

How to Use & access e-Cimpact GUIDE! Please follow the directions below.

Access the webpage at: <https://agency.e-cimpact.com/login.aspx?org=DignityHealth> (You should save this URL)

If you have an **existing** account on e-CImpact, you will be prompted to **Sign-In**. (if you forgot your password, just click 'Forgot your Password') **Sign-In** and skip to step #10 on this Guide.

If you are **new** to applying to a St. Joseph's Hospital and Medical Center grant application in e-Cimpact, go to '**Click here to create a new Dignity Health account**' button.

Here are a few snapshots of the e-CImpact website to help guide you to the application:



DIGNITY HEALTH

Sign-In

Please sign in to your account.

Sign in to our Secure Server

[Forgot your password?](#)

Create a Dignity Health Account

To create a new account select the link below:


Click here to create a new Dignity Health account

New to e-CImpact?

***New to e-Cimpact only ***

#1.

Dignity Health Grant Applicant Registration

 Fields marked with an * are required fields.

Enter your organization's EIN number in the area below.

Grant Applicant Account Information

EIN:*

Grant Applicant Name:*

Website URL:

Mission Statement: *

Limit up to 750 characters.

#2.

Address

Address Type:*

Address Line 1:*

Address Line 2:

City:*

State:*

Zip Code:*

Email Address

Email Address Type:*

Email Address:*

Phone Number

Phone Number Type:*

Phone Number:*

Primary Contact Information

Contact Type:*

First Name:*

Last Name:*

Job Title: *

#3.

Preferred Login

Enter your Password then retype the Password to ensure that you have entered it correctly. Your Password must be between 6 and 15 characters in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not contain the following characters: ", %, or any spaces.

Please refrain from using the same password across multiple websites. If your password is compromised, your accounts will become vulnerable on all of those websites regardless of how secure that site is.

Password Examples:

- abcdefg2 (valid, contains letters and numbers)
- paS\$word (valid, contains letters and numbers)
- 1234567# (valid, contains letters and numbers)
- abcdefgh (invalid, contains only letters)
- abc23 (invalid, less than 6 characters)

Preferred User Name:*

Password:*

Confirm Password:*

[Next](#)

[Cancel and Return to Login Page](#)

#4.

Select St. Joseph's Hospital and Medical Center



Community of Care Application

Please review the list of currently available Dignity Health Grants below. Select a grant from the list to request an application. Some grants may require pre-qualification information be provided.

St. Joseph's Hospital and Medical Center
Dignity Health Arizona

☐ SJHMC-Full Application

Dignity Health-CRMC/MGMC East Valley
Dignity Health Arizona

☐ CRMC/MGMC-East Valley Full Proposal

#5.

Instructions:

Before proposing a project, please review the Community Grants fact sheet and the most recent Community Health Needs Assessment and Implementation Strategy (<https://www.dignityhealth.org/about-us/community-health/grant-programs/community-grants>) of the Dignity Health hospital to which you are applying. The **Resource Center** in the left side panel has the Dignity Health reports mentioned here, along with examples and templates for the application.

Prospective applicants are encouraged to contact the Grant Representative to inquire about specific funding priorities. Proposals addressing needs exacerbated or created by the (COVID-19) **coronavirus** pandemic (including physical or mental health, and health-related social, economic and human needs) are encouraged, in addition to those addressing needs in a hospital's community health needs assessment. Complete the Full Proposal application with thorough but concise responses.

Hospital Names: Mercy Gilbert Medical Center, Chandler Regional Medical Center, and Arizona General Hospital Mesa

Grant Representative: Kathleen Dowler


Email: CommunityGrantsChandler-Mercy@DignityHealth.org

Assign Projects to this Full Proposal

***START HERE ***

To get started, you will need to add you Community of Care to this project in order for the remain five of seven Tabs of the application to appear. If you are an **existing** Community of Care, select from the drop-down OR if you are a **new** Community of Care, select the link ' Create a New Community of Care and assign it to this Form Packet'.

Note: Do not create a duplicate Community of Care.


 [Create a New Community of Care and Assign it to this Form Packet](#)

Click [Create a New Community of Care and Assign it to this Form Packet](#) This step is **required**, it creates the name of your Community of Care (Program or Project).

You only need to do this step once.

#6.

Program/Project/Community of Care Name Registration

 Fields marked with an * are required fields.

Program/Project/Community of Care Name Information

Program/Project/Community of Care Name Name:*
Description:


Feed the World with Rainbows
Limit up to 150 characters (28 used).

Peace to All
Limit up to 1500 characters (12 used).

Program/Project/Community of Care Name Primary
Contact:

..... ▾

Address

 [Copy Grant Applicant Primary Address](#)

Address Type:

Main ▾

Address Line 1:

PO BOX 5043

Address Line 2:

#7. Save/Complete Registration

#8. Complete Registration

#9. Continue

(Then the remaining 6 tabs will appear on the bottom of the Full Proposal page so you will now have a total of 8 tabs!)

#10. (This step is for **EXISTING Communities of Care only**) Once you are **signed-in**, on the home page under the Apply/Report tab **select** Request Community of Care Full Proposal



Next, **select** the SJHMC 2023 Full Proposal, then **select** continue

St. Joseph's Hospital and Medical Center

SJHMC 2023

 ☐ Full Proposal

Select complete registration, then continue

Review and Complete Registration

You're not finished yet, please review the information below, then click 'Complete Registration'.

Request For Participation In: **Full Proposal**

Previous

Complete Registration 

Once complete, if you are an existing Community of Care (Project/ Program) you will go to the **drop down**.

Select your Community of Care, and Assign Form Packet.


Next screen will ask you to Complete Registration.

Screen after that select Continue. Then, the remaining 6 tabs are added to the Full Proposal.

#11.

To add Contacts **click** Contacts and then **click** Add New. (Contacts can be added by the Lead Agency or any Partner that starts the registration process).

Each Agency or Partner can have multiple contacts as needed. Contacts can be deleted or edited as the Community of Care progresses and can managed under the Contacts section.



Dignity Health®

*** Test Agency**

[Home](#)
[Grant Applicant Profile](#)
[Contacts](#) ←
[Program/Project Profiles](#)

Apply / Report


Contacts

First Name	Last Name	Contacts Type	Primary?	Phone	Email	Login
Test	Contact	Executive Director	Yes			TestAgency

➕ Add New

#12.

Contacts > Add New

 Fields marked with an * are required fields.

☐ Primary?

☐ Include in all Emails?

☒ Active?

Type:*

-- Select Contact Type -- ▾

Prefix:

▾

First Name:*

Middle Initial:

Last Name:*

Suffix:

▾

Email Address

Email Address Type:*

Main ▾

Email Address:*

Phone

Phone Number Type:

Main ▾

Phone Number:

Address

Address Type:*

Main ▾

Address Line 1:*

Address Line 2:

City:*

#13.

Once the user adds all the contact information for the Agency/Partner, click on **Request a Login.**

Lastly, **click** [Save and Return to Previous Page](#) or Edit/Delete the contact information.

e-CImpact will then send the new contact an email with login credentials.

Request a Login Account for Peppermint Patty

Enter a password and then retype the password to ensure that it has been entered correctly. Your new password must be between 6 and 15 characters in length and contain at least 1 character from 2 of the groups of alpha, numeric, or special characters. Your Password may not contain the following characters: ", %, or any white-space.

Password Examples:

- abcdefg2 (valid, contains letters and numbers)
- pa\$\$word (valid, contains letters and numbers)
- 1234567# (valid, contains letters and a special character)
- abcdefgh (invalid, contains only letters)
- abc23 (invalid, less than 6 characters)

Contact Type:	Development Director
Contact Name:	Peppermint Patty
Username:*	<input type="text"/>
Password:*	<input type="password"/>
Confirm Password:*	<input type="password"/>

 [Save/Update](#)

 [Return To Previous Page](#)