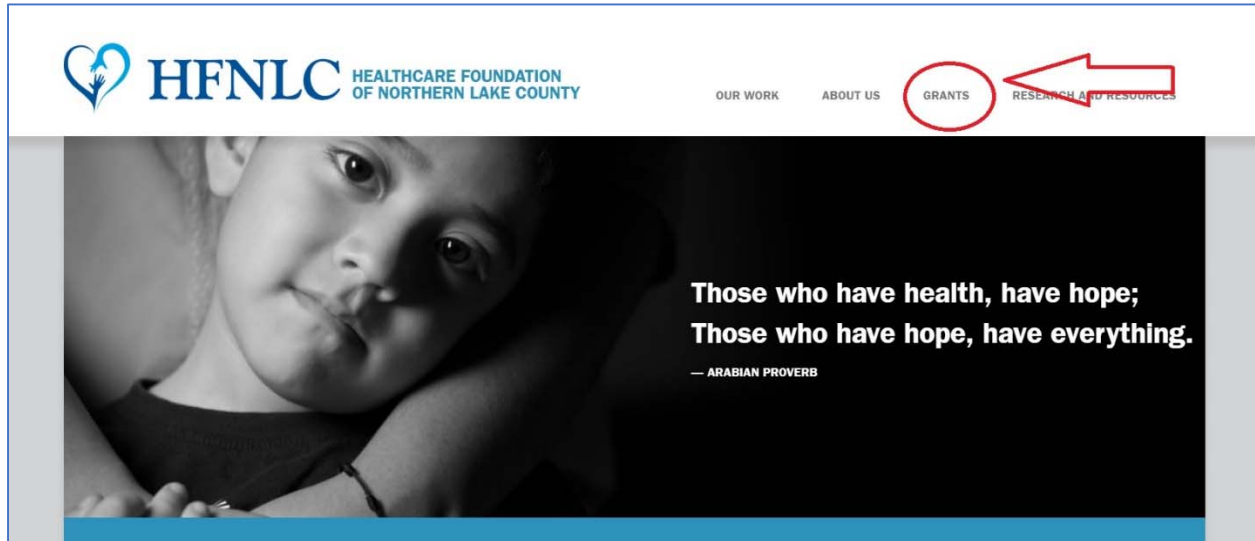


Registration

1. Access the online application through our website www.hfnlc.org.
2. Click on GRANTS in the upper right hand corner of the home page.



3. This will take you to the Apply Page. Click on [online grant application and management system](#).

Apply

The Foundation's board of directors meets to consider grant requests two times per year. The deadlines for submitting a proposal for consideration are listed below. In the event that a deadline falls on a weekend or holiday, requests may be submitted by 5 p.m. on the following business day.

May 2019 Awards <p>Letter of inquiry due — November 15 – December 15, 5:00 p.m. Proposal due (if invited) — February 1, 5:00 p.m. Board meeting — May 2019</p>	November 2019 Awards <p>Letter of inquiry due — May 15 – June 15, 5:00 p.m. Proposal due (if invited) — August 1, 5:00 p.m. Board meeting — November 2019</p>
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How to apply

The Foundation uses an [online grant application and management system](#) for both letters of inquiry and full proposals. We do not accept hand copies of either letters of inquiry or proposals. You can download step-by-step instructions on how to register and use the online grant application and management system [here](#). Applicants may begin the application process at any time and complete the forms over multiple sessions.

Letter of inquiry

A letter of inquiry must be submitted prior to a full proposal. This will allow us to give you preliminary feedback

4. You will go to the HFNLC logon page.
The first time you access the system you will need to register.
Select “Create New Account”

If your organization has ever submitted a grant proposal to HFNLC in the past, DO NOT CREATE A NEW ACCOUNT. Doing so could result in loss of historical data for your organization.

Create New Account

If you already have an Account, click the 'Cancel Account Creation' button to go to the Logon page

⚠ Using the browser's back button will delete your registration information.

ℹ This registration process has multiple steps you must complete before you can apply.

Fields with an asterisk (*) are required.

Organization Information

Organization Name*

ATTENTION! If your organization has ever submitted a grant proposal to HFNLC in the past, STOP, do not create a new account. Instead, please contact Meredith Polirer at meredith.polirer@hfnlc.org or Angela Baran at angela.baran@hfnlc.org.

EIN / Tax Identification Number

Web Site

Telephone Number*

Organization Email

Address 1*

Address 2

City*

State*

Postal Code*

Country

Next >

User Information

The Next> button at the bottom of the page will move you to the next page.

5. Then enter your information, the user's information.

Create New Account

If you already have an Account, click the 'Cancel Account Creation' button to go to the Logon page.

⚠ Using the browser's back button will delete your registration information.

ℹ This registration process has multiple steps you must complete before you can apply.

Fields with an asterisk (*) are required.

Organization Information

User Information

Copy Address from Organization

Solution First Name*

Middle Name Last Name*

Suffix Business Title

Email / Username* Email / Username Confirmation*

Telephone Number (###-###-#### x####)* Mobile Number (###-###-####)

Address 1* Address 2

City* State*

Postal Code* Country

Previous Next >

This button auto fills the address from the Organization information.

Again, use the Next Step button on the bottom of your screen to move to the next page.

6. If you are not the Executive Officer, complete the contact information for that person.

If you already have an Account, click the 'Cancel Account Creation' button to go to the Logon page.
⚠ Using the browser's back button will delete your registration information.

ⓘ This registration process has multiple steps you must complete before you can apply.
Fields with an asterisk (*) are required.

Organization Information

User Information

Salutation	First Name*
Mr.	<input type="text"/>
	First Name is Required
Middle Name	Last Name*
<input type="text"/>	<input type="text"/>
	Last Name is Required
Suffix	Business Title
<input type="text"/>	<input type="text"/>
Email / Username*	Email / Username Confirmation*
<input type="text"/>	<input type="text"/>
Email / Username is Required	Email / Username Confirmation is Required
Telephone Number (###-###-#### x###)*	Mobile Number (###-###-####)
<input type="text"/>	<input type="text"/>
Telephone Number (###-###-#### x###) is Required	
Address 1*	Address 2
31679 N. Fish Lake Road	<input type="text"/>
City*	State*
Round Lake	IL
Postal Code*	Country
60073	USA

ⓘ First Name is Required
Last Name is Required
Email / Username is Required
Email / Username Confirmation is Required
Telephone Number (###-###-#### x###) is Required

And click the Next Step button to move to the next page.

7. The next step is to create a password (please be sure it is at least six characters). Repeat the password to confirm. Please keep your password in a safe place as you will use this for future requests. **You should have only one Username and Password per organization.** Your Username will be your email address. Then press the Finish button to complete your registration.

Password

Passwords must be at least six characters long and may contain capital or lowercase letters, numbers, or any of the following special characters: !@#%&'()*_

Password	Confirm Password
<input type="password"/>	<input type="password"/>

Password must be at least 6 characters and can only contain letters, numbers and the following: !@#%&'()*_

8. Once this is done, you are successfully registered. The system will send an email confirming your registration. The email will contain your username and password. When you receive the confirmation email, select **Continue**. If you do not receive the email, follow the directions to adjust your spam filters and select **Send Email Again**.

Email Confirmation

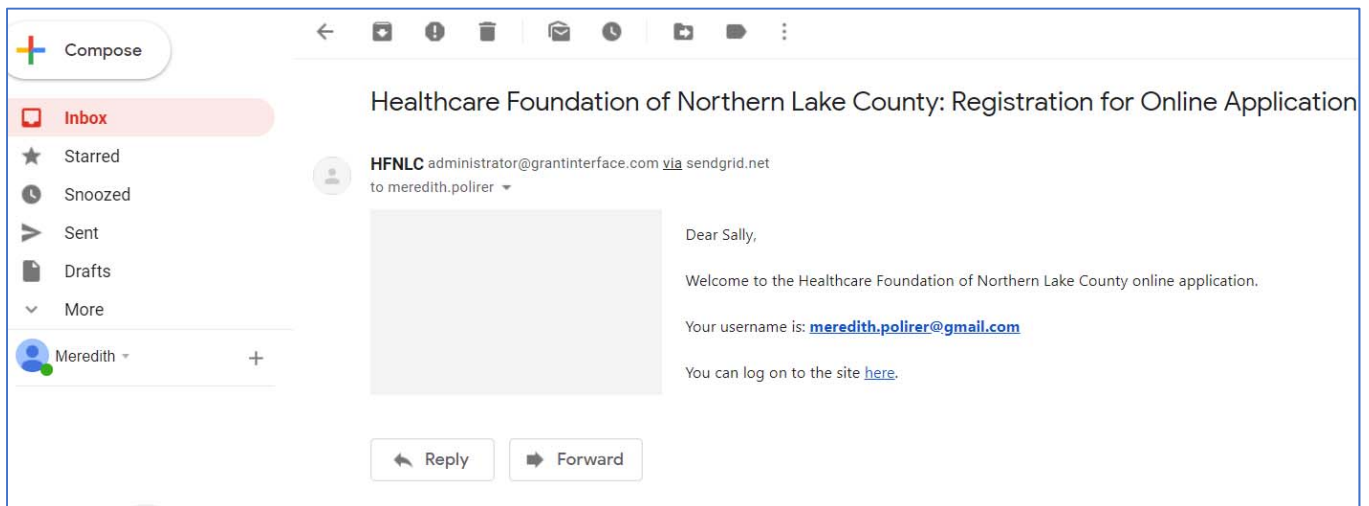
You will be receiving emails from this system about your request.

To ensure you receive emails from this system we have sent you an email to confirm your account was created successfully. If you do not see an email from, 'Angela Baran (administrator@grantinterface.com)', look in your junk or spam folder. To remove 'Angela Baran (administrator@grantinterface.com)' from your spam filter, use the link below.

[Click Here](#) for a tutorial about removing email addresses from spam filters.

☐ I have received the email
☐ Continue without checking
☐ I have not received the email

Send Email Again **Continue**



Confirmation email.

Healthcare Foundation of Northern Lake County Sally Mae ▾

[HFNL](#)
[Home](#)
[Apply](#)
[Organization History](#)
[Fax to File](#)

Apply

Enter Access Code Enter Code

① If you have been provided with an Access Code, you may enter it in the box at the top of the page.

Quick Search ✕

Please click on a link below to begin the application process. If you are unsure which program you should apply under, please reference the Program Guidelines page of our [website](#).

If you have questions after reviewing this, please contact Meredith Polier at Meredith.polier@hfnlc.org or Angela Baran at angela.baran@hfnlc.org.

Note: If you have been provided with an Access Code to view a restricted application link, you may enter it under 'Access Code' at the bottom of the main menu to the left.

Linkage to Care Program May 2018
Accepting Submissions starting 11/15/2017
Apply

Community-based outreach and education help improve residents' access to healthcare by improving their health literacy and their ability to make informed decisions about where and when to access healthcare, reduce unhealthy behaviors, and improve their health outcomes. Linkage to Care provides education about prevalent health conditions, disease screenings, and connects community members to medical homes.

Preview
Send to GrantHub

Clinical Care Program May 2018
Accepting Submissions starting 11/15/2017
Apply

High-quality, comprehensive, and coordinated health services are necessary to improve the health status of uninsured, underinsured, and medically underserved residents of northern Lake County. Clinical Care includes medical, dental, vision, mental health, and case management service programs.

When you log in, you will be directed to this page. Click on the Program you wish to apply for in order to complete the LOI.

[HFNL](#)
[Home](#)
[Apply](#)
[Organization History](#)
[Fax to File](#)

LOI

[Public Profile](#)

Process: Linkage to Care Program May 2018

[Contact Info](#)
[Request](#)

Current Status: None

STAGE	STATUS	INITIAL SUBMISSION	LAST MODIFIED

LOI [Question List](#)

① Fields with an asterisk (*) are required.

Project Name*

Name of Project

Amount Requested*

Amount Requested

\$

Geographic Areas Served*

Please indicate the communities your program serves.

☐ Antioch
☐ North Chicago
☐ Waukegan
☐ Zion
☐ Fox Lake
☐ Grayslake
☐ Lake Villa
☐ Round Lake Area
☐ Wadsworth

Renewal*

Is this a renewal application? A renewal application requests funding to support a program that HFNL has awarded a grant to in the past 12 months. It should contain no substantial operational changes when compared to the previously funded year.

☐ No - Please complete all questions below
☐ Yes - Please skip to the attachments section of the LOI and upload the required documents

Narrative Questions

Please be sure to fill in all the blank spaces. All those marked with an asterisk (*) must be answered for you to move on to the next page.

Apply
 Organization History
 Fax to File

Executive summary
 Provide an overview of the program including a brief description, a timetable for the work, the target population, and the outcomes you hope to achieve.
 Please limit your answer to about 2 pages.

7,000 characters left of 7,000

Impetus and importance
 Why did you decide to launch this program? Why is it necessary at this time?
 Please limit your answer to about 1/2 page.

1,750 characters left of 1,750

Budget
 Upload a draft program budget.

[2 MiB allowed]

Attachments

501(c)3 Letter*
 Upload your 501(c)3 income tax exemption letter from the Internal Revenue Service.

If your organization does not have a 501(c)3 letter, please provide an explanation in the text box below.

1,000 characters left of 1,000

[5 MiB allowed]

Audit*
 Upload your most recent audited financial statements.

If your organization does not conduct an annual audit, please provide an explanation in the text box below.

1,000 characters left of 1,000

[10 MiB allowed]

Fiscal Agent

This section is only for organizations using a fiscal agent.

Fiscal agent
 Enter the name of the fiscal agent.

Fiscal agent tax identification number
 Enter the fiscal agent's tax identification number

501(c)3 Letter
 Upload the fiscal agent's 501(c)3 income tax exemption letter from the Internal Revenue Service.

[5 MiB allowed]

If you have a **fiscal agent**, this information **must** be completed. Making sure to fill in all blank spaces and upload appropriate files, noting the size file allowed.

Fiscal agent CEO
Enter the name and title of the fiscal agent's CEO or Executive Director.

250 characters left of 250

Fiscal agent street address

Fiscal agent city

Fiscal agent state

Fiscal agent Zip Code

Fiscal agent agreement
Upload a copy of the agreement with this agency to serve as your fiscal agent.
Upload a file [2 MiB allowed]

Abandon Request

Save LOI Submit LOI

At this point, you can either **Save LOI** if you are not done and can complete it at a later time, or **Submit LOI** and you will receive confirmation that it has either been saved or submitted (please see below).

Healthcare Foundation of Northern Lake County

Confirmation Page

Your LOI has been submitted.

Continue

Grant Management Software provided by Foundant Technologies © 2019

Once your LOI is submitted, you will be sent a confirmation by email.

Congratulations on submitting your Letter of Inquiry. We will contact you in the near future regarding the status of your inquiry.

In the meantime, please feel free to contact me with any questions.

Angela Baran, MS
Program Officer
Healthcare Foundation of Northern Lake County

This is an automatically generated email – please do not reply to it. If you have any questions regarding the online grant application and management system please contact Angela Baran, Program Officer at angela.baran@hfnlc.org or Meredith Polirer, Office Administrator at meredith.polirer@hfnlc.org

Once your LOI is approved, you will receive an email to submit a full application.

Congratulations, after reviewing your LOI the Healthcare Foundation of Northern Lake County would like to invite you to submit a full application

The full application is due February 1 by 5:00 pm. Log in to HFNLC's online grants application and management system to complete and submit application. You can access the online system by clicking

<https://www.grantinterface.com/Common/LogOn.aspx?eqs=B9OfTluxi4meYuD1qYP9fw2>

Please email me with any questions.

Angela Baran, MS
Program Officer
Healthcare Foundation of Northern Lake County

This is an automatically generated email – please do not reply to it. If you have any questions regarding the online grant application and management system please contact Angela Baran, Program Officer at angela.baran@hfnlc.org or Meredith Polirer, Office Administrator at meredith.polirer@hfnlc.org

Now you are ready to begin your application. Start by signing in with your email address and password. You will then be sent to this screen. Click on **Edit Application**

HFNL

Apply Organization History Fax to File

Applicant Dashboard

Public Profile

Applicant:
Ms. Sally Mae
meredith.polirer@gmail.com
847-555-0198
1234 Main Street
Waukegan, IL 60085 United States
[Contact Email History](#)

Organization:
Giving To Those In Need
32-0009800
847-555-0000
1234 Main Street
Waukegan, IL 60085 United States

If your organization information does not appear correct, please contact the funder. Thank you.

▼ Mental Health Collaborative

Process: Linkage to Care Program May 2018		
LOI	Submitted	02/12/2019
Application	Assigned	02/12/2019

[View LOI](#)
[Edit Application](#)

You will be moved to the Application page. Please note that an asterisk (*) designates a required field. The Contact and Organization information will automatically fill in. Start by putting in the Project Name and continue filling in **all** the blank spaces.

HFNL

Apply Organization History Fax to File

Application

Mental Health Collaborative
Process: Linkage to Care Program May 2018

Public Profile

Contact Info Request

Applicant:
Ms. Sally Mae
meredith.polirer@gmail.com
847-555-0198
1234 Main Street
Waukegan, IL 60085 United States
[Contact Email History](#)

Organization:
Giving To Those In Need
32-0009800
847-555-0000
1234 Main Street
Waukegan, IL 60085 United States

If your organization information does not appear correct, please contact the funder. Thank you.

LOI Application Application Packet Question List

Fields with an asterisk (*) are required.

▼





Project Name*
Name of Project
Mental Health Collaborative

Amount Requested*
Amount Requested
\$ 50,000

Geographic Areas Served*
Please indicate the communities your program serves.
☒ Antioch
☒ North Chicago
☒ Waukegan
☒ Zion
☒ Fox Lake
☒ Grayslake
☒ Lake Villa
☒ Round Lake Area
☒ Wadsworth

▼ Narrative

For the Organization's History and similar questions that require a short summary, you may "cut and paste" your answers from a word document

HNLC   Apply  Organization History  Fax to File

▼ Narrative

Organization history*
Provide a brief history of your organization, including a general statement of its primary functions and goals.
Please limit your answer to about 1 page.

3,500 characters left of 3,500

Program description*
Provide a detailed description of the program for which you are requesting funding. Describe the general purpose of the program, its short-term outcomes and expected long-term impact, program activities, a timeline for those activities, program evaluation, and the staff involved with the program.
Please limit your answer to about 3 pages.

10,000 characters left of 10,000

Need*
Describe the community need or societal problem that your program addresses using relevant data and current research. Be clear and concise in your definition of the problem, its causes, and symptoms.
Include references for all sources.
Please limit your answer to about 1 page.

3,500 characters left of 3,500

Target population*
Provide a demographic description of the population your program serves. Include census or service data as appropriate.
Please limit your answer to about half a page.

2019






This section you will have to upload a saved file, keeping your files to the maximum size allowed.

The screenshot shows the HFNLC application form interface. At the top, there is a navigation bar with icons for Home, Apply, Organization History, and Fax to File. The main form area contains several sections, each with an 'Upload a file' button and a file size limit: 'Total operating budget*' (2 MIB allowed), 'Operational budget*' (2 MIB allowed), 'Organizational funding*' (2 MIB allowed), 'Grant list*' (2 MIB allowed), 'Board members*' (2 MIB allowed), 'Resumes of key personnel involved in the program*' (2 MIB allowed), 'Collaborations*' (2 MIB allowed), and 'Additional materials' (3 MIB allowed). At the bottom right of the form, there are two buttons: 'Save Application' and 'Submit Application'. A red arrow points to the 'Submit Application' button.

You may either **Save Application** if you are not finished and want to come back at a later time to finish your application, or you can click on **Submit Application** if you are done and wish to submit your application.

At this time, if you have not filled in every space or failed to submit files that are required, you will receive an error message indicating what is missing. Go back and fill in and attach as indicated and click the **Submit Application** button again.

Examples of Error Messages



☐ Improve client health status
☐ Increase organizational sustainability
☐ Improve the continuum of care

Program capacity is Required

▼

▼ Budget

Program budget*
Complete and upload the Program Budget Form. Please click on the [link](#) to download the form, then save it to your desktop, complete it, and then upload the form.

Click [here](#) for instructions on how to complete this form.

Upload a file [2 MiB allowed]

Program budget is Required

Total operating budget*
What is your organization's total operating budget?
\$

Total operating budget is Required

Operational budget*
Upload a copy of your organization's operating budget, including all revenue and expense lines for your current fiscal year.
Upload a file [2 MiB allowed]

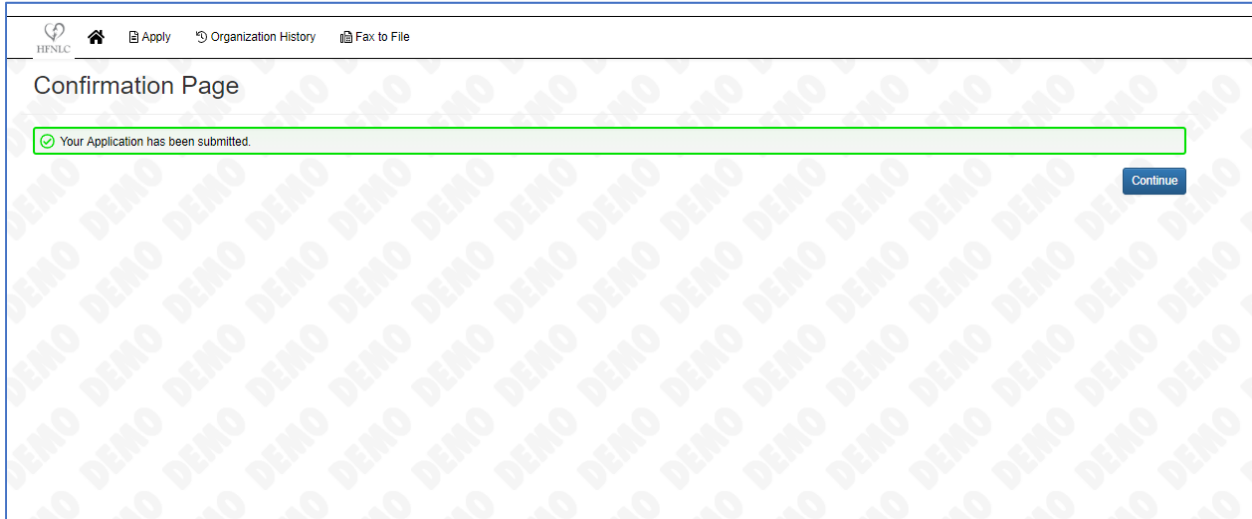
Operational budget is Required

Organizational funding*
Complete and upload the Organizational Funding Form. Please click on the [link](#) to download the form, then save it to your desktop, complete it, and then upload the form.
This form must be uploaded as an excel document.

❗ Organization history is Required
Program description is Required
Need is Required
Target population is Required
Access to care is Required
Collaboration is Required
Sustainability is Required
Organizational learning is Required
Individuals served is Required
is Required
Program outputs is Required
Health outcomes is Required
Follow-up is Required
Linkage to care is Required
Program capacity is Required
Program budget is Required
Total operating budget is Required
Operational budget is Required
Organizational funding is Required
Grant list is Required
Board members is Required
Resumes of key personnel involved in the program is Required
Collaborations is Required

Save Application Submit Application

When your application has been successfully submitted, you will receive the notification below.
Once you have successfully submitted your proposal, you will not be able to get back into your application and make any changes.



The screenshot shows a web application interface for HFNLC. At the top, there is a navigation bar with the HFNLC logo, a home icon, and links for 'Apply', 'Organization History', and 'Fax to File'. Below the navigation bar, the page is titled 'Confirmation Page'. A green-bordered box contains a green checkmark icon and the text 'Your Application has been submitted.'. To the right of this box is a blue 'Continue' button. The background of the page is covered with a repeating 'DEMO' watermark.

You will also receive a confirmation email letting you know that HFNLC has received your proposal.

Congratulations on submitting your Application. We will contact you in the near future regarding the status of your inquiry.

In the meantime, please feel free to contact me with any questions.

Angela Baran, MS
Program Officer
Healthcare Foundation of Northern Lake County

This is an automatically generated email – please do not reply to it. If you have any questions regarding the online grant application and management system please contact Angela Baran, Program Officer at angela.baran@hfnlc.org or Meredith Polirer, Office Administrator at meredith.polirer@hfnlc.org

Please note: All emails displayed are automatically generated from the online grants application and management system. Administrator@grantinterface.com is not a monitored email. Any emails sent to this address are undeliverable.

If you have questions or need assistance, please contact:

Angela Baran, Program Officer, at angela.baran@hfnlc.org

OR

Meredith Polirer, Office Administrator, at meredith.polirer@hfnlc.org