

# Sources of Funding Question in WIPA/ETO

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Welcome Social Solutions - WIPA Grantee Example: [WIPA Initial Contact and Demographics](#) (Change Program)

Wednesday, Apr. 20, 2011

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- Participants
- Participant History
- Record Efforts
- Participant Efforts
- Add Referral
- View/Edit Referrals
- View Pending Referrals
- General Assessments**
- General Efforts

**Initial Instructions:**

- All new WIPA inquiries and/or applicants are added to this "WIPA Initial Contact and Demographics" program first. Those who are eligible and willing to participate in WIPA are then enrolled in the "Work Incentives Planning and Assistance" program.
- To enroll in WIPA: Change to WIPA program (Click "Change Programs" button above), then click blue "Enroll Beneficiary" link on home page.

Screen 1 (Change to existing screen): Select the new option "General Assessments"

Below, please indicate the non-SSA sources of funds your organization used to support WIPA operations during the one-year period that ended last March 31 (See Note 1 below) and the percentage of the funds used specifically for WIPA direct services (I&R and benefits counseling) to SSA disability beneficiaries. If the funding period started before or ended after this annual timeframe, please specify the period covered by the funding. (See Note 2 below)

Agency/Organization	Total Annual Funding	% of Funds Used	Period of Funding (if not April 2010 – March 2011)							
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
Total Budget	\$ 0									

Comments: Please use the space below to include any important information related to funding that is not reflected in the table above.

**Note 1:** For example, if the current date is May 2, 2011, then the one-year period that ended last March 31 would be: April 1, 2010-March 31, 2011.

**Note 2:** Include your SSA cooperative agreement matching funds and other direct funds you receive from all sources. Please include any fees you receive, such as fee-for-service for benefits counseling for state vocational rehabilitation (VR) or other agency clients. Do not include in-kind support, such as office space, equipment, and assistance your organization receives with outreach events. For each funding source, please estimate the percentage of funds that you used to provide WIPA direct services (I&R and benefits counseling) to SSA beneficiaries. This percentage should NOT include funds your WIPA spent on other activities, such as outreach, community relations, and services to individuals who are not SSA disability beneficiaries.

Screen 2 (New): The sources of funding question.

Agency/Organization	Total Annual Funding	% of Funds Used	Period of Funding (if not April 2010 – March 2011)							
WIPA Parent Organization 5 percent matching funds	\$ 10000	50 %	Start	Jan	1	2011	End	Mar	31	2011
WIPA Parent Organization other funds	\$ 5000	25 %	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
Medicaid Infrastructure Grant (MIG)	\$ 4000	70 %	Start	Dec	1	2010	End	Mar	31	2011
State VR Agency	\$ 30000	95 %	Start	Jan	1	2011	End	Feb	28	2011
Other	\$ 20000	29 %	Start	Oct	1	2010	End	Feb	28	2011
Other										
ABC Funding Source										
Other	\$ 10000	10 %	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
Other										
DEF Funding Source										
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
--Select--	\$	%	Start	-Month-	-Day-	-Year-	End	-Month-	-Day-	-Year-
Total Budget	\$ 79000									

Screen 2 (Example): Example data entered and options selected from drop down boxes