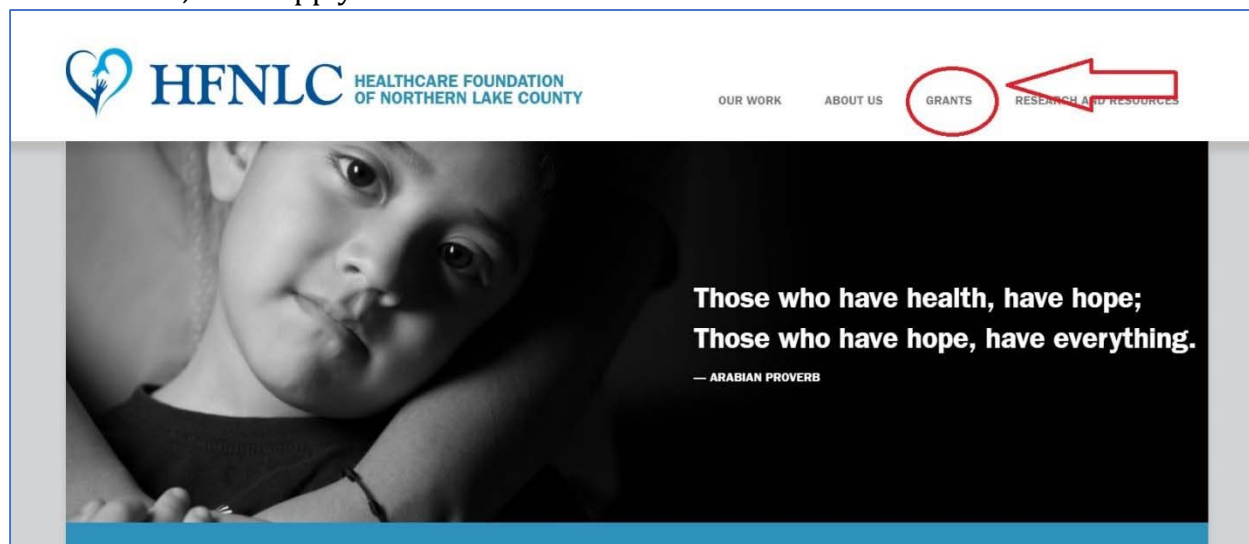


Registration

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 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	November 2019 Awards 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
---	--

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.

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.

📌 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
[Text Field]

First Name*
[Text Field]

Middle Name
[Text Field]

Last Name*
[Text Field]

Suffix
[Text Field]

Business Title
[Text Field]

Email / Username*
[Text Field]

Email / Username Confirmation*
[Text Field]

Telephone Number*
[Text Field]

Mobile Number
[Text Field]

Fax Number
[Text Field]

Address 1*
[Text Field]

Address 2
[Text Field]

City*
[Text Field]

State*
[Text Field]

Postal Code*
[Text Field]

Country
[Text Field]

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*
Middle Name	Last Name*
Suffix	Business Title
Email*	Telephone Number
Mobile Number	Fax Number
Address 1	Address 2
City	State
Postal Code	Country

< 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*

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.

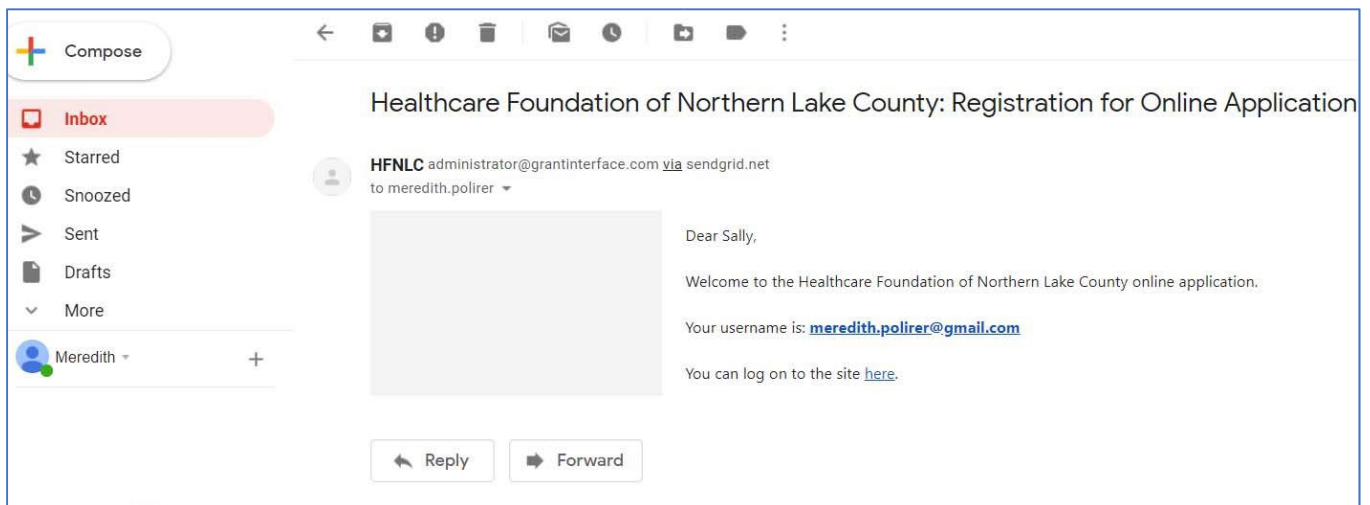
To ensure you receive emails from this system we have sent you an email to confirm your account was created successfully. If you do not see an email from HFNLC -administrator@grantinterface.com-, look in your junk or spam folder.

[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 portal titled "Women's Health" with a search bar at the top right. The main content area is divided into several program cards, each with a description and application buttons. The "Scholarship Program November 2025" card is highlighted with a red circle around its "Apply" button. The "Linkage to Care Program November 2025" and "Clinical Care Program November 2025" cards also have their "Apply" buttons circled in red. The "Giving Tuesday Matching Opportunity 2025" card includes a "Closes 08/30/2025" warning and a red clock icon.

Women's Health Search or enter Access Code

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 Polirer at Meredith.polirer@info.org or Angela Baran at angela.baran@info.org.

[See More](#)

Scholarship Program November 2025

Sufficient numbers of qualified healthcare professionals, in various fields, are needed to meet the growing demand for health services in northern Lake County. Scholarships are awarded to post-secondary educational institutions, not directly to individuals.

Open [Preview](#) [Apply](#)

Linkage to Care Program November 2025

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.

[See More](#)

Open [Preview](#) [Apply](#)

Clinical Care Program November 2025

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.

Open [Preview](#) [Apply](#)

Giving Tuesday Matching Opportunity 2025

FOR CURRENT GRANTEEES ONLY

Giving Tuesday 2025 is Tuesday, December 2.

If awarded, this grant would match funds from new individual donors and the increased portion of donations from existing individual donors raised during any

[See More](#)

Closes 08/30/2025 [Preview](#) [Apply](#)

This is the LOI page and must completed for submission. You may save this page and continue when all information and questionarres 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

HFNLG 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

HFNLG 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

HFNL

APPLY ORGANIZATION HISTORY

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]

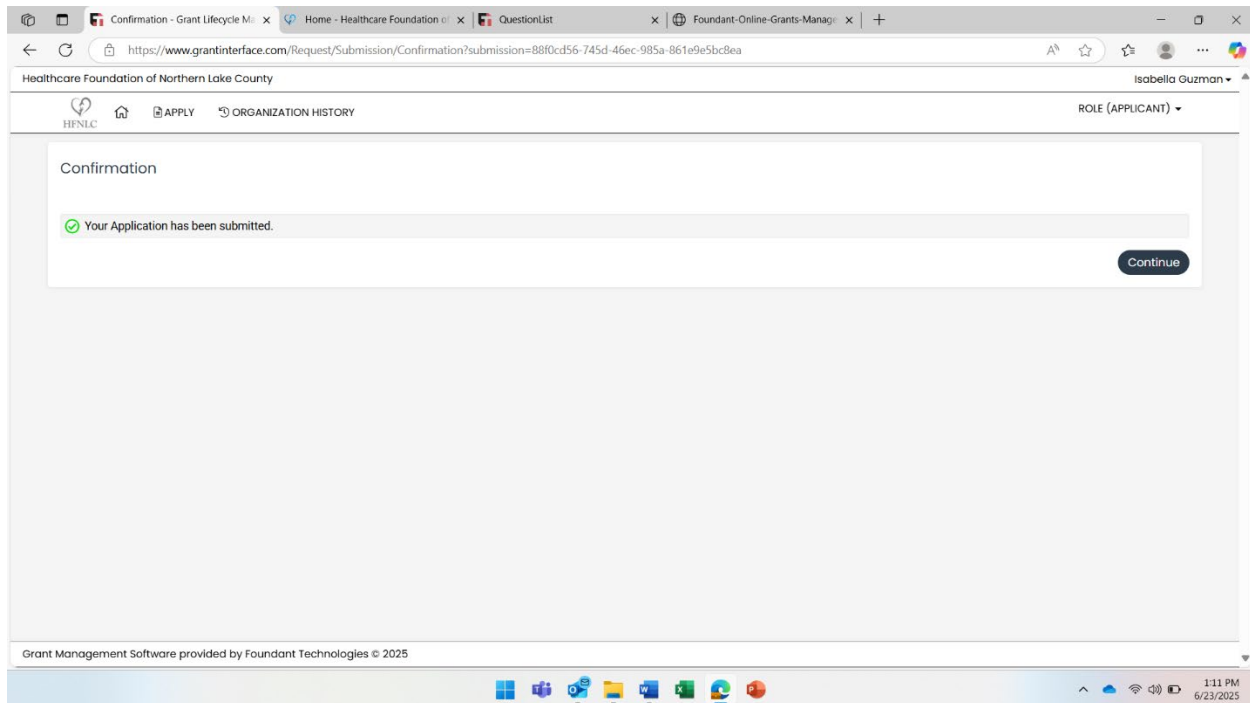
Due by 06/16/2025 05:00 PM CDT.
Abandon Request

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
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

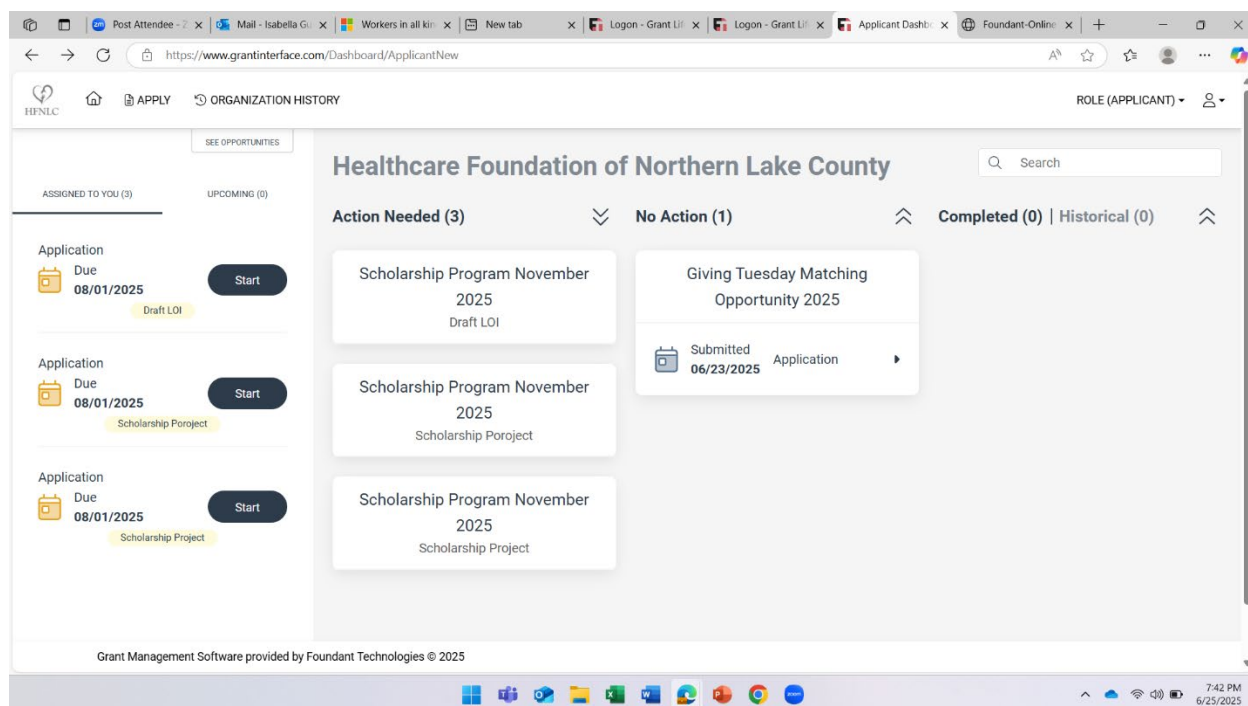
<https://www.grantinterface.com/Common/LogOn.aspx?eqs=B9OfTluxi4meYuD1qYP9fw2>

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 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 a web browser window with multiple tabs. The active tab is 'Application - Gr...', displaying the 'Grant Interface' website. The URL in the address bar is 'https://www.grantinterface.com/Request/Submission/Application?request=14749262&submission=47820413&atRequestTabs=ContactTab'. The page header identifies the organization as 'Healthcare Foundation of Northern Lake County' and the user as 'Isabella Guzman'. The user's role is listed as 'ROLE (APPLICANT)'. The main content area is titled 'Application' and shows 'Draft LOI' for the 'Scholarship Program November 2025'. There are tabs for 'Contact Info', 'Request', and 'Documents'. The 'Contact Info' tab is active, displaying the applicant's details: Isabella Guzman, isabella.guzman@hfnlc.org, (847) 999-9999, 1111, 1111, IL 60030. The organization's details are also shown: Healthcare Foundation of Northern Lake County, 20-5253008. A 'Contact Email History' link is present. A message states: 'If your Organization information does not appear correct, please contact the funder. Thank you.' Below this, there are tabs for 'LOI' and 'Application'. The 'Application' tab is active, showing a 'Due by 08/01/2025 05:00 PM CDT.' and a note that 'Fields with an asterisk (*) are required.' A 'Question Group' is visible. The bottom of the page indicates 'Grant Management Software provided by Foundant Technologies © 2025'.

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

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Program

The following questions apply to the program, for which you are requesting funds.

Program Overview*
Provide an overview of the program including its primary purpose and goals.

1,500 characters left of 1,500

Activities*
Describe the program activities. Include the timeline, frequency, and location in which they occur.

3,000 characters left of 3,000

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' section, which lists various required documents and materials, including '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', and 'Additional Materials is Required'. At the bottom of the second screenshot, 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

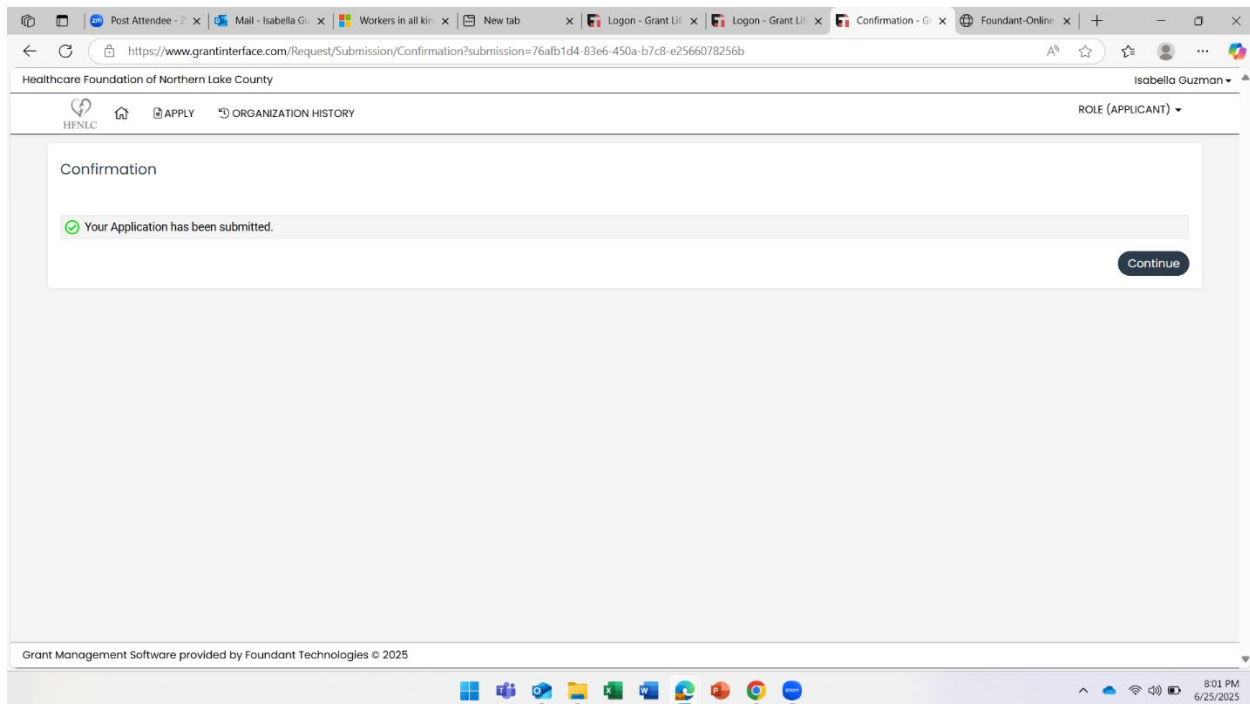
Due by 08/01/2025 05:00 PM CDT.

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
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, Senior Director of Community Impact Programs, at angela.baran@hfnlc.org

OR

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