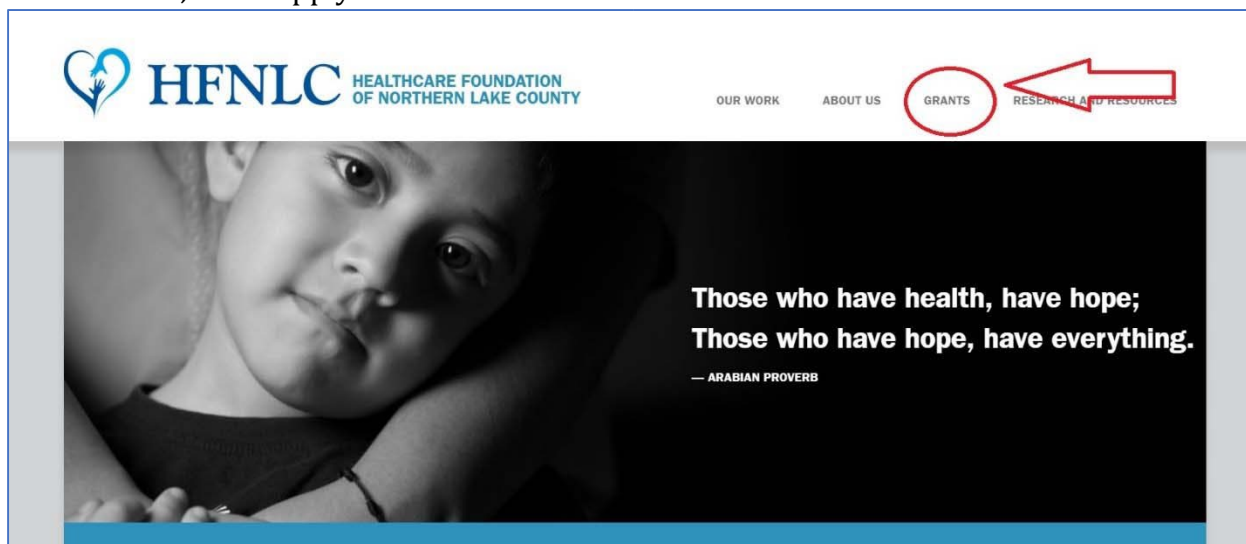


Registration

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. In the dropdown menu, click "Apply".



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>
---	--

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 hard 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.

HFNLC HEALTHCARE FOUNDATION OF NORTHERN LAKE COUNTY

Logon

Email Address*

Password*

Log On Create New Account

[Forgot your Password?](#)

Welcome to HFNLC's online grants system!

If your organization has ever submitted a grant proposal to HFNLC in the past, **STOP DO NOT create a new account.** Doing so could result in loss of historical information for your organization. Instead, please contact Meredith Pollrer at meredith.pollrer@hfnlc.org or Angela Baran at angela.baran@hfnlc.org.

New to HFNLC?

Click "Create New Account". If you need assistance, please refer to the training materials on our [website](#). Be sure to keep this login information for your organization's records.

TIP: This email address is the one we will use to communicate with you if we have questions, which sometimes require immediate response. We suggest using an email address that is easily accessible.

Been here before?

If you have already used our new online grant application system, but have forgotten your password, please click "Forgot Your Password?" and follow the instructions.

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.

In the first section, fill out the organization's information. Organization name, Telephone number, and Address are required to be entered before clicking next.

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.

ⓘ 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 HFNLIC in the past, STOP, do not create a new account. Instead, please contact Meredith Polirer at meredith.polirer@hfnlic.org or Angela Baran at angela.baran@hfnlic.org.

EIN / Tax Identification Number

Web Site

Telephone Number*

Fax Number

Organization Email

Address 1*

Address 2

City*

State*

Postal Code*

Country

Next >

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.

The screenshot shows a 'Create New Account' form. At the top, there is a title 'Create New Account' and a note: 'If you already have an Account, click the "Cancel Account Creation" button to go to the Login page'. Below this is a yellow warning box: '⚠ Using the browser's back button will delete your registration information.' and a blue information box: 'ℹ This registration process has multiple steps you must complete before you can apply.' A note states: 'Fields with an asterisk (*) are required.' The form is divided into two main sections: 'Organization Information' and 'User Information'. In the 'User Information' section, the 'Copy Address from Organization' button is circled in red. A red arrow points from this button to a text box on the right that says: 'This button auto fills the address from the Organization information.' At the bottom of the form, there are two buttons: 'Previous' (with a left arrow) and 'Next' (with a right arrow). A red arrow points to the 'Next' button.

Create New Account

If you already have an Account, click the "Cancel Account Creation" button to go to the Login 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

Salutation

First Name*

Middle Name

Last Name*

Suffix

Business Title

Email / Username*

Email / Username Confirmation*

Telephone Number*

Mobile Number

Fax 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.

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

Fields with an asterisk (*) are required.

Organization Information

User Information

Executive Officer

Additional Executive Officer Information

Copy Address from Organization

Salutation	First Name*
<input type="text"/>	<input type="text"/>
Middle Name	Last Name*
<input type="text"/>	<input type="text"/>
Suffix	Business Title
<input type="text"/>	<input type="text"/>
Email*	Telephone Number
<input type="text"/>	<input type="text"/>
Mobile Number	Fax Number
<input type="text"/>	<input type="text"/>
Address 1	Address 2
<input type="text"/>	<input type="text"/>
City	State
<input type="text"/>	<input type="text"/>
Postal Code	Country
<input type="text"/>	<input type="text"/>

< Previous ➔ Next >

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.

Organization Information

User Information

Executive Officer

Additional Executive Officer Information

Password

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: !@#\$%^&*()_.

< Previous Create Account

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.

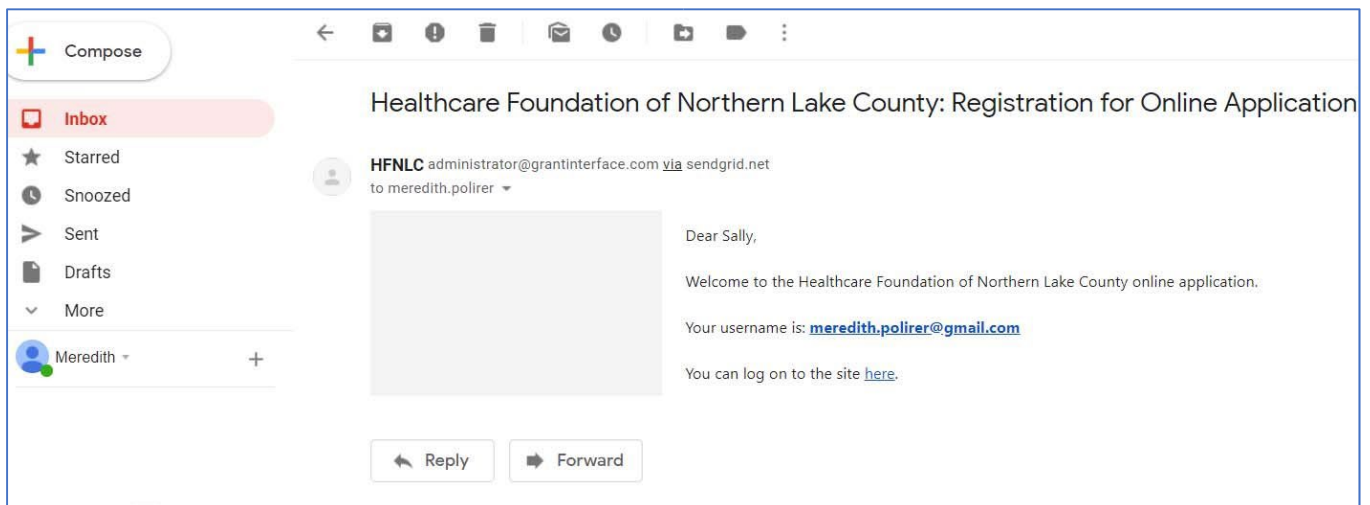
To ensure you receive emails from this system we have sent you an email to confirm your account was created successfully. If you do not see an email from HFNLC -administrator@grantinterface.com-, look in your junk or spam folder.

[See how to remove email addresses from spam filters.](#)

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



Confirmation Email:



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

The screenshot displays a web application titled "Women's Health" with a search bar at the top right. The main content area is divided into several sections:

- Yellow Information Box:** Contains instructions to click a link to begin the application process and contact Meredith Polirer or Angela Baran for questions. It includes a "See More" link.
- Scholarship Program November 2025:** Describes the need for healthcare professionals and mentions that scholarships are awarded to educational institutions. It features an "Open" button and a circled "Apply" button.
- Linkage to Care Program November 2025:** Explains how community-based outreach improves healthcare access. It includes a "See More" link, an "Open" button, and a circled "Apply" button.
- Clinical Care Program November 2025:** States that high-quality, coordinated health services are necessary to improve the health status of underserved residents. It features an "Open" button and a circled "Apply" button.
- Giving Tuesday Matching Opportunity 2025:** Notes that the opportunity is for current grantees only and that the grant would match funds from new and existing donors. It includes a "See More" link, a "Closes 08/30/2025" warning with a clock icon, and a circled "Apply" button.

This is the LOI page and must be completed for submission. You may save this page and continue when all information and questionnaires can be answered.

LOI - Grant Lifecycle Manager x Foundant-Online-Grants-Manag x +

https://www.grantinterface.com/Request/Submission/LOI?request=14732037&submission=47745711&atRequestTabs=StatusTab

Healthcare Foundation of Northern Lake County

Isabella Guzman

HFNL

APPLY ORGANIZATION HISTORY

ROLE (APPLICANT)

Project Name*

Name of Project

Scholarship Project

Amount Requested*

Amount Requested

\$

Geographic Areas Served*

Indicate the communities your program serves.

☐ Antioch

☐ North Chicago

☐ Waukegan

☐ Zion

☐ Fox Lake

☐ Grayslake

☐ Lake Villa

☐ Round Lake Area

☐ Wadsworth

Renewal Application*

What type of application is this

☐ New

☐ Renewal

☐ Renewal after a year off

Grant Management Software provided by Foundant Technologies © 2025

8:28 PM 6/19/2025

LOI - Grant Lifecycle Manager x QuestionList x Foundant-Online-Grants-Manag x +

https://www.grantinterface.com/Request/Submission/LOI?request=14742725&hasExistingRequest=3b65be41-4fcd-4428-8c8f-90e8d2e30a26&atRequestTabs=ContactTab

Healthcare Foundation of Northern Lake County

Isabella Guzman

HFNL

APPLY ORGANIZATION HISTORY

ROLE (APPLICANT)

New

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.

1,500 characters left of 1,500

Grant Management Software provided by Foundant Technologies © 2025

8:45 PM 6/19/2025

LOI - Grant Lifecycle Manager | QuestionList | Foundant-Online-Grants-Manag

https://www.grantinterface.com/Request/Submission/LOI?request=14742725&hasExistingRequest=3b65be41-4fcd-4428-8c8f-90e8d2e30a26&atRequestTabs=ContactTab

Healthcare Foundation of Northern Lake County | Isabella Guzman

ROLE (APPLICANT)

1,500 characters left of 1,500

Budget*
Upload a draft program budget
Upload a file [3 MiB allowed]

501(c)3 Letter
Upload your 501(c)3 income tax exemption letter from the Internal Revenue Service.
Upload a file [2 MiB allowed]

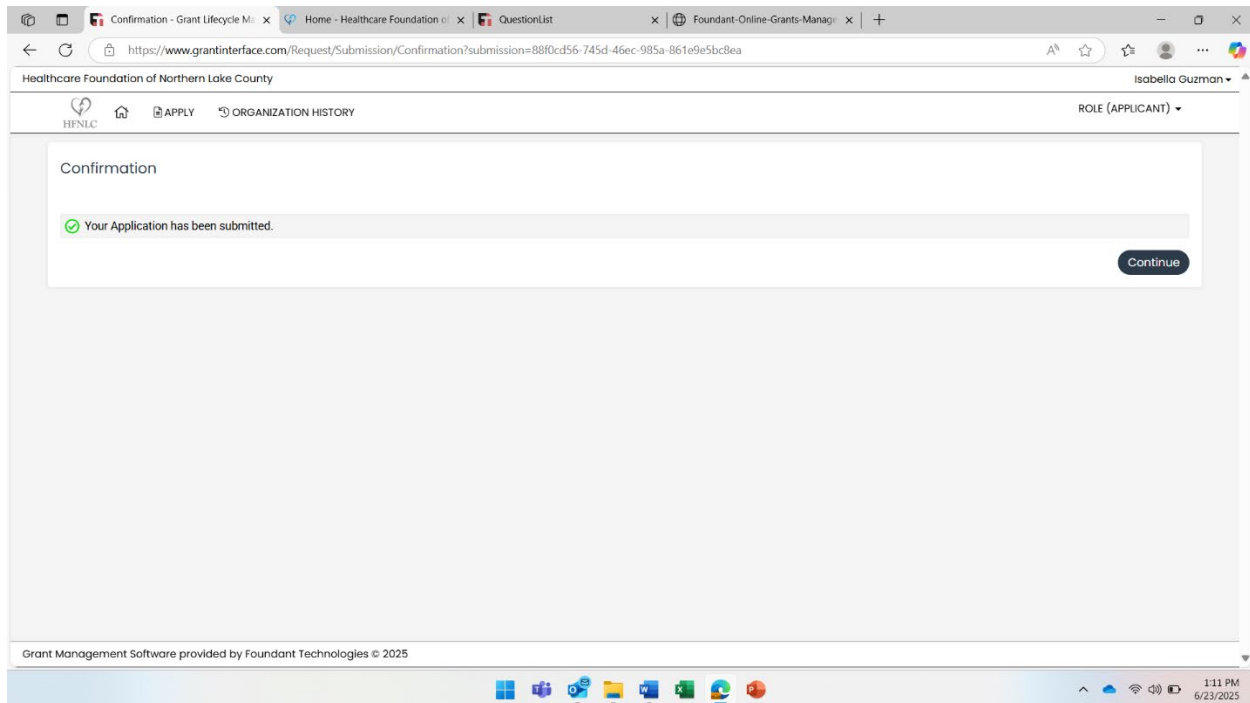
Audit
Upload your most recent audit
Upload a file [5 MiB allowed]

Due by 06/16/2025 05:00 PM CDT.
Abandon Request | Save LOI | Submit LOI

Grant Management Software provided by Foundant Technologies © 2025

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.

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).



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
Senior Director of Community Impact Programs
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, Senior Director of Community Impact Programs at angela.baran@hfnlc.org or Meredith Polirer, Assoc. Director of Operations 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

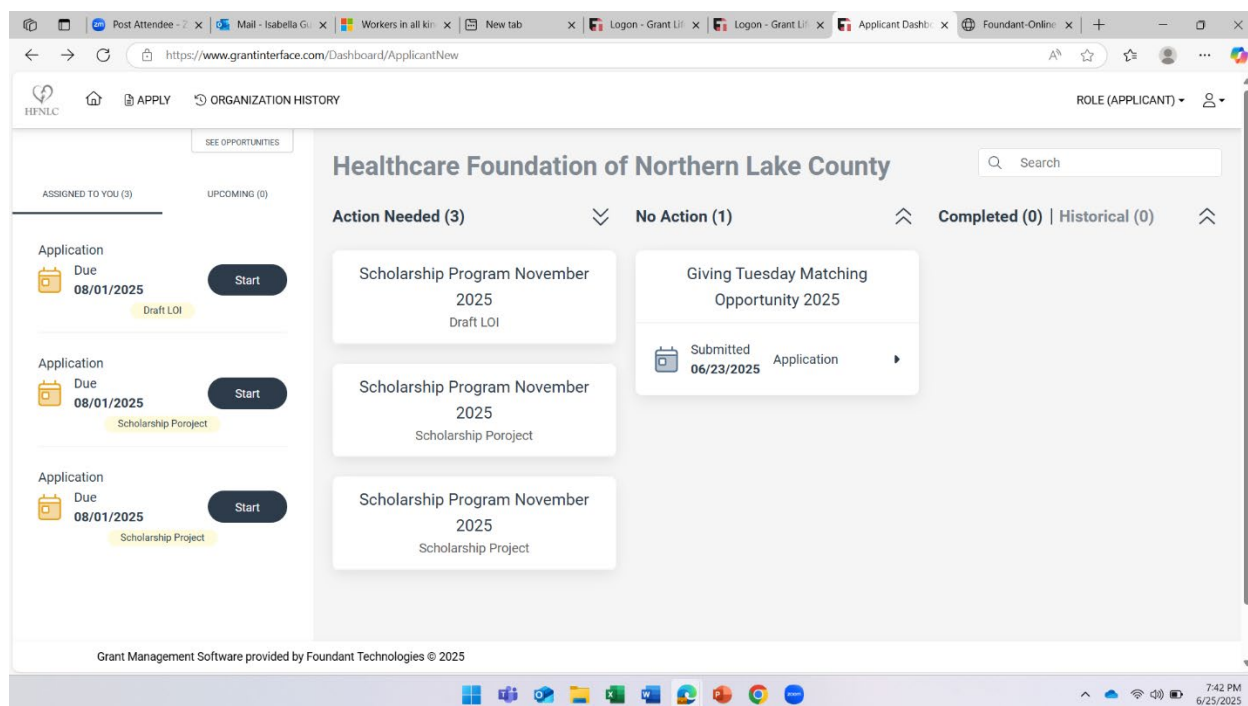
<https://www.grantinterface.com/Common/LogOn.aspx?eqs=B9OfTluxi4meYuD1qYP9fw2>

Please email me with any questions.

Angela Baran, MS
Senior Director of Community Impact Programs
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, Senior Director of Community Impact Programs at angela.baran@hfnlc.org or Meredith Polirer, Assoc. Director of Operations 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 start 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. 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 'Application' page in the Grant Interface. The user is logged in as Isabella Guzman. The page title is 'Application' and the sub-header is 'Draft LOI'. The process is 'Scholarship Program November 2025'. There are tabs for 'Contact Info', 'Request', and 'Documents'. The 'Contact Info' tab is active, showing the applicant's name, email, and phone number, and the organization's name and phone number. A 'Public Profile' button is visible. Below the contact information, there is a section for 'LOI' and 'Application' with buttons for 'Application Packet' and 'Question List'. A 'Due by 08/01/2025 05:00 PM CDT.' notice is displayed. A 'Question Group' section is also visible.

Healthcare Foundation of Northern Lake County

Isabella Guzman

ROLE (APPLICANT)

Application

Draft LOI

Process: Scholarship Program November 2025

Return to LOI Complete

Contact Info Request Documents

Applicant:

Isabella Guzman
isabella.guzman@hfnlc.org
(847) 999-9999
1111
1111, IL 60030

Organization:

Healthcare Foundation of Northern Lake County
20-5253008

Contact Email History

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

LOI Application

Application Packet Question List

Due by 08/01/2025 05:00 PM CDT.

Fields with an asterisk (*) are required.

Question Group

Grant Management Software provided by Foundant Technologies © 2025

The screenshot shows the 'Application' page in the Grant Interface, specifically the 'Program' section. The user is logged in as Isabella Guzman. The page title is 'Application' and the sub-header is 'Draft LOI'. The process is 'Scholarship Program November 2025'. There are tabs for 'Contact Info', 'Request', and 'Documents'. The 'Request' tab is active, showing the 'Program Overview*' and 'Activities*' sections. The 'Program Overview*' section has a text area for providing an overview of the program including its primary purpose and goals, with a character count of 1,500 characters left of 1,500. The 'Activities*' section has a text area for describing the program activities, including the timeline, frequency, and location in which they occur, with a character count of 3,000 characters left of 3,000.

Healthcare Foundation of Northern Lake County

Isabella Guzman

ROLE (APPLICANT)

Application

Draft LOI

Process: Scholarship Program November 2025

Return to LOI Complete

Contact Info Request Documents

Applicant:

Isabella Guzman
isabella.guzman@hfnlc.org
(847) 999-9999
1111
1111, IL 60030

Organization:

Healthcare Foundation of Northern Lake County
20-5253008

Contact Email History

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

LOI Application

Application Packet Question List

Due by 08/01/2025 05:00 PM CDT.

Fields with an asterisk (*) are required.

Question Group

Grant Management Software provided by Foundant Technologies © 2025

Healthcare Foundation of Northern Lake County

Isabella Guzman

ROLE (APPLICANT)

Attachments

Program Budget*
Complete and upload the Program Budget Form. Please click the [link](#) to download the form, then save it to your computer, complete it and then upload the form below.
Click here for instructions on how to complete this form.
 [2 MiB allowed]

Annual Expenses*
What are your organization's total annual expenses?
\$

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

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

Grant Management Software provided by Foundant Technologies © 2025

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

Healthcare Foundation of Northern Lake County

Isabella Guzman

ROLE (APPLICANT)

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

Board Members*
Upload a list of the organization's board members and their affiliations, formatted to fit 1 page in portrait orientation. Make note of any vacant positions.
Upload a file [2 MiB allowed]

Resumes of key personnel involved in the program*
Upload a file [2 MiB allowed]

Additional Materials*
Upload additional validation materials, such as letters of support or newspaper clippings.
Upload a file [2 MiB allowed]

Due by 08/01/2025 05:00 PM CDT.

Save Application Submit Application

Grant Management Software provided by Foundant Technologies © 2025

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

The first screenshot shows the 'Attachments' section of a grant application form. It contains three required fields, each with a red border and an error message: 'Program Budget is Required', 'Invalid Format: Please enter a valid currency amount (ex: ###,###.##).', and 'Operational Budget is Required'. The second screenshot shows the 'Additional Materials is Required' error message, followed by a list of required items: Organizational Information, Achievements, Partnership and Collaboration, Equity, Organization Staffing, BIPOC representation percentages, Decision Making, Volunteers, Program Budget, Invalid Format (currency), Operational Budget, Grant list, Board Members, Resumes of key personnel, and Additional Materials. At the bottom, there is a 'Due by 08/01/2025 05:00 PM CDT.' notification and 'Save Application' and 'Submit Application' buttons.

Healthcare Foundation of Northern Lake County

Isabella Guzman

ROLE (APPLICANT)

Attachments

Program Budget*
Complete and upload the Program Budget Form. Please click the [link](#) to download the form, then save it to your computer, complete it and then upload the form below.
Click here for instructions on how to complete this form.
Upload a file [2 MiB allowed]
Program Budget is Required

Annual Expenses*
What are your organization's total annual expenses?
\$ oem[poqw
Invalid Format: Please enter a valid currency amount (ex: ###,###.##).

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

Grant list*
Upload a list of all grants your organization has received or anticipates for the current fiscal year. The list should include the names and award amounts for all government, corporate, and foundation grants.

Grant Management Software provided by Foundant Technologies © 2025

Healthcare Foundation of Northern Lake County

Isabella Guzman

ROLE (APPLICANT)

Upload a file [2 MiB allowed]
Additional Materials is Required

Organizational Information is Required
Achievements is Required
Partnership and Collaboration is Required
Equity is Required
Organization Staffing is Required
What percentage of the executive team identify as Black, Indigenous, or People of Color (BIPOC)? is Required
What percentage of the staff identify as Black, Indigenous, or People of Color (BIPOC)? is Required
What percentage of the board identify as Black, Indigenous, or People of Color (BIPOC)? is Required
Decision Making is Required
Volunteers is Required
Program Budget is Required
Invalid Format: Please enter a valid currency amount (ex: ###,###.##).
Operational Budget is Required
Grant list is Required
Board Members is Required
Resumes of key personnel involved in the program is Required
Additional Materials is Required

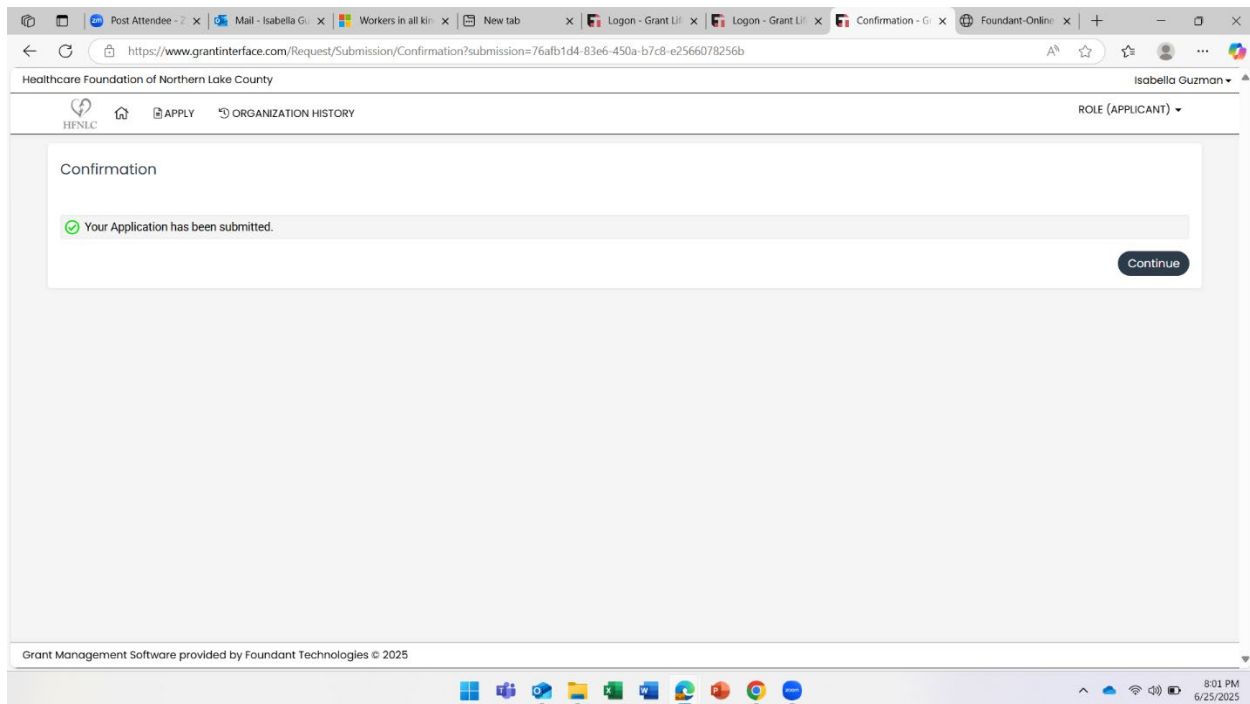
Due by 08/01/2025 05:00 PM CDT.

Save Application Submit Application

Grant Management Software provided by Foundant Technologies © 2025

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.



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
Senior Director of Community Impact Programs
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, Senior Director of Community Impact Programs at angela.baran@hfnlc.org or Meredith Polirer, Assoc. Director of Operations 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, Senior Director of Community Impact Programs, at angela.baran@hfnlc.org

OR

Meredith Polirer, Assoc. Director of Operations, at meredith.polirer@hfnlc.org