

# HEALTHCARE FOUNDATION OF WILSON

## Online Grants System Tutorial

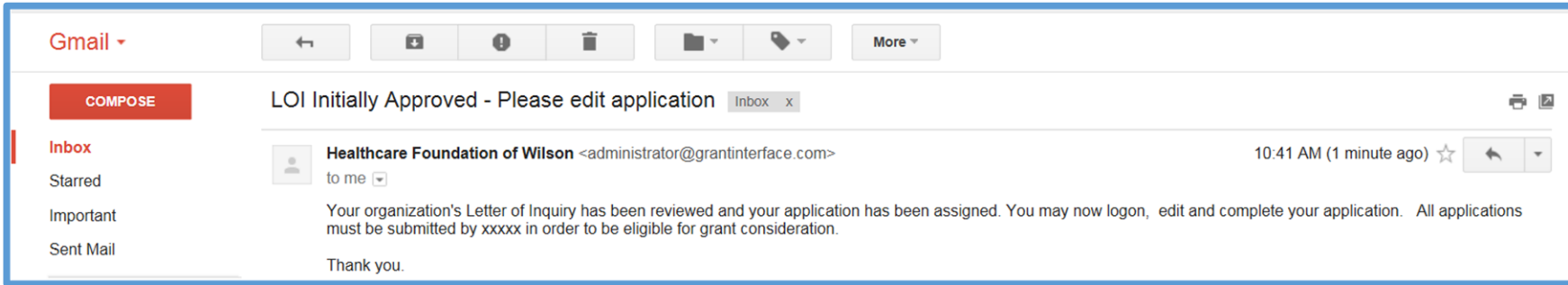
*Module III*

*Completing an Application*



[www.healthcarefoundationofwilson.org](http://www.healthcarefoundationofwilson.org)

# EDITING YOUR APPLICATION



Once you have submitted your LOI, watch your email. . .

HFW will review LOIs and if approved, you will receive an email similar to the one above. The LOI is the first step in the application process. Because it is the first step, when you enter the system to complete your application, you will “EDIT YOUR APPLICATION.”

# EDITING AND COMPLETING YOUR APPLICATION



## BEFORE YOU EDIT YOUR APPLICATION:

- Have you read HFW Grant Guidelines (What We Fund \ Grants \ Grant Guidelines) on the HFW website: [www.healthcarefoundationofwilson.org](http://www.healthcarefoundationofwilson.org)
- Make sure you have all information/documents you will need on your computer.
- Once you have opened the application you may preview the questions by clicking on "Question List."

## IMPORTANT REMINDERS AND TIPS:

- All Grant cycles close at NOON on the last day of the cycle. Late applications will not be considered.
- Read all instructions very carefully

# ACCESSING THE GRANT SYSTEM

A screenshot of the login page for the Healthcare Foundation of Wilson. The page has a white background with a grey sidebar on the left. The sidebar contains the organization's logo. The main content area is titled "Login Page" and contains two input fields: "Email Address\*" and "Password\*". Below the password field is a link that says "Forgot your Password?". At the bottom of the form are two buttons: "Log On" and "Create New Account", separated by the word "or". A blue arrow points from a text box on the right to the email address input field. The background of the screenshot is watermarked with the word "DEMO" in a light grey, diagonal pattern.

HEALTHCARE  
FOUNDATION  
of Wilson

Login Page

Email Address\*

Password\*

[Forgot your Password?](#)

Log On or Create New Account

Log on to the system using the email address and password you created.

# EDIT YOUR APPLICATION



Organization: DEO Test Grantee Application DEO Test Grantee ▾

**HEALTHCARE FOUNDATION of Wilson**

requests  
Dashboard  
Apply  
tools  
Fax to File

**Application Status Page**  
View the status of your applications below.

**Contact:** DEO Test Grantee  
P.O. Box 3697  
Wilson, NC 27895 USA  
252.281.2015  
XXXXXXXXXX

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

**Organization:** DEO Test Grantee Application  
P.O. Box 3697  
Wilson, NC 27895 USA  
252-281-2105  
56-1234567

▼ Growing up Healthy

**Process:** 2015 Grant Test Process

LOI	Submitted	10/05/2015	<a href="#">View LOI</a>
Application	Assigned	10/16/2015	<a href="#">Edit Application</a>
Decision	Undecided		

Once you have logged into your profile, select **"EDIT APPLICATION."**

**DO NOT** click "Apply." This will take you the LOI process which you have already completed.

# COMPLETING YOUR APPLICATION



Organization: DEO Test Grantee Application DEO Test Grantee ▾

**HEALTHCARE FOUNDATION of Wilson**

requests  
Dashboard  
Apply  
tools  
Fax to File

**Application**

Application Packet Question List

**Contact:** DEO Test Grantee  
P.O. Box 3697 252.281.2015  
Wilson, NC 27895 USA deowmc@gmail.com

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

**Organization:** DEO Test Grantee Application  
P.O. Box 3697 252-281-2105  
Wilson, NC 27895 USA 56-1234567

**Info:** Questions marked with a \* are required.

LOI Approval

**Congratulations!**  
The Healthcare Foundation of Wilson has approved your Letter of Inquiry (first step of the grant-making process) and has invited your organization to participate in our full application process. Please answer all questions as

There is a list of questions which must be completed in order to submit your application.

You may print the questions in order to ensure all needed information is available on your computer.

Questions with an asterisk \* must be completed before the system will allow you to press the Submit button.

# COMPLETING YOUR APPLICATION



Organization: DEO Test Grantee Application DEO Test Grantee ▾

Upload a file [4 MiB allowed]

**Program Budget\***

What is the total budget for the grant program?

\$

**Total Organizational Budget\***

What is the total organizational budget for the fiscal year in which the program will be implemented?

\$

**Total Organizational Budget\***

Upload a copy of your Organization's total budget for the current fiscal year. Please note: The budget should include both revenues and expenses, as well as year-to-date information if available. If your organization does not have a budget form, you may download a template at [www.healthcarefoundationofwilson.org/xxx](http://www.healthcarefoundationofwilson.org/xxx) to complete and upload here.

Upload a file [1 MiB allowed]

**Balance Sheet and Income Statement\***

Please upload a copy of the organization's most recent month:

- Balance Sheet and
- Income Statement (Statement of Revenues and Expenses)

Upload a file [4 MiB allowed]

**Funding Sources\***

List all funding sources and the amount which will be used to support this project. Please note beside each source if the funds have been

- Committed
- Secured or
- Pending.

## Budget Questions:

There are several “Budget” questions which will need to be completed.

A “Budget Template” will be provided so that you can complete the template and then upload into the Application.

# COMPLETING YOUR APPLICATION



## Uploading Tips

- Click on the link to save the template to your computer
- Complete the Budget Template on your computer
- In the Application system, select the button, “Upload File” to locate the file on your computer. Once you have selected the completed template, choose the “Open” button. This will upload the file.
- If you load the wrong file, a red “X” will appear next to your file. By pressing the red “X” the file you attached will be deleted.



Organization: DEO Test Grantee Application

DEO Test Grantee ▾

will not be accepted. Responses to applications will be provided in MONTH, YR.

**Authorized Signature\***

**PLEASE NOTE:** By entering the next three (3) fields calling for insertion of your name, title, and date, you are:

1. Representing that you are an officer or other agent for the Grantee duly authorized to apply for a grant on behalf of Grantee
2. Representing the statements contained in this application are true and correct to the best of your knowledge and belief
3. Confirming the tax-exempt status of this organization is still in effect and has not changed, and
4. Agreeing that your insertion of data into these following fields constitutes your electronic signate.

**Name**

\*

**Job Title at Grantee Organization**

\*

**Date**

Save Application

Submit Application

If you need to save your application prior to completing, scroll to the bottom of the page and press “Save Application.”

Saving your Application **DOES NOT** Submit the Application. Only an application that has been **SUBMITTED** will be eligible for review and grant consideration.

# SUBMITTING YOUR APPLICATION



Organization: DEO Test Grantee Application DEO Test Grantee ▾

will not be accepted. Responses to applications will be provided in MONTH, YR.

**Authorized Signature\***

**PLEASE NOTE:** By entering the next three (3) fields calling for insertion of your name, title, and date, you are:

1. Representing that you are an officer or other agent for the Grantee duly authorized to apply for a grant on behalf of Grantee
2. Representing the statements contained in this application are true and correct to the best of your knowledge and belief
3. Confirming the tax-exempt status of this organization is still in effect and has not changed, and
4. Agreeing that your insertion of data into these following fields constitutes your electronic signature.

**Name**

\*

**Job Title at Grantee Organization**

\*

**Date**

An Electronic Signature is required prior to submitting your Letter of Inquiry. You are agreeing that you are legally authorized to submit data for your organization.

The system saves your responses as you proceed through the application.

Once your Application has been submitted, you can review it but you cannot change the responses.

# SUBMITTING AN APPLICATION



- **CONGRATULATIONS!** You have submitted your completed Application! You will receive a confirmation email.
- If you do not see an email, please make sure to check your “Junk” email folder to make sure you entered your email address correctly.