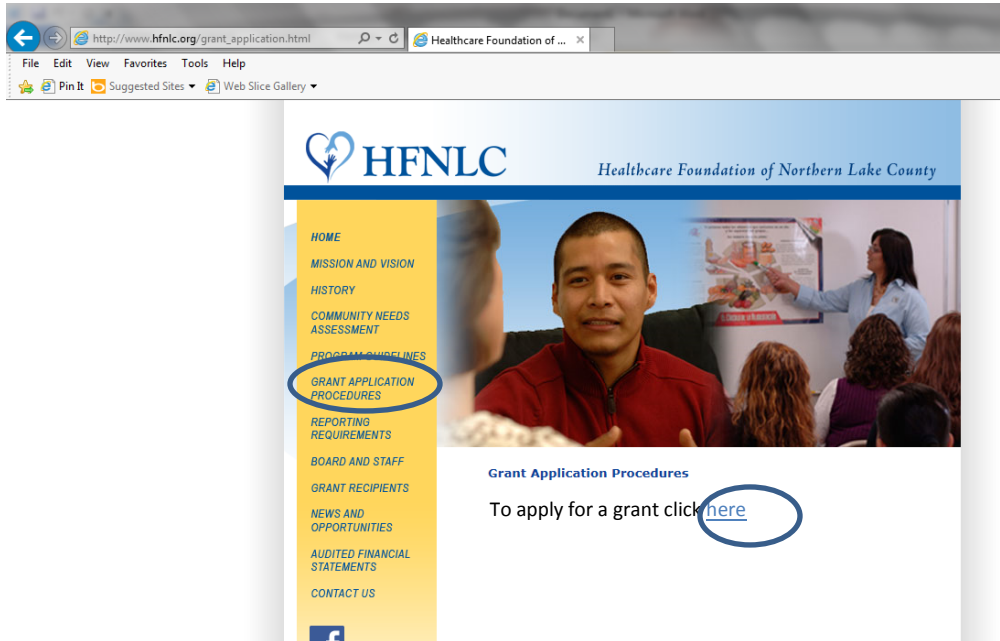


Registration

1. Access the online application through our website
www.hfnlc.org
Navigate to the grant application page and click the link.



2. You will go to a logon page.
The first time you access the system you will need to register
Select **"Create New Account"**



3. First enter your organizational information

Create New Account
This registration process has multiple steps you must complete before you can apply.
NOTE: Using the browser's back button will delete your registration information.

Organization Information
NOTE: You will not be able to change your organization information after registering.

Organization Name* EIN / Tax Identification Number*

Web Site Telephone Number*

Fax Number Organization Email

Address 1* Address 2

City* State*

Postal Code* Country

Cancel Account Creation Next Step

Use the Next Step button on the bottom to move to the next page.

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

Create New Account
This registration process has multiple steps you must complete before you can apply.
NOTE: Using the browser's back button will delete your registration information.

Your Information
Copy Address from Organization

Salutation First Name*

Middle Name Last Name*

Suffix Business Title

Email/Login* Telephone Number*

Email/Login Confirmation* Mobile Number

Fax Number Address 1*

Address 2 City*

State* Postal Code*

Country

Previous Step Next Step

This button auto fills the address from the Organization Information.

Again use the Next Step button on the bottom to move to the next page

5. Next the system will ask you, if you are the Executive Officer
Answer the question appropriately

HFNLC Healthcare Foundation of Northern Lake County

Create New Account
This registration process has multiple steps you must complete before you can apply.
NOTE: Using the browser's back button will delete your registration information.

Executive Officer

Are you the Organization's Executive Officer?*

Yes
 No

Again use the Next Step button on the bottom to move to the next page

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

Create New Account
This registration process has multiple steps you must complete before you can apply.
NOTE: Using the browser's back button will delete your registration information.

Your Information

Salutation First Name*

Middle Name Last Name*

Suffix Business Title

Email/Login* Telephone Number*

Email/Login Confirmation* Mobile Number

Fax Number Address 1*

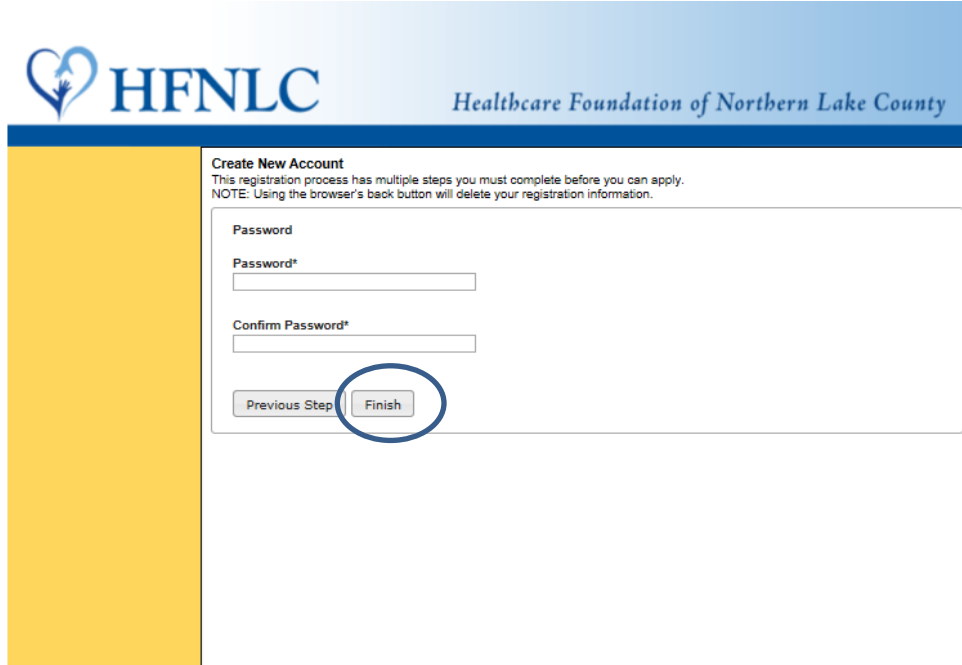
Address 2 City*

State* Postal Code*

Country

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.



HFNLC Healthcare Foundation of Northern Lake County

Create New Account
This registration process has multiple steps you must complete before you can apply.
NOTE: Using the browser's back button will delete your registration information.

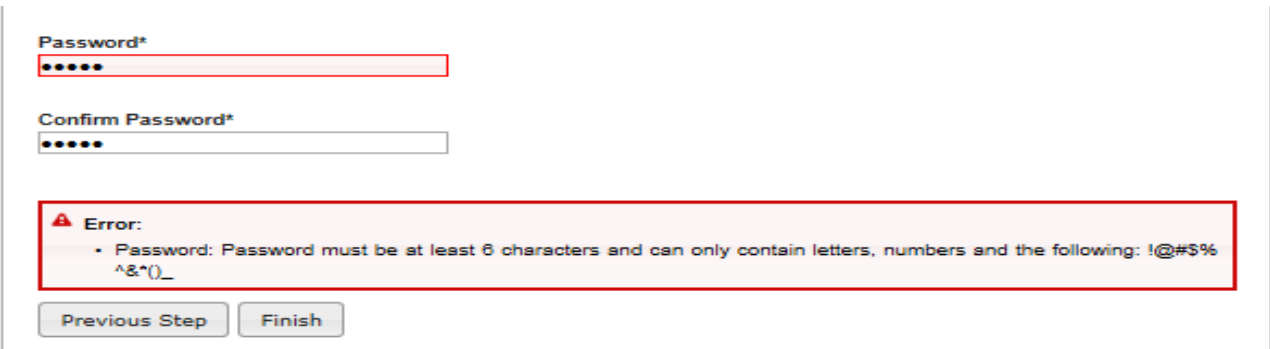
Password

Password*

Confirm Password*

Previous Step Finish

You will get an error message if the password you select is less than 6 letters.



Password*

Confirm Password*

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

Previous Step Finish

Press the Finish button to complete your registration.

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.

✓ Success:

NOTE: 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

Subject: Registration for Healthcare Foundation of Northern Lake County online application
From: Angela Baran (administrator@grantinterface.com)
To: angelabaran@
Date: Tuesday, September 16, 2014 2:43 PM

Your username is: [angelabaran@](#)
Your password is: veggies

Confirmation Email

Once registered, submit a Letter of Inquiry (LOI). To do this click on the appropriate program.

HFNLC Healthcare Foundation of Northern Lake County

requests
Dashboard
Apply
tools
Fax to File

Application Page
Please click on a link below to begin the application process.
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.

[Linkage to Care Program](#) ← **Click Here**
Expanding access to community-based health resources and education improves health literacy and helps residents make informed decisions about their healthcare, reduce unhealthy behaviors, and improves health outcomes. Linkage to Care connects individuals to medical homes through health education and disease screening events or one-on-one navigation support to access healthcare.

[Clinical Care Program](#) ← **Or Click Here**
Improving access to comprehensive and integrated healthcare is necessary in order to improve the health status of uninsured, underserved and medically underserved residents of northern Lake County. Clinical Care includes medical, dental, vision, mental health, and clinical case management services.

Grant Management Software

HFNLC Healthcare Foundation of Northern Lake County

requests
Dashboard
Apply

LOI
* = Required Field
[Question List](#)

Contact: Ms Angela Baran
31979 N. Fish Lake Road
Round Lake, IL 60073
888-777-1256
angelabaran@gmail.com

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

Organization: Nicasa Behavioral Health Services
31979 N. Fish Lake Road
Round Lake, IL 60073
888-777-1234
36-2605412
www.nicasa.org

Project Name*
Name of Project

Amount Requested*
Amount Requested
\$

Clinical Care Category*
Please Indicate which type of clinical care you are providing.

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 Questions
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.

[7000 characters left of 7000]

Need*
Why did you decide to launch this program? Why is it necessary at this time?
Please limit your answer to about 1 page.

This information will automatically be filled

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.

Budget*
Upload the program budget.
Upload a file [2 MiB allowed]

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.
[1000 characters left of 1000]
Upload a file [5 MiB allowed]

Audit*
Upload your most recent audited financial statements.
If your organization does not conduct audits, please provide an explanation in the text box below.
[1000 characters left of 1000]
Upload a file [10 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
This section is only for nonprofits using a fiscal agent.

Fiscal agent
Enter the name of the fiscal agent.
[Text input field]

Fiscal agent tax identification number
Enter the fiscal agent's tax identification number.
[Text input field]

501(c)3 Letter
Upload the fiscal agent's 501(c)3 income tax exemption letter from the Internal Revenue Service.
Upload a file [5 MiB allowed]

Fiscal agent CEO
Enter the name and title of the fiscal agent's CEO or Executive Director.
[Text area]
[250 characters left of 250]

Fiscal agent street address
[Text input field]

Fiscal agent city
[Text input field]

Fiscal agent state
[Text input field]

Fiscal agent zip code
[Text input field]

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

[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).



- requests
- Dashboard
- Apply

Confirmation Page

✔ Success: The Letter of Inquiry has been saved.

Continue



- requests
- Dashboard
- Apply

Confirmation Page

✔ Success: The Letter of Inquiry has been submitted.

Continue

Subject: LOI Submitted
From: Angela Baran (administrator@grantinterface.com)
To: angelabaran@
Date: Wednesday, September 17, 2014 8:48 AM

Thank you for submitting your Letter of Inquiry. Please watch for additional emails regarding next steps. If you have any questions please email me.

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

Once your LOI has been approved, you will receive an email inviting you to submit a full proposal.

Subject: Full Proposal to HFNLC
From: Angela Baran (administrator@grantinterface.com)
To: angelabaran@
Date: Wednesday, September 17, 2014 9:16 AM

Congratulations!

The Healthcare Foundation of Northern Lake County would like to invite you to submit a full proposal. Please log on to the grant application site to complete your application.

If you have any questions, please email me.

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

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](#)

HFNLC Healthcare Foundation of Northern Lake County

requests
Dashboard
Apply

Application Status Page
View the status of your applications below.

Contact Information Ms Angela Baran
31979 N. Fish Lake Road Round Lake, IL 60073 888-777-1256
angelabaran@gmail.com

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

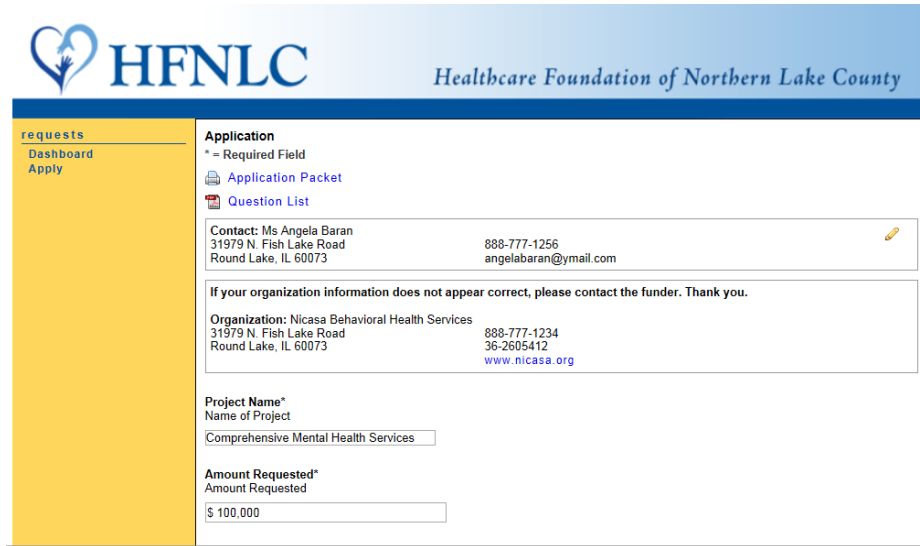
Organization: Nicasa Behavioral Health Services
31979 N. Fish Lake Road Round Lake, IL 60073 888-777-1234
36-2605412 www.nicasa.org

Comprehensive Mental Health Services

| | | |
|---|-----------|---|
| Process: Program Support Clinical Care | | |
| LOI | Submitted | 09/17/2014 View LOI |
| Application | Assigned | 09/17/2014 Edit Application |

Comprehensive Mental Health Services

You will be moved to the Application page. Please note that an asterick (*) 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. For the Organization's History and similar questions that require a short summary, you may 'cut and paste' your answers from a word document.



The screenshot shows the top portion of the HFNLC application form. The header includes the HFNLC logo and the text "Healthcare Foundation of Northern Lake County". A left sidebar contains navigation links: "requests", "Dashboard", and "Apply". The main content area is titled "Application" and includes a legend for asterisks, links for "Application Packet" and "Question List", and two information boxes. The first box contains contact details for Ms. Angela Baran. The second box contains organization details for Nicasa Behavioral Health Services. Below these are input fields for "Project Name" (containing "Comprehensive Mental Health Services") and "Amount Requested" (containing "\$ 100,000").

requests
Dashboard
Apply

Application
* = Required Field
[Application Packet](#)
[Question List](#)

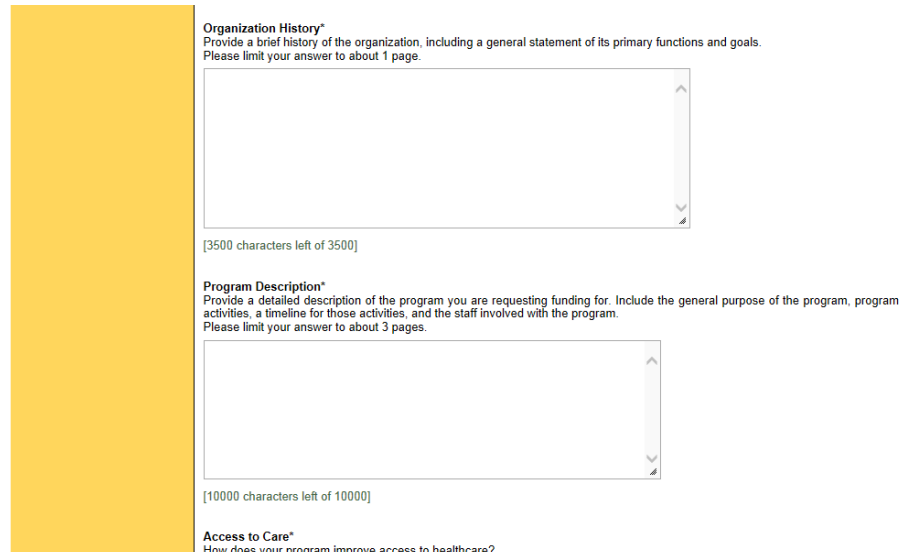
Contact: Ms. Angela Baran
31979 N. Fish Lake Road
Round Lake, IL 60073
888-777-1256
angelabaran@gmail.com

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

Organization: Nicasa Behavioral Health Services
31979 N. Fish Lake Road
Round Lake, IL 60073
888-777-1234
36-2605412
www.nicasa.org

Project Name*
Name of Project
Comprehensive Mental Health Services

Amount Requested*
Amount Requested
\$ 100,000



The screenshot shows the lower portion of the HFNLC application form. It features two large text input areas. The first is for "Organization History", with a character count of 3500 left. The second is for "Program Description", with a character count of 10000 left. Below these is the "Access to Care" section, which is partially visible.

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

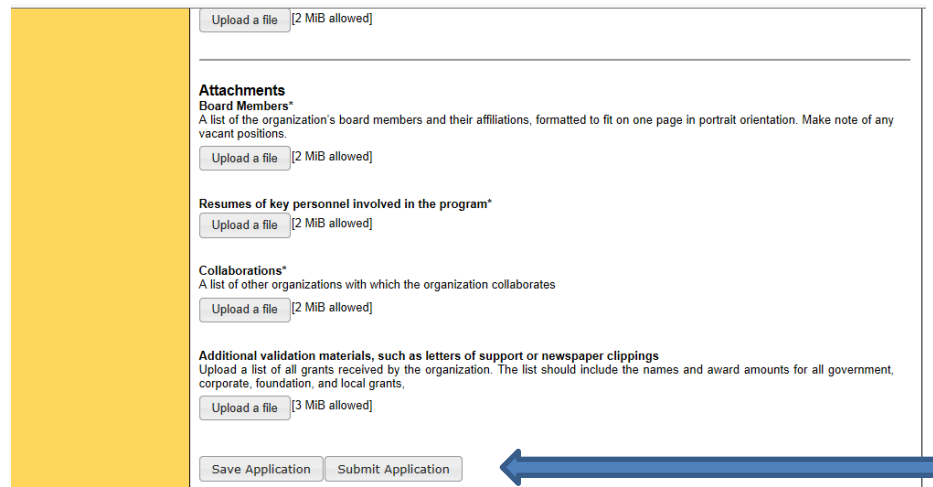
[3500 characters left of 3500]

Program Description*
Provide a detailed description of the program you are requesting funding for. Include the general purpose of the program, program activities, a timeline for those activities, and the staff involved with the program. Please limit your answer to about 3 pages.

[10000 characters left of 10000]

Access to Care*
How does your program improve access to healthcare?

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



The screenshot shows a web application interface. On the left is a solid yellow vertical sidebar. The main content area is white and contains several sections, each with an 'Upload a file' button and a file size limit:

- At the top, an 'Upload a file' button with '[2 MiB allowed]' next to it.
- A section titled 'Attachments' with a sub-section 'Board Members*'. Below it is a text description: 'A list of the organization's board members and their affiliations, formatted to fit on one page in portrait orientation. Make note of any vacant positions.' Below this is another 'Upload a file' button with '[2 MiB allowed]'.
- A section titled 'Resumes of key personnel involved in the program*'. Below it is a text description: 'A list of other organizations with which the organization collaborates'. Below this is another 'Upload a file' button with '[2 MiB allowed]'.
- A section titled 'Additional validation materials, such as letters of support or newspaper clippings'. Below it is a text description: 'Upload a list of all grants received by the organization. The list should include the names and award amounts for all government, corporate, foundation, and local grants.' Below this is another 'Upload a file' button with '[3 MiB allowed]'.

At the bottom of the form are two buttons: 'Save Application' and 'Submit Application'. A blue arrow points from the right edge of the page towards 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 submit your application for consideration.

At this time, if you have not filled in every space or submitted 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

[1747 characters left of 1750]

Budget
Program Budget Form*
The Healthcare Foundation of Northern Lake County requires a program budget be submitted with all grant applications.
Complete the [Program Budget Worksheet](#) and upload below.
 [2 MiB allowed]

▲ Error: Program Budget Form is required.

Total Budget*
What are your organization's total operating expenses?
\$1450000

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

▲ Error: Operational Budget is required.

Grant List*
Upload a list of all grants received by the organization for the current fiscal year. The list should include the names and award amounts for all government, corporate, foundation, and local grants.
 [2 MiB allowed]

▲ Error: Grant List is required.

The screenshot shows the HFNL application form with a modal dialog box titled "Message from webpage". The dialog box contains a warning icon and the following text:

Form not Submitted. These fields are missing values or have invalid values:

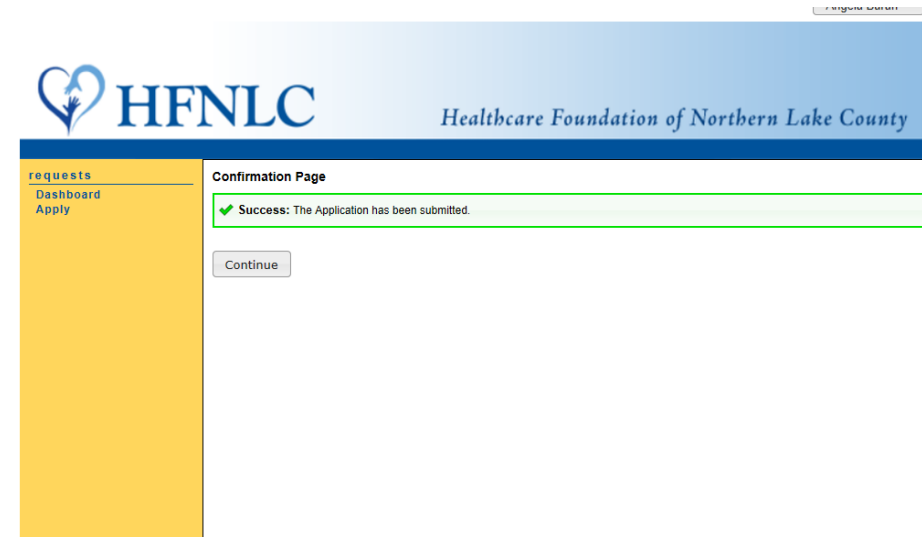
- Population is required.
- Collaboration is required.
- Sustainability is required.
- Program Effectiveness is required.
- Evaluation is required.
- Clients Served is required.
- Encounters is required.
- Health Outcomes is required.
- Program Budget Form is required.
- Total Budget is required.
- Operational Budget is required.
- Grant List is required.
- Board Members is required.
- Resumes of key personnel involved in the program is required.
- Collaborations is required.

The background shows the application form with the following visible fields:

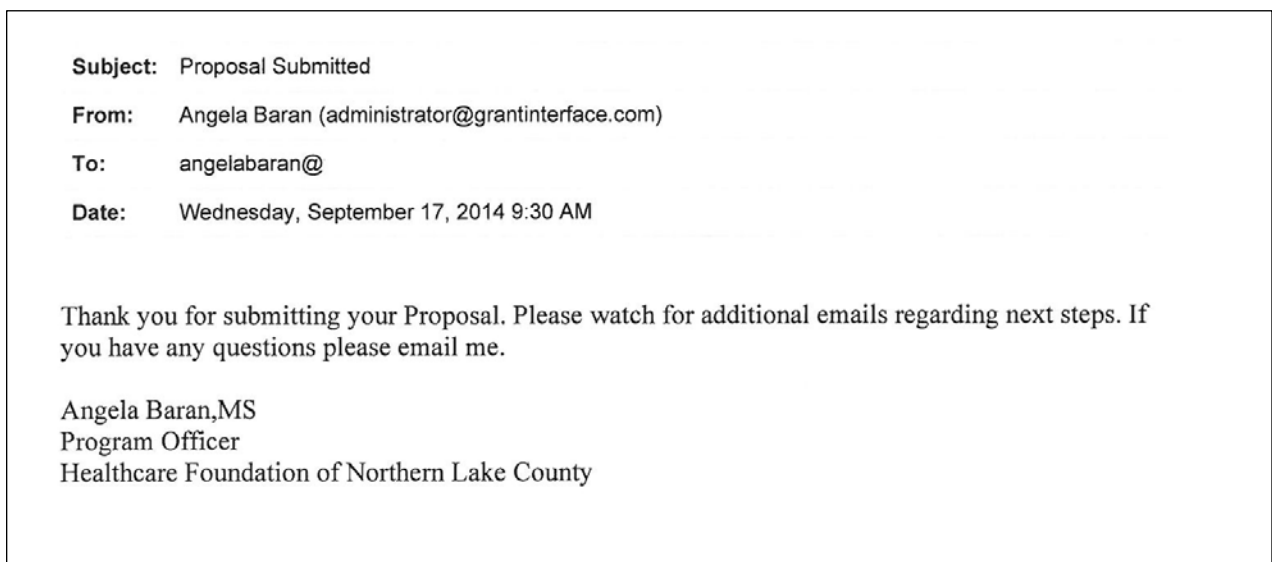
- Project Name***
Name of Project
- Amount Requested***
Amount Requested

Other visible text includes "requests", "Dashboard", "Apply", "Application", "Contact: N", "31979 N. F", "Round Lak", "If your org", "Organizati", "31979 N. F", "Round Lak", and "Thank you."

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.**



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



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@hfnc.org

Or

Meredith Polirer, Office Administrator, at Meredith.polirer@hfnc.org