

Core Series Recipient 1 – Applicant Portal: Application Overview and Submission **We will start 2 minutes after the hour!**

² Recipient Core Series



 Day 1 - Applicant & Recipient Core Series: AmpliFund Applicant Portal: Application Overview and Submission

- Day 2 Applicant & Recipient Core Series: AmpliFund Navigation and Recipient Performance Reporting
- Day 3 Applicant & Recipient Core Series: Recipient Financial Reporting
- Day 4 Applicant & Recipient Core Series: Advanced Recipient Management and Tools
- Day 5 Applicant & Recipient Core Series: State of Illinois Unique Applicant & Recipient Configurations





- Process Overview
- Overview of Applicant Portal
 - Create and Manage Applicant Portal Account
 - Project Information
 - Application Forms
 - Performance Plan
 - Budget
- Edit Reopened Application
- Administration and Support
- In-Product Demo
- Key Concepts
- Customer Support
- Question and Answer



Overview of Applicant Portal

Section Agenda



- Applicant Portal Overview
 - Create Applicant Portal Account
 - Account Information
 - Manage Applications
 - Manage Users

Create Applicant Portal Account 6



show

Login

Forgot your password?

Log in with SSO

If you are accessing the Applicant Portal for the first time you must create an account by following the steps below:

- Click on the public link to the Opportunity provided by your funder ٠
- Click Log In on the top right of the screen or the Apply button
- **Click Register**

AmpliFund Corporate Presentation



⁷ Create New Account Continued



- Fill out all required information
- Click Register on the bottom right of the screen

AmpliFund [≓]			
Create New A	CCOUNT	ve automated AmpliFund emails.	
User Information			
Email Address*		AmpliFund [≓]	
Role	Administrator	Phone Number	и и
Password*		Organization Informat	ation
Confirm Password*		Same as above	e 🗆
Contact Information		Organization Name*	Å
- First Name*		Organization Type*	* Other V
Middle Name		Email Address*	*
Last Name*		Website	
5. ff		Address Line 1*	*
Suttix		Address Line 2	2
Title		City*	*
Address Line 1		State/Province*	*
		Postal Code*	*
		Phone Number	й
			Register

Account Information



- Click on your Username on the top right of the screen
- Select Account Information
- Edit Account Information as needed
 - Complete all required information and then click Save & Return

AmpliFund [≓]	Thomas Colgrove
Applications Account Information Users FAQ	Account Information Change Password Log Out
Account Information Edit	AmpliFund [≓]
Organization Information	
Name Applicant Portal Test Account - TC	Applications Account Information Users FAQ
Organization Type Foundation	
Email Address thomas_colgrove@outlook.com	Account Information Swe & Return
Website	Organization Information
Address line 1 123	Name* Applicant Portal Test Account - TC
Address Line 2	Organization Type Foundation V
State/Province Test	Email Address* thomas_colgrove@outlook.com
Postal Code 00000	Website
Phone Number	Address Line 1* 123
	Address Line 2
Edit	City* Test
	StateProvince* Test
	Postal Code* 00000
	Phone Number
	Save & Return

Manage Applications



• Click on Applications to view list of all Applications and Application Status

										Thomas Colgrove Applicant Portal Test Account - TC
Application	ns Acc	ount Inform	nation	Users	FAQ					_
Applica	tions									
Application Na	Application ID	Submission Sta	Funder Name	Title	Opportunity St	Submission Op	Submission Clo	Award Floor	Award Ceiling	
Test Application 1	61812	Submitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00	
	Application Application Na Test Application 1	Applications Acc Application Na Application ID Test Application 61812	Applications Account Inform Application Na Application ID Submission Sta Test Application 61812 Submitted	Applications Account Information Application Na Application ID Submission Sta Test Application 61812 Submitted 1 Submitted Training: Grant Maker	Applications Account Information Users Applications	ApplicationsAccount InformationUsersFAQApplications https://docume.com/blue <a href="mailto height: b</td> <td>Applications Account Information Users FAQ Application Na Application Sta Funder Name Title Opportunity St Submission Op Test Application 61812 Submitted AmpliFund Maker 2024 Core Series Recipient - TC Open 1/1/2024 12:00 AM</td> <td>Applications Account Information Users FAQ Applications</td> <td>Applications Account Information Users FAQ Application Na Application ID Submission Sta Funder Name Title Opportunity St Submission Op Submission Clo Award Floor Test Application 61812 Submitted AmpliFund Maker 2024 Core Series Recipient - TC Open 1/1/2024 12:00 12/31/2024 12:00 AM Open 1/1/2024 12:00 12/31/2024 Open 1/1/2024 12:00 AM Open 1/1/2024 12:00 12:00 AM Open 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024</td> <td>Applications Account Information Users FAQ Applications</td>	Applications Account Information Users FAQ Application Na Application Sta Funder Name Title Opportunity St Submission Op Test Application 61812 Submitted AmpliFund Maker 2024 Core Series Recipient - TC Open 1/1/2024 12:00 AM	Applications Account Information Users FAQ Applications	Applications Account Information Users FAQ Application Na Application ID Submission Sta Funder Name Title Opportunity St Submission Op Submission Clo Award Floor Test Application 61812 Submitted AmpliFund Maker 2024 Core Series Recipient - TC Open 1/1/2024 12:00 12/31/2024 12:00 AM Open 1/1/2024 12:00 12/31/2024 Open 1/1/2024 12:00 AM Open 1/1/2024 12:00 12:00 AM Open 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024 1/1/2024	Applications Account Information Users FAQ Applications

• User Management



- Click on Users
- Add users as needed
 - Complete all required information and then click Invite
- Edit Users as needed
 - Complete all required information and then click Save & Return

AmpliFund [≓]	App
Applications Account Information Users FAQ	AmpliFund [≓]
	New User
Users	User Information
Liser Information	Email Address*
	Role* Estor V 0
+ Add User	Contact Information
leare	First Name*
	Midde Name
Thomas Colgrove - Organization Administrator S	Last Name*
	Suffix
	Trèe
	Address Line 1
	Appress Line 2
	StateProvince
	Postal Code
	Phone Number
	Invite



Project Information

Section Agenda



- Project Information
 - Opportunity Information
 - Evaluation and Scoring Tab
 - Apply
 - Navigation
 - Required Fields
 - Autofill Data
 - No Match Example
 - Match Examples
 - Mark as Complete, Save and Continue

Opportunity Information and Evaluation & Scoring



			Log In	
2022 City	/ of Everett Human Needs Funds	Print Help Dow	nload Save Apply	
Opportunity Detail	s Evaluation & Scoring			
Opportunity I	nformation			
	Title 2022 City of Everett Human Needs Funds			
1	Description Each year, the City allocates \$3 per capita for grants to non-profit human service organizations providi capita has been included for Community Streets initiative activities.	ng services to City of Everett residents. Since	2016, an additional \$1 per	
	Human Needs funds are provided to programs that are accessible without regard to ability to pay, as v linguistically accessible, and non-discriminatory. The City intends to support programs that promote di	vell as programs that are physically accessib versity of all types.	le, culturally sensitive,	
	Funds are available on a January 1 - December 31 calendar year. Funds do not 'rollover' into the next p combined for a future ask.	rogram year and any unexpended funds at t	the end of the year cannot be	
Awarding Ag	ency Name City of Everett	EVERETT		
Agency Cor	ntact Name Kembra Landry	WASHINGTON		
Agency Con	tact Phone 425-257-7155			
Agency Co	ntact Email klandry@everettwa.gov			
Fund Activit	ty Category Community Development		2022 City of Everett Human N	Needs Funds Print Help Download Save Apply
Category E	Explanation These funds are aimed at serving the basic needs of low/moderate income residents within the City of	E	Opportunity Details	
Opportuni	ty Manager Kembra Landry		Contraction to Scoring	
Р	osted Date 7/1/2021		Criteria	
Announce	ement Type Initial Announcement		Applicants must be registered 501c(3) organizations, as per EMC 2.93.010.	
	Public Link https://www.gotomygrants.com/Public/Opportunities/Details/68fa4163-bf12-4af8-8739-94a6c734f016		Applications must serve low or moderate income City of Everett residents	in need.
		-	Projects must provide basic needs services and should support established	d annual priorities set by the City's Citizen Advisory Committee.
			Review and Selection Process	
			 Proposals will go through initial staff review for application completeness. 	and project eligibility. Once cleared, proposals will be submitted to the Citizen Advisory Committee for review and award consideration.
			Proposals that directly support established annual priorities will be consid	Jered for funding first, with any remaining funds available for non-priority proposals.
			Priority consideration will also be given to those programs which apply rec	quested funds to a direct public service rather than to the administration of a program.
			Agencies receiving human needs funding are not eligible for funding from	another city of Everett funding source for the same program in any given year.
			Anticipated Announcement Dates	
			Awards will be announced following City Council adoption of Citizen Adviso	ory Committee funding recommendations. Contracts are typically executed in the late Winter/early Spring.
			Costs incurred since January 1 of Calendar Year for the award are eligible f	for reimbursement.
			Save Apply	

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Apply to the Opportunity



• Click the Apply button to start the application process

		Log In
2022 City of	Everett Human Needs Funds	
Opportunity Details	valuation & Scoring	
Opportunity Inform	nation	
-	Title 2022 City of Everett Human Needs Funds	
Descript	tion Each year, the City allocates \$3 per capita for grants to non-profit human service organizations providing services to City of Everett residents. Since 2016, an additional \$1 per capita has been included for Community Streets Initiative activities.	
	Human Needs funds are provided to programs that are accessible without regard to ability to pay, as well as programs that are physically accessible, culturally sensitive, linguistically accessible, and non-discriminatory. The City intends to support programs that promote diversity of all types.	
	Funds are available on a January 1 - December 31 calendar year. Funds do not 'rollover' into the next program year and any unexpended funds at the end of the year cannot be combined for a future ask.	
Awarding Agency Na	ame City of Everett	
Agency Contact Na	ame Kembra Landry	
Agency Contact Pho	one 425-257-7155	
Agency Contact Er	nail klandry@everettwa.gov	
Fund Activity Categ	zory Community Development	
Category Explanat	tion These funds are aimed at serving the basic needs of low/moderate income residents within the City of Everett.	
Opportunity Mana	iger Kembra Landry	
Posted D	Date 7/1/2021	
Announcement T	ype Initial Announcement	
Public I	Link https://www.gotomygrants.com/Public/Opportunities/Details/68fa4163-bf12-4af8-8739-94a6c734f016	

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Navigation



• Land on the Project Information Page

		Thomas Colgrove Applicant Portal Test Account - TC
2024 Core	Series Recipient - TC	
	Opportunity Project Application Budget* Performance Submit Details Information Forms Plan*	
Project Inform	Ation Help B Download Save Save & Continue	
Application Info	rmation	
Application	Name*	
How much are you requ	sting from the funder?	
Award Req	Jested* \$0.00	
How much are you plan	ing to contribute to the budget?	
Cash Match Requ	rement \$0.00 🚯	
Cash Match Contril	utions* \$0.00	
In-Kind Match Requ	rement \$0.00 🕕	
In-Kind Match Contrib	utions* \$0.00	
Other Funding Requ	rement \$0.00 🕕	
Other Funding Contrib	utions* \$0.00	

Navigation Continued



- All navigation sections on the top of the screen must be complete before submitting your application
- Each circle should be green with a white checkmark like the Opportunity Details section below
- Navigate to different sections of the application by clicking on the desired navigation section

DEVELOPMENT COUNCIL	Thomas Colgrove Applicant Portal Test Account - TC
2024 Core Series Recipient - TC	
Opportunity Project Application Budg Details Information Forms	et* Performance Submit Plan*
Project Information	Help Download Save Save & Continue

Required Fields



 Ensure each section is complete in the top navigation, you must complete all required fields marked with an *

Project Information	I	Help	Download Save Save & Con	inue
Application Informatio	n			
Application Name*				
How much are you requesting fro	m the funder?			
Award Requested*	\$0.00		Drimon Contract Info	mation
How much are you planning to co	ntribute to the budget?		Primary Contact Info	mauon
Cash Match Requirement	\$0.00 1		Name*	Thomas Colgrove
Cash Match Contributions*	\$0.00		Email Address*	thomas_colgrove@outlook.com
In-Kind Match Requirement	\$0.00		Address Line 1*	
In-Kind Match Contributions*	\$0.00		Address Line 2	
Other Funding Requirement	\$0.00 3		Address Line 2	
Other Funding Contributions*	\$0.00		City*	
Total Award Budget	\$0.00		State/Province*	
			Postal Code*	
			Phone Number	
			Save 🖌 Mark as Comp	lete Save & Continue

Autofill Data



- The Primary Contact Information section will auto-populate with the information from the Applicant Portal
- Review the steps in the Overview of Applicant Portal section to update the information so you only have to enter it once

Primary Contact Information				
Name*	Thomas Colgrove			
Email Address*	thomas_colgrove@outlook.com			
Address Line 1*				
Address Line 2				
City*				
State/Province*				
Postal Code*				
Phone Number				
Save V Mark as Comple	te Save & Continue			

No Match Example



- If no match is required, you will not see any fields to enter match
- If match is optional, you will have a \$0.00 requirement and can add as needed

DAHO WORKFORCE DEVELOPMENT COUNCIL	Decoil internation	** 1			Thomas Colgrove 4 Applicant Portal Test Account - TC
Project Informatio	٦	Help 🖪 🕻	Download	Save Save & Con	ntinue
Application Informati	on				
Application Name*					
How much are you requesting fi	om the funder?				
Award Requested*	\$0.00				
Total Award Budget	\$0.00				
Primary Contact Info	rmation				
Name*	Thomas Colgrove				
Email Address*	thomas_colgrove@outlook.com				

20 Match Example



- If a match is required, there will be an additional required section called "How much are you planning on contributing to the budget?"
- If your funder configured a match requirement, AmpliFund will calculate the minimum match amount based on the Award Requested amount
- If match is optional, you will have a \$0.00 requirement and can add as needed

		,	Thomas Colgrove pplicant Portal Test Account - TC
Project Information	~	Help 🗳 Download Save Save & Continue	
Application Information	1		
Application Name*	Test Application 2	∽	
How much are you requesting from	m the funder?		
Award Requested*	\$100,000.00		
How much are you planning to co	ntribute to the budget?		
Cash Match Requirement	\$10,000.00 🚯		
Cash Match Contributions*	\$0.00	Contribution is less than funder cash match requirement.	
In-Kind Match Requirement	\$10,000.00 🚯		
In-Kind Match Contributions*	\$0.00	Contribution is less than funder in-kind match requirement.	
Other Funding Requirement	\$5,000.00 (1)		
Other Funding Contributions*	\$0.00	Contribution is less than funder other funding requirement.	
Total Award Budget	\$100,000.00		

^a Mark as Complete, Save and Continue



- After completing all required fields Mark as Complete and Save and Continue
- AmpliFund will not let you Mark as Complete and Save and Continue if there are any incomplete required fields
- AmpliFund displays validation errors if there are incomplete required fields or if entries are not in line with the Opportunity requirements

Primary Contact Information	Primary Contact Inform	nation	Mark as in Progress gotomygrants.com/Public/OpportunityApplications/pr Thomas Personal AmpliFund Perso Amplifund Logins AmpliFund	ojectinformation/61831 Ind Tools 🗅 AmpliFund Support 🗅 Learning AmpliFu 🗅 Projects 🗅 Team Illinois 🗅 Google 🗅 Jur
Name* Thomas Colgrove	Name*	Thomas Colgrove	In-Kind Match Contributions*	Success
Email Address* thomas_colgrove@outlook.com	Email Address*	thomas_colgrove@outlook.com	Other Funding Requirement	\$5,000.00 O
Address Line 1* 123 Street	Address Line 1*	123 Street	Other Funding Contributions* Total Award Budget	\$5,000.00 \$125,000.00
Address Line 2	Address Line 2		Primary Contact Infor	mation
City* This field is required.	City*	Test City	Name*	Thomas Colgrove
State/Province* This field is required.	State/Province*	ОН	Email Address*	thomas_colgrove@outlook.com
Postal Code* This field is required.	Postal Code*	00000	Address Line 1*	123 Street
Phone Number	Phone Number		Address Line 2 City*	Test City
			State/Province*	ОН
Save 🖌 Mark as Complete Save & Continue	Save 🖌 Mark as Comple	ete Save & Continue	Postal Code*	00000
			Phone Number	



Application Forms

²³ Section Agenda



- Application Forms
 - Inputting Data
 - Required Fields
 - Mark as Complete, Save and Continue
 - Application Form Status Grid

²⁴ Inputting Data



Content Fields

• Data that your funder provides as instructions, attachments, links, etc.

Entry Fields

- Data that you enter on the Application Forms
- Single line text, multi-line text, multiple choice, checkboxes, dropdowns, dates, numeric values, tables, and file uploads

Instructions	Dropdown List example *		
Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.	Test 1 Test 2 Test 3		
Download this PDF for more information. Logo-FullColor-hi-res.jpeg			
Review this website for more information. test.com	File Upload example *		
Application Questions	Choose File		
Single Line Text Field example *	Date example *		
Multi Line Text Box example *	Numeric Field example *		
	Table Example		
		Test A	Test B
	Test 1		
Multiple Choice Example * O Yes	Test 2		
ΟΝο	Test 3		

Required Fields



 To complete each Application Form, you must complete each required field marked with an *

Instructions

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat. Duis aute irure dolor in reprehenderit in voluptate velit esse cillum dolore eu fugiat nulla pariatur. Excepteur sint occaecat cupidatat non proident, sunt in culpa qui officia deserunt mollit anim id est laborum.

Download this PDF for more information. Logo-FullColor-hi-res.jpeg

Review this website for more information. test.com

Application Questions

Single Line Text Field example *

Multi Line Text Box example *

O Yes O No

pliFund Corporate Presentation

2H

²⁸ Mark as Complete, Save and Continue



- You must mark each Application Form as complete and then save and continue or you will not be able to submit
- AmpliFund will not allow you to Mark as Complete if you have not completed all required fields
- Clicking Save and Continue will take you to the next Application Form or next section of the application process

WORKFORCE DISTUMENT COMMA	Application Error ×	Applicant Portal Test Account - TC	Success	Thomas Colgrove Applicant Portal Test Account - TC
	One or more required fields have invalid entries. Please update your responses accordingly and try again.		Form "Test Application	1° completed successfully.
File Upload example * This field is required Choose File Date example * This field is required. Im Numeric Field example * This field is required. 0.00 Table Example			File Upload example * Choose File Lago FullCion Ni res.jeng Date example * 2/27/2024 Numeric Field example * \$1,000.00	
Test A Test 1 Test 2 Test 3 Save VMark as Complete Save & Continue	Test 8		Table Example Test A Test 1 Test 2 Test Test 3 Test Save Mark as In Progress Save & Continue	Test B Test Test Test

²⁷ Application Form Status Grid



- Click on the Application Forms section on the top navigation to access the Application Form Status Grid
- Here you can see the status of each application and download applications

			Thomas Colgrove Applicant Portal Test Account - TC
2024 Core Series	s Recipient - TC		
	Opportunity Evaluation Project Appli Details & Scoring Information Form	ation Budget* Performance Submit ns (2) Plan*	
Forms		Help 🔓 Download	Save & Continue
Name	Status	Print	
Test Application 1	In Progress	0	
Test Application 2	New	Ð	
К < 1 > > 25 v ite	ms per page		1 - 2 of 2 items
Save & Continue			
Save a continue			



Performance Plan

²⁹ Section Agenda



- Performance Plan
 - Performance Plan Goal Types
 - Enter Performance Plan Goals
 - Mark as Complete, Save and Continue

Performance Plan Goal Types



Goal Type	Definition	Example
Milestone	The most basic goal type. They allow for tracking progress as a "Yes" or "No" response by the Responsible Individual.	Create and send Q1 Staff Survey.
Narrative	Question and answer goals. Responsible Individuals may answer the question posed by the goal.	How successful was the grant- related activity this period?
Numeric	A discrete number to achieve. As units of the goal are completed, Responsible Individuals may record units completed.	"Number of program participants" with a goal target of 50.

Performance Plan Goal Types



Goal Type	Definition	Example
Percent Achieved	Goals to reach a desired percent. When tracking progress against a percent achieved goal, Responsible Individuals may capture Total Possible and Total Achieved percentages.	"Volunteer Retention Rate" with a goal target of 70%.
Percent Changed	Goals to track a percent increase or decrease. Percent change goals are defined with a starting percent and a desired percent. When tracking progress against a percent change goal, Responsible Individuals may capture Total Possible and Total Achieved percentages.	"Decrease in Student Absences" with a starting absentee rate of 10% and a goal absentee rate of 3%.
Reimbursement	Goals with a discrete unit to achieve, and a dollar rate associated per unit. When tracking progress against a reimbursement goal, Responsible Individuals may enter Units Achieved.	"Number of Patient Screenings" with target/maximum units of 100, and a reimbursement rate per unit of \$22.

Enter Performance Plan Goals



- All Performance Plan Goals marked with an * are required
- Click on the + icon to add a new goal

Ap	Thomas Colgrove 4 plicant Portal Test Account - TC
2024 Core Series Recipient - TC	
Opportunity Details & Scoring	
Performance Plan Bownload Save & Continue	
Proposed Performance Plan	
Quarter 1Goals* + Add Goal No items for strategy	
Quarter 2 Goals* + Add Goal No items for strategy	
Quarter 3 Goals* + Add Goal No items for strategy Quarter 4 Goals* + Add Goal	
No items for strategy	
✓ Mark as Complete Save & Continue	

Enter Performance Plan Goals Continued



- Select the Goal Type
- Enter the Goal Name
- Complete all required fields marked with an *
- Best practice is to add as much data as possible
- Required fields change based on the Goal Type
 - Milestone Goals have a due date
 - Numeric Goals have a number to be achieved

New Goal		New G
Goal Information		Goal Info
Goal Type*	Milestone 🗸	
Name*		
Description		
Due Date	Ē	

Goal Information	
Goal Type*	Milestone 🗸
	Milestone
Name*	Narrative
	Numeric
	Percentage Achieved
Description	Percentage Change
	Reimbursement
Due Date	m

New Goal	
Goal Information	
Goal Type*	Numeric 🗸
Name*	Test Numeric Goal
Number To Be Achieved*	24
Description	Add description here
Save	

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Mark as Complete, Save and Continue



- After entering all required goals you can Mark as Complete and Save and Continue
- AmpliFund will display a success message if everything is complete
- AmpliFund will display a validation error if more information is required

	uer	Success		Ap,	Thomas Colgrove	•		
	Performance Plan	Saved successfully	Help 🔓 Download	Save & Continue				
	Proposed Performance Plan					-		Thomas Colgrove
	Quarter 1Goals* + Add Goal Test Milestone / = Milestone Quarter 2 Goals* + Add Goal Test Numeric / =	Mark as IN-Progress			Performance Pla Proposed Perform Quarter 1Goals* + Ac	Letais & scoring information in lan mance Plan	Help 🖪 Download Save & Co	ntinue
	Quarter 3 Goals* + Add Goal Test Narrative > = Narrative Add question here Quarter 4 Goals* + Add Goal Test Narrative 2 > = Narrative Add question here				Test Milestone > 1 Milestone Quarter 2 Goals* + A Test Numeric > 1 Numeric Quarter 3 Goals* + A Test Narrative > 1 Narrative	Add Goal Add Goal		
s://www.gotomygrants.com/Public/o	Mark as In Progress Save & Continue			-	Add question here Quarter 4 Goals* + A No items for strategy Pie	Add Goal ease add at least 1 goal. Save & Continue		



Budget

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Section Agenda

AmpliFund[≓]

- Project Information and Budget
- Enter Line Items
 - No Match/Match
 - > Line Item Narrative and Document Upload
 - Calculated Line Item Example
 - Purpose Areas
 - Edit Line Items
 - Final Budget/Mark as Complete, Save and Continue
 - Submit Complete Application
 - In-Product Demo

³⁷ Enter Line Items with no Match

- Configure the Budget View Settings
- Click on the + icon next to the Budget Category you wish to enter a line item
- Enter the Name
- Enter the Direct Cost
- Leave Non-Grant Funded set to No
- Enter Narrative (May be required or optional)
- Add Attachments as needed
- Click Create on the bottom right of the screen

Budget					Help	🗟 Download	
Budget View Settings							
Options							
🗹 Line Items 🗹 Non-Grant Funded							
Proposed Budget							
Proposed Budget							
Proposed Budget Expense Budget							
Proposed Budget Expense Budget Category	Grant Funded	Non-Grant Funded	Total Budgeted				
Proposed Budget Expense Budget Category Travel	Grant Funded \$0.00	Non-Grant Funded \$0.00	Total Budgeted \$0.00				
Proposed Budget Expense Budget Category Travel Add Line Item ent	Grant Funded \$0.00 \$0.00	Non-Grant Funded \$0.00 \$0.00	Total Budgeted \$0.00 \$0.00				
Proposed Budget Expense Budget Category Travel Add Line Item ent + Supplies	Grant Funded \$0.00 \$0.00 \$0.00	Non-Grant Funded \$0.00 \$0.00 \$0.00	Total Budgeted \$0.00 \$0.00 \$0.00				
Proposed Budget Expense Budget Category Travel - Add Line Itam ent + Supplies + Construction	Grant Funded \$0.00 \$0.00 \$0.00 \$0.00	Non-Grant Funded \$0.00 \$0.00 \$0.00 \$0.00	Total Budgeted \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
Proposed Budget Expense Budget Category Travel Ad Line Item ent + Supplies + Construction + Construction + Consultant	Grant Funded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Non-Grant Funded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Total Budgeted \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
Proposed Budget Expense Budget Category Travel Ad Line Item ent Supplies Construction Consultant Personnel	Grant Funded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Non-Grant Funded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Total Budgeted \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				
Proposed Budget Expense Budget Category Travel Add Line Item ent Supplies Construction Consultant Personnel Create New Category	Grant Funded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Non-Grant Funded \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00	Total Budgeted \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00				

New Line Item	
Budget Item Information	n
Category	Travel ~
Item Type	Non-Personnel V
Name*	Test Travel
Direct Cost*	\$10,000.00
Non-Grant Funded	No
Total Budgeted	\$10,000.00
Narrative*	Add narrative here
Attachments	
Attachment(s)	Choose file(s)
	Create Cancel



Bare and Series 21 Enter Line Items with Match



- Click on the + icon next to the Budget Category you wish to enter a line item
- Enter the Name
- Enter the Direct Cost
- Set the Non-Grant Funded to Yes
 - Cash Match
 - In-Kind Match
 - Other Funding
 - Match can be entered in \$ or as a %
- Enter Narrative (May be required or optional)
- Add Attachments as needed
- Click Create on the bottom right of the screen

Test Travel 2			
Budget Item Information	n		
Category	Travel		
ltem Type	Non-Personnel		
Name*	Test Travel 2		
Direct Cost*	\$25,000.00		
Non-Grant Funded	Yes V		
Grant Funded	\$0.00		
Cash Match	\$10,000.00	Dollar	Percentage
In-Kind Match	\$10,000.00	Dollar	Percentage
Other Funding	\$5,000.00	Dollar	Percentage
Total Budgeted	\$25,000.00		
Narrative*	Test		
		s	ave Cancel

39 Calculated Line Item Example



- The Calculated Line Item functionality allows for auto calculations when entering Line Items
- Click the Item Type dropdown and select Direct Cost Allocation
- The Calculation Type dropdown appears with the following options
 - Base x Rate
 - Quantity x Rate
 - Salary x Percentage x Rate
 - Time x Quantity x Rate
 - Travel x Quantity x Rate
 - Configure the new required fields based on your selection
- All other steps to enter the Line Item are the same as previously reviewed

Calculated Line Item Continued



New Line Item		New
Budget Item Informati	on	Bu
Category	Travel	
ltem Type	✓ Non-Personnel	
Name*	Direct Cost Calculation	
Direct Cost*	\$0.00	
Non-Grant Funded	No	
Total Budgeted	\$0.00	
Narrative*		
Attachments		
Attachment(s)	Choose file(s)	
	Create Cancel	

New Line Item		
Budget Item Information	on	
Category	Travel	
ltem Type	Direct Cost Calculation	
Calculation Type	V Base x Rate	
Name*	Salary x Percentage x Time Time x Quantity x Bate	
Base*	Travel x Quantity x Rate	
Rate*	0%	
Direct Cost	\$0.00	
Non-Grant Funded	No	
Total Budgeted	\$0.00	
Narrative*		
	Crea	te Cancel

Enter Line Item with Purpose Areas



- Some Budget entries require Purpose Areas
- If a Category requires Purpose Areas you will complete the same steps as previously reviewed when creating the Line Item in addition to the following entries
 - Enter Name
 - Enter Direct Cost
 - Configure Match if required
 - Enter Narrative
 - Add attachments if needed
 - Enter how much of the Direct Cost goes toward each Purpose Area
 - For example, If this program has three Funding Areas (Purpose Areas) and I add a Line Item for Equipment with a Direct Cost of \$10,000, I must account for how much of the Direct Cost goes toward each Purpose Area.
 - All Direct Cost must be accounted for
 - Not all Purpose Areas must have entries

Enter Line Item with Purpose Areas Continued



New Line Item				New Line Item	
Budget Item Information	on			Narrative*	Test narrative
Category	Equipment V				
ltem Type	Non-Personnel			Attachments	
Name*	Test Equipment	New Line Item		- Attachment(s)	
Direct Cost*	\$10,000.00		resentation and the second sec		Choose file(s)
Non-Grant Funded	No			Purpose Areas	
Total Budgeted	\$10,000.00	Attachments		Test Purpose Area 1	\$5,000.00
Narrative*	Test narrative			Test Purpose Area 2	\$5,000.00
		Attachment(s)	Choose file(s)	Test Purpose Area 3	\$0.00
Attachments				Total	\$10,000.00
		Purpose Areas			
Attachment(s)	Choose file(s)	Test Purpose Area 1	\$0.00		
	Create	Test Purpose Area 2	\$0.00		Create Cancel
		Test Purpose Area 3	\$0.00		
		Total	\$0.00		
			Total must equal Total Budgeted amount.		
			Create	Cancel	

43 Edit Line Items



• Click on the pencil edit icon next to the Line Item to edit as needed

В	udget				Help 🗳 Download	Save & Continue
	Budget View Settings					
0	otions					
~	ine Items 🗹 Non-Grant Funded					
	Proposed Budget					
Ex	pense Budget _{Category}	Grant Funded	Non-Grant Funded	Total Budgeted		
+	Travel	\$10,000.00	\$0.00	\$10,000.00		
	Test Travel	\$10,000.00	\$0.00	\$10,000.00		
+	Equipment Ed	lit \$0.00	\$0.00	\$0.00		
+	Supplies	\$0.00	\$0.00	\$0.00		
+	Construction	\$0.00	\$0.00	\$0.00		
+	Consultant	\$0.00	\$0.00	\$0.00		
+	Personnel	\$0.00	\$0.00	\$0.00		
	Create New Category					
+	create wew category					

Final Budget/Mark as Complete, Save and Continue



- The Final Budget should account for all requested Grant Funds and any Match
 requirements
- The Total Overall Budget Cost should be \$0.00
- AmpliFund will display a validation error if not all funds are accounted for

	pense Budget					Expense Budget		
	Category		Grant Funded	Non-Grant Funded	Total Budgeted	Category		
F	Travel		\$0.00	\$25,000.00	\$25,000.00	+ Travel		
	Travel	ø 🗊	\$0.00	\$25,000.00	\$25,000.00	Travel	ø	ŵ
F	Equipment		\$0.00	\$0.00	\$0.00	+ Equipment		
ŀ	Supplies		\$0.00	\$0.00	\$0.00	+ Supplies		
ŀ	Construction		\$0.00	\$0.00	\$0.00	+ Construction		
ŀ	Consultant		\$0.00	\$0.00	\$0.00	Test Construction	ø	Î
ŀ	Personnel		\$75,000.00	\$0.00	\$75,000.00	+ Consultant		
	Test Personnel	N 🖬	\$75,000.00	\$0.00	\$75,000.00	+ Personnel		
-	Create New Category					Test Personnel	ø	Ê
	Total Expense Budget Cost		\$75,000.00	\$25,000.00	\$100,000.00	+ Create New Category		_
	Grant Funding					Revenue Budget		
-	Award Requested		\$100,000.00		\$100,000.00	Grant Funding		
			\$100,000.00		\$100,000.00	Award Requested		
	Subtotal					Subtotal		
	Subtotal Non-Grant Funding					Non-Grant Funding		
	Subtotal Non-Grant Funding Cash Match			\$10,000.00	\$10,000.00	Non-Grant Funding		
	Subtotal Non-Grant Funding Cash Match In-Kind Match			\$10,000.00 \$10,000.00	\$10,000.00 \$10,000.00	Cash Match		
	Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding			\$10,000.00 \$10,000.00 \$5,000.00	\$10,000.00 \$10,000.00 \$5,000.00	Cash Match In-Kind Match		
	Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding Subtotal			\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00	Cash Match In-Kind Match Other Funding		
	Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding Subtotal		Total Reven	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00 sue Budget Cost	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00 (\$125,000.00)	Cash Match In-Kind Match Other Funding Subtotal		
	Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding Subtotal		Total Reven Total Overa	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00 uue Budget Cost all Budget Cost	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00 (\$125,000.00) (\$25,000.00)	Cash Match In-Kind Match Other Funding Subtotal		

pense Budget					
Category			Grant Funded	Non-Grant Funded	Total Budgeted
Travel			\$0.00	\$25,000.00	\$25,000.00
Travel	ø	Ŵ	\$0.00	\$25,000.00	\$25,000.00
- Equipment			\$0.00	\$0.00	\$0.00
- Supplies			\$0.00	\$0.00	\$0.00
- Construction			\$25,000.00	\$0.00	\$25,000.00
Test Construction	ø	Î	\$25,000.00	\$0.00	\$25,000.00
- Consultant			\$0.00	\$0.00	\$0.00
- Personnel			\$75,000.00	\$0.00	\$75,000.00
Test Personnel	ø	Î	\$75,000.00	\$0.00	\$75,000.00
 Create New Category 					
Total Expense Budget Cost			\$100,000.00	\$25,000.00	\$125,000.00
Revenue Budget Grant Funding					
Revenue Budget Grant Funding Award Requested			\$100,000.00		\$100,000.00
Revenue Budget Grant Funding Award Requested Subtotal			\$100,000.00 \$100,000.00		\$100,000.00 \$100,000.00
Revenue Budget Grant Funding Award Requested Subtotal Non-Grant Funding			\$100,000.00 \$100,000.00		\$100,000.00 \$100,000.00
Revenue Budget Grant Funding Award Requested Subtotal Non-Grant Funding Cash Match			\$100,000.00 \$100,000.00	\$10,000.00	\$100,000.00 \$100,000.00 \$10,000.00
Revenue Budget Grant Funding Award Requested Subtotal Non-Grant Funding Cash Match In-Kind Match			\$100,000.00 \$100,000.00	\$10,000.00 \$10,000.00	\$100,000.00 \$100,000.00 \$10,000.00 \$10,000.00
Revenue Budget Grant Funding Award Requested Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding			\$100,000.00 \$100,000.00	\$10,000.00 \$10,000.00 \$5,000.00	\$100,000.00 \$100,000.00 \$10,000.00 \$10,000.00 \$5,000.00
Revenue Budget Grant Funding Award Requested Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding Subtotal			\$100,000.00 \$100,000.00	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00	\$100,000.00 \$100,000.00 \$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00
Revenue Budget Grant Funding Award Requested Subtotal Non-Grant Funding Cash Match In-Kind Match Other Funding Subtotal			\$100,000.00 \$100,000.00 Total Reven	\$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00 Bue Budget Cost	\$100,000.00 \$100,000.00 \$10,000.00 \$10,000.00 \$5,000.00 \$25,000.00 (\$125,000.00)

45 Submit Complete Application

AmpliFund

- All navigation sections on the top of the screen must be complete before submitting your application
- Each circle should be green with a white checkmark like the Opportunity Details section below
- If you receive any validation errors, you can click on the desired navigation section and complete all required information and Mark as Complete and Save and Continue

2024 Core Series Recipient - TC	2024 Core Series Recipient - TC
Opportunity Evaluation	Opportunity Evaluation
Details & Scoring Information Project Application	Details & Scoring Information Project Application
Normation Project Project Budget* Performance Plan*	Project Application Budget* Performance Submit
You are about to submit your application, Test Application 2 , to AmpliFund Training: Grant Maker . Take the time to review your application by using the timeline above. You can select any section and jump to that page. When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder. Your budget has errors that require your attention!	You are about to submit your application, Test Application 2 , to AmpliFund Training: Grant Maker . Take the time to review your application by using the timeline above. You can select any section and jump to that page. When the application is fully complete, please select the "Submit" button. This will submit your final application to the funder.

46 Submit Complete Application Continued



Click Submit and AmpliFund displays a success message!





Edit Reopened Application

48 Section Agenda



- Edit Reopened Applications
 - Access Submitted Applications
 - Download Submitted Applications
 - Edit Reopened Applications
 - Warning Withdrawing Applications does not allow for Resubmission

Access Submitted Applications



- Log into the Applicant Portal
- Click Applications on the top left of the screen

AmpliFund [≓]		Application	ns Aco	count Inform	nation	Users	FAQ				
Login		Applica	tions								
Email	tcolgrove@amplifund.com	Application Na	Application ID	Submission St	Funder Name	Title	Opportunity St	Submission Op	Submission Cl	Award Floor	Award Ceiling
Password	show	Test Application 1	61812	Submitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00
	Remember my email Forgot your password?	Test Application 2	61831	Submitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00
	Log in with SSO	2024 Core Series Recipient - TC 面	61874	Unsubmitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00
	Register Login										

Download Submitted Applications



- Click on the desired Application
- Click on the Download tab

2024 Core Series Recipient - TC							
	Opportunity Evaluation Project Application Budget* Performance Submit Details & Scoring Information Forms Plan*						
Opportunity Details	Print Help Download Withdraw						
Opportunity Information	n						
Title	2024 Core Series Recipient - TC						
Description	Core Series Recipient Training.						
Opportunity Manager	Tommy Grantor						
Announcement Type	Initial Announcement						
Public Link	https://www.gotomygrants.com/Public/Opportunities/Details/aa7bf96c-7a3e-405e-bef0-4f4874f72c82						
ls Published	Yes						

Edit Reopened Applications



- Select the Application that says Reopened
- Edit the appropriate sections of the Application Form
- The funder chooses what sections of the Application to Reopen

Applicatior	ns Ac	count Inforn	nation	Users	FAQ				
Applications									
Application Na	Application ID	Submission St	Funder Name	Title	Opportunity St	Submission Op	Submission Cl	Award Floor	Award Ceiling
Test Application 1	61812	Submitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00
Test Application 2	61831	Submitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00
2024 Core Series Recipient - TC 💼	61874	Unsubmitted	AmpliFund Training: Grant Maker	2024 Core Series Recipient - TC	Open	1/1/2024 12:00 AM	12/31/2024 12:00 AM		\$100,000.00

⁵² Withdrawing Applications



• Withdrawing applications does not allow for Resubmitting

2024 Core Se	ries Recipient - TC
	Opportunity Evaluation Project Application Budget* Performance Submit Details & Scoring Information Forms Plan*
Opportunity Details	Print Help Download Withdraw
Opportunity Information	n
Title	2024 Core Series Recipient - TC
Description	Core Series Recipient Training.
Opportunity Manager	Tommy Grantor
Announcement Type	Initial Announcement
Public Link	https://www.gotomygrants.com/Public/Opportunities/Details/aa7bf96c-7a3e-405e-bef0-4f4874f72c82
ls Published	Yes



Administration and Support

Section Agenda



- Toggle Between Applicant Portal and AmpliFund Account
- What to do if you start two Organizations or Applications
- In-Product Demo

Toggle between AmpliFund / Applicant Portal

AmpliFund[≓]

 Click on your name on the top right of the screen and select Applicant Portal or AmpliFund

		Test User AmpliFund 👻				Test Use	r AmpliFund
	Account Inf	formation	_				AmpliFund
Grant	Change Pas	ssword					Log Out AmpliFund
Granc	Message Ce	enter				-	
My Eve	nts and Tas Help and Su	upport					
Thu	Fri Terms and	Conditions				_	
29	Applicant P	Portal	Av	ward Floor	Award Ceiling		
	Revert to 'te	colgrove@amplifund.com'					
	Logout		\$1	10,000.00	\$250,000.00		

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AmpliFund

56 Add User

- Click on Administration > System Security > Users
- Click on the + Icon on the top right of the screen
- Complete the User Information Section
- Complete all other required fields marked with an *
- Click Create on the bottom right of the screen
- Click on the envelope icon to invite them into AmpliFund

AmpliFund [≓]			
Activity	Drag a column header and	drop it here to gro	up by that column
	Display Name	~	Role
Contacts	Thomas Colgrove	Ø 🛅 🗖	System Administrators
Grant Management	Test User AmpliFund	e 🖉 🗇 🦓 🖉	Organizational Admin
Reports	Tommy Recipient	1 🖻 🛓 🖂	Organizational Admin / Account Owner



•• Change Account Owner



- Click Administration > Liscense Information
- Click on the pencil edit icon on the top right of the screen
- Update the Primary Admin User
- Click update on the bottom right of the screen

Documents	3	Primary Admin User
Knowledge Center		Account Owner* Tommy Recipient 🔹 🕄
Administration	10	Test User AmpliFund
License Information System Administration System Security Lists 		Primary Phone Number
 Actuals Favorites Views 	17	

Two Organizations or Applications



- If you have accidentally submitted two Applications for the same Opportunity, you can delete/withdraw one from the Applicant Portal.
- If you are intentionally submitting two Applications to the same Opportunity, they must have unique names.
- If you have accidentally created two Organizations and are working on Applications from both, you will need to ask AmpliFund Customer Support to merge the accounts. Approval from an Organizational Admin from each account is required.

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Admin and Support



In-Product Demo





Key Concepts

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Key Concepts



- Creating and managing the Applicant Portal Account
- Applying to the Opportunity in AmpliFund
 - Opportunity Details
 - Project Information
 - Application Forms
 - Performance Plan
 - Budget
 - Submission
- Manage Applications
- Toggle between the Applicant Portal and AmpliFund accounts

Next Session: AmpliFund Navigation and Performance Reporting



Customer Support

Create AmpliFund Support Account



- 1. Go to the appropriate support site
 - o https://amplifund.zendesk.com
 - o <u>https://il-amplifund.zendesk.com</u>
 - o https://ne-amplifund.zendesk.com
- 2. Click the **Sign up** link
- 3. Enter your full name
- 4. Enter your email address
- 5. Complete the **I'm not a robot** check
- 6. Click the **Sign up** button
- 7. An email from support@zendesk.com will be sent to you via email
- 8. Click the link to set your password

	X Sign in to Illinois Grant Management Support
	Email
	Sign in
	Forgot my password
New to	Forgot my password Illinois Grant Management Support? Sign up
New to Have yo	Forgot my password Illinois Grant Management Support? Sign up u emailed us? Get a password

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AmpliFund Illinois Support Portal



Submit a support ticket:

- Commercial <u>Support@amplifund.zendesk.com</u>
- Illinois <u>Support@il-amplifund.zendesk.com</u>
- Nebraska <u>Support@ne-amplifund.zendesk.com</u>

Supported Browsers:

- Google Chrome (current supported releases)
- Mozilla Firefox (current supported releases)
- Microsoft Edge (current supported releases)
- Apple Safari 10+

AmpliFund		Submit a request 🛛 😣 Ben Klein 🗸
	L'BELL	
Q Have a ques	tion about AmpliFund? Search our support site.	
CALLER AND A		
		and a state of the state
	b m	
$\mathbf{\nabla}$	100	
State Agencies	Start Here	Grantees
Information and guidelines specific to the State Agency community	Learn more about the State of Illinois partnership with AmpliFund	Information and guidelines specific to the Grantee community
0	:0:	12
Release Notes	Licer Guider	Instructions
Announcements of enhancements, updates,	AmpliFund User Guides and Quickstart	Step-by-step instructions on using
and fixes in AmpliFund	Guides for download	AmpliFund's features
	R	0
Lingaming Training and Videos		EAO:
Live training events and videos on how to use	Excel templates for importing data into	FAQS Frequently Asked Questions about using
AmpliFund	AmpliFund	AmpliFund
	\simeq	
	Submit a Ticket	
	Still need help? Submit a request to our help desk.	



Question and Answer

