

# IMPACT FUND GRANT PROGRAM

Updated 08/22/2023

## Final Report Portal Instructions

To login please go to: <https://larimerimpactfund.smartsimple.com/>

The screenshot shows the user interface of the Impact Fund Grant Program portal. At the top, there is a navigation bar with the Larimer County Behavioral Health Services logo and a 'Home' link. Below the navigation bar, a welcome message reads 'Welcome Sample Grantee'. There are four main navigation cards: '1 Funding Opportunities', 'My Profile', 'Organization Profile', and 'Change Password'. Below these cards is a section titled 'My Applications' with a sub-header 'Click below to view or continue with your applications.' A filter bar shows 'ACTION REQUIRED (4)' highlighted with a red arrow, along with 'DRAFTS (1)', 'SUBMITTED (0)', 'ACTIVE GRANTS (1)', 'DECLINED (0)', and 'CLOSED (0)'. Below the filter bar is a table of applications with columns for 'Activity Type', 'Due Date', 'Application ID', and 'Objective Text'. The table contains four rows, each with an 'Open' button. Red arrows point to the 'Open' buttons and the 'Activity Type' and 'Due Date' columns. The 'Activity Type' column contains 'Objectives', 'Objectives', 'Final Report', and 'Budget'. The 'Due Date' column contains '12/31/2021' for all rows. The 'Application ID' column contains '21-TP2-TEST' for all rows. The 'Objective Text' column contains 'This is my objective 1 - adjusted' and 'My objective 2 test'.

<input type="checkbox"/>	Activity Type	Due Date	Application ID	Objective Text
<input type="checkbox"/> <b>Open</b>	Objectives	12/31/2021	21-TP2-TEST	This is my objective 1 - adjusted
<input type="checkbox"/> <b>Open</b>	Objectives	12/31/2021	21-TP2-TEST	My objective 2 test
<input type="checkbox"/> <b>Open</b>	Final Report	12/31/2021	21-TP2-TEST	
<input type="checkbox"/> <b>Open</b>	Budget	12/31/2021	21-TP2-TEST	

# IMPACT FUND GRANT PROGRAM

## OBJECTIVES

All final report items are listed under “**Action Required.**” Depending on the number of Objectives you have, you may need to scroll down to see them all. Each objective will be completed individually.

Click “**Open**” for the **Objectives** activity. A popup window will appear with your objective.

Please **read the instructions** at the top.

Complete the **Final Quantity** and **Narrative question**. If you have **Supporting Documentation** to support your results, please upload it.

If you would like to Save and return to this later, click “**Save Draft.**”

If your reporting is final, click “**Submit**”

Once submitted it will be removed from your **Action Required** list.

See the screen shot on the next page.

# IMPACT FUND GRANT PROGRAM

## OBJECTIVES

21-TP1-TEST - Objectives - BHS Impact Fund Grant

Due Date: 01/31/2024

Please enter the final quantity and elaborate on progress toward the objective. Please also provide any documentation you have to support your results.

### OBJECTIVE

*Provide case management to 300 FUSE participants in Larimer County*

#### Notes

test Optional: It's a space to mention anything you want

Goal Quantity	* Interim Quantity	* Final Quantity	Percent Goal Met
300	75	289	96.3%  Final Percent Goal Met

*Enter the Final Quantity. Click Save Draft for the Percent Goal Met to auto-calculate.*

\* Elaborate on the progress made towards this objective over the course of the grant

Final report comment

If you have documentation to support your report, please upload it here.




# IMPACT FUND GRANT PROGRAM

## BUDGET

To complete your Financial reporting click “**Open**” for the **Budget** activity in **Action Required**. A popup window will appear with your Budget. Please **read the instructions** at the top.

21-TP2-TEST - Budget - BHS Impact Fund Grant

Due Date: 12/31/2021 

 Please complete the table below by entering in the final expenditures of the grant through the end of the performance period. Documentation to support the final expenditures are required. Here are examples of the types of reports LCBHS is looking for:

- [Example P&L](#)
- [Example P&L Transaction Support](#)



Download the Examples, if desired

Your Approved Grant Budget will auto-populate.

Enter your **Activity to Date** (Final Expenditures) according to the Budget line items. The amounts listed should be the actual dollars expended and match the supporting documentation.

Click **Save Draft** and the Remaining Budget and Percentage Spent will auto-calculate.

See the screenshot on the following page.

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## BUDGET AND ACTUALS

	Approved Grant Budget	Activity to Date (Final)	Remaining Budget	Percentage Spent	Budget Notes
Personnel/Staffing Salaries:	\$60,000.00	\$57,000.00	\$3,000.00	95% of Personnel Budget spent	LCSW salary
Fringe Benefits:	\$16,000.00	\$14,000.00	\$2,000.00	87.5% of Fringe Budget spent	Benefits
Travel:	\$2,000.00	\$1,000.00	\$1,000.00	50% of Travel Budget spent	Travel for two conferences
Equipment:	\$1,000.00	\$0.00	\$1,000.00	0% of Equipment Budget spent	
Supplies:	\$1,000.00	\$500.00	\$500.00	50% of Supplies Budget spent	
Consultants:	\$4,000.00	\$2,000.00	\$2,000.00	50% of Consultants Budget spent	Two consultants at \$100/hour
Professional Development/Training:	\$6,000.00	\$0.00	\$6,000.00	0% of Professional Development Budget spent	Three seminars, conference registration
Other Costs:	\$0.00	\$0.00	\$0.00	N/A% of Other Costs Budget spent	
Indirect Costs:	\$10,000.00	\$10,000.00	\$0.00	100% of Indirect Costs Budget spent	10%
<b>Total Budget:</b>	<b>\$100,000.00</b>	<b>\$84,500.00</b>	<b>\$15,500.00</b>	<b>84.5%</b> of Total Budget spent	<b>This project will support one LCSW. See notes for each line item.</b>

For your Final Report, the Remaining Budget should be zero and 100% spent. If there are unspent funds at the end of the grant period LCBHS will be in contact to return any unspent funds after review and approval of the report.

# IMPACT FUND GRANT PROGRAM

Scroll down to complete the upload section for the financial documentation.

**\* Please upload a high-level Profit and Loss Statement for the current reporting period**

Statement should include LOBHS grant dollars only (not the entire organization)

<input type="checkbox"/> File Name	Size	Date
<input type="checkbox"/> P_L_Example_-_Good_P_L.pdf	38.1 KB	11/01/2021 2:16PM

Total Files: 1

**\* Please upload a financial system-generated General Ledger for the current reporting period**

Statement should include date, description, and amounts that are sorted and summed to match to the attached Profit and Loss Statement

<input type="checkbox"/> File Name	Size	Date
<input type="checkbox"/> P_L_Example_-_Good_P_L_Transaction_Support.pdf	127.6 KB	11/01/2021 2:16PM

Total Files: 1

**\* Briefly describe the status of your expenses in more detail.**

(e.g. timing of certain expenses, leveraging other funding first, overspending or underspending certain line items etc.)

Source | X |   |     |    |  | Styles - | Format - | Font - | Size - |

If you would like to Save and return to this later, click “**Save Draft.**” If your reporting is final, click “**Submit.**” If the window doesn’t automatically close after you click Submit, click the “X” in the upper right to close the window.

Once submitted it will be removed from your **Action Required** list.







# IMPACT FUND GRANT PROGRAM

Demographic Data Table example:

		Number Served	Notes
Age	0 to 5		
	6 to 18		
	19 to 34		
	35 to 44		
	45 to 64		
	65+		
Geography (residence)	Fort Collins		
	Loveland		
	Estes Park		
	Timnath		
	Wellington		
	Other		
	Gender Identity	Male	
Female			
Other/Non-binary			
Sexual Orientation	Straight		
	Not Straight		
Health Insurance	Private/Employer		
	Medicaid		
	Medicare		
	No Insurance/Other		
Ethnicity	White, not Hispanic Latino(a)		
	Hispanic Latino(a) any race		
Race	American Indian/ Alaskan Native		
	Asian		
	Black or African American		
	Native Hawaiian or Other Pacific Islander		
	White		
	Some other race, ethnicity, or origin		
	Other Categories	Veteran	
Rural Resident			
People Experiencing Homelessness			
Criminal Justice Involved			
MH/SUD Diagnosed			
<b>Total Individuals</b>	<b>Total</b>		

# IMPACT FUND GRANT PROGRAM



Home



## Welcome Sample Grantee

1

Funding Opportunities



My Profile








Organization Profile



Change Password

## My Applications


Click below to view or continue with your applications.

 **ACTION REQUIRED (0)**  **DRAFTS (1)**  **SUBMITTED (0)**  **ACTIVE GRANTS (1)**  **DECLINED (0)**  **CLOSED (0)**



0 of 0



<input type="checkbox"/>	Activity Type	Due Date	Application ID	Objective Text
<p>If there are no more items left in your "Action Required" list, you're <b>DONE!</b>  <b>No Results Found</b></p>				

If you would like to Save and return to this later, click "**Save Draft.**" If your reporting is final, click "**Submit.**" If the window doesn't automatically close, click the "X" in the upper right to close the window.

Once you have completed and submitted all of the final report requirements you will have nothing left to review, "No Results Found" in **Action Required.**

# IMPACT FUND GRANT PROGRAM

## LOCATING YOUR SUBMITTED WORK IN THE PORTAL

The screenshot displays the user interface of the Larimer County Behavioral Health Services portal. At the top left is the logo for Larimer County Behavioral Health Services. The top right corner contains navigation links for 'Home', a notification bell, and a user profile icon. Below the header, there is a navigation bar with an 'Edit' button and a page indicator '1 of 1' with left and right arrows. The main content area is titled '21-TP2-TEST' and features a sidebar on the left with 'Main' and 'Notes' (2) options. The 'Main' tab is active, showing a navigation menu with 'GRANT DETAILS', 'CONTACT DETAILS', 'REPORTING' (highlighted with a red box), and 'DOCUMENTS'. The 'REPORTING' section contains the following information:

- Project Title: Sample Application
- Grant Type: Targeted Project #2: Moderate/Intensive Care Coordination for those with Complex Needs
- Grant ID#: 21-TP2-TEST
- Grantee Organization: LCBHS Test Accounts
- Amount of Grant Awarded: \$100,000

**Grant Dates**

- Grant Period: 10/15/2020 to 12/16/2021
- Interim Report (for the period from 10/15/2020 to 04/30/2021) Due: 2021-05-14
- Final Report (for the period from 10/15/2020 to 12/16/2021) Due: 2021-11-11

The grant period (and unsubmitted reports) may be extended in order to reach the anticipated outcomes. Changes to individual budget line items (increases and decreases) that are greater than 25% of that line item and greater than \$1,000 must be requested and approved in writing in advance of expenditure.

To notify BHS of your need to re-budget or request new grant period dates, click the Request Amendment button where you will be prompted to provide the required information.

At the bottom of the reporting section, there is a button labeled 'Application Summary' and a 'NEXT >' button on the right side of the page.

To review your grant and submitted activities, click the tab “**Active Grants**” and click “**Open.**”

In the Main screen you will see your grant details. Click on the “**Reporting**” tab to view your grant report activities.

You will receive an email notification from [larimerimpactfund@smartsimple.com](mailto:larimerimpactfund@smartsimple.com) with confirmation that your report was received.