program Design Worksheet. This will open in a new pop-up window.

Grant Program Design Worksheet

Objective Text	Measures of Success	Objective Type	Associated Costs	Start Date	End Date	Notes
<input type="text"/>	<input type="text"/>	Please Select	<input type="text"/>	mm/dd/yyyy	mm/dd/yyyy	<input type="text"/>
<input type="text"/>	<input type="text"/>	Please Select	<input type="text"/>	mm/dd/yyyy	mm/dd/yyyy	<input type="text"/>
<input type="text"/>	<input type="text"/>	Please Select	<input type="text"/>	mm/dd/yyyy	mm/dd/yyyy	<input type="text"/>
			\$0.00			



Use the "+" button to add your objectives

Save Close

TIP: Once you Click "Save" the pop-up window will remain open. Simply Click "Close" or "X" to close the pop-up window.

\$ Enter Program Budget Details



Click the button to enter into the Budget Template. This will open in a new pop-up window. For budget instructions please review the [Guide to a Competitive Application](#).

The Budget form will perform several '**Budget Checks**' before allowing you to "**Save**". This includes:

- Total Program/Project Budget can't be less than the Larimer County Request
- Revenue and Expense must balance to "0"
- Maximum Request is \$250,000
- Indirect Costs must be less than or equal to 20% of Total Direct Costs

Click "**Save**" to save the Budget Worksheet before closing the window.

Click the "**Save and Refresh**" button as soon as you close the Budget Worksheet window. This will allow the system to perform necessary autocalculations.

* Total Income/Revenue for your organization's current fiscal year



Tool Tip: Enter the total revenue your organization expects from all endeavors for the current fiscal year (a full 12 months).

* % of Request of Total Income



Tool Tip: This field will auto-calculate after completing the Budget and Total Income fields above and clicking "**Save and Refresh**"

To work on a draft budget, use the [Budget Worksheet](#) that can be found on the Applicant Resource Page.

In this section applicants will be prompted to select which type of grant they are applying for. There is advanced logic and dynamic visibility on this page. Different questions will populate based on your answers. See [Application Outline](#) or [Guide to a Competitive Application](#) for additional resources.

▼ Grant Type Selection

* Select which grant type you are applying for.

Please select the Targeted Grant you would like to be considered for.

▼ Repeat Applicants

* Is this application for the same program/project that previously received funding from Behavioral Health Services?

▼ Additional Comments

Do you have anything else to add?

If there is anything else you would like to upload to support your application, please upload it here.



Tool Tip: Examples may include, letters of support, photos, infographics of the program, organizational charts, etc.

Submitting Your Application

2021-120 Test Account

Submission failed due to the following:

- Is this Grant application being submitted with the appropriate authorization and approval from your organization? cannot be empty.
- Describe the unmet need(s) or emerging problem(s) to be addressed by your proposed program/project and how this problem impacts Larimer County residents. cannot be empty.
- Describe your population(s) of focus (including cultural and racial/ethnic considerations), as well as information about the geographic area you intend to reach. Include demographic characteristics of these population(s), the extent of need, barriers to care, and gaps in service for this population. cannot be empty.
- Define the specific goals for this program/project along with your overall strategy to achieve them. Be sure to align your strategy with the previously stated needs and cite any existing evidence to support your theory of change. cannot be empty.
- Expand on the measures of success mentioned in your Program Design Worksheet. Describe specifically how data will be collected, analyzed, and interpreted, as well as how the outcomes of your work will be measured and communicated. cannot be empty.
- Total Income/Revenue for your organization's current fiscal year cannot be empty.
- Please attach at least 1 file to W-9 (must use most recent 2018 form or later)
- Please attach at least 1 file to Organization's Current Annual Operating Budget (revenues and expenses for your organization's current fiscal year)
- Please attach at least 1 file to IRS Public Charity Designation Letter or EIN Verification Letter
- Can your organization provide its most recent audited financial statements or financial review? cannot be empty.
- Can your organization (or fiscal sponsor) provide its most current financial statement (interim income statement and balance sheet through the most recently closed month-end of fiscal year)? cannot be empty.
- Select which grant type you are applying for. cannot be empty.
- Is this application for the same program/project that previously received funding from Behavioral Health Services? cannot be empty.

Withdraw Save and Refresh Submit

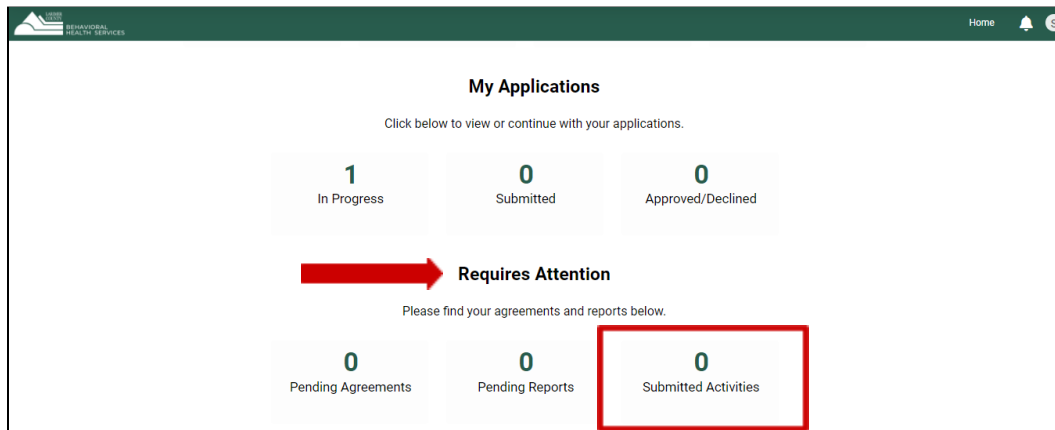
If you receive any “**Submission Failed due to the following:**” message, go back to that part of the application to fix the information before resubmitting. Anything with a red asterisk * is required.

You will receive a confirmation email with the subject: “**LC BHS Application Received**” with a PDF summary of the application for your records. Please note the email will come automatically from larimerimpactfund@smartsimple.com.

If you have any questions or experience other technical issues contact the BHS team directly through the **Notes** section or email bhsgrants@larimer.org.

Revisions Requested

If the LC BHS staff has questions and needs to request revisions on the application you will receive an email with the subject: **“Revisions Requested”** and an email that instructs you to login to modify the report in the **“Requires Attention”**



Once logged back into your application, read the instructions at the top which will specify what in the application need revisions. Address the area of concern, then click **“Save and Refresh”** and resubmit using the **“Submit”** button.