

Applicant Instructions for Use of Online Grants System

The RCHN CHF online grants system is accessible through this [link](#) or you may copy and paste the following into your web browser:

<https://www.grantinterface.com/Common/LogOn.aspx?urlkey=rchnfoundation>

Overview

This document is designed to provide grant applicants with instructions for use of RCHN CHF's online grants system, developed by Foundant Technologies.

Please save your work every 15-20 minutes. If you remain on a page with inactivity for longer than 90 minutes, you will be logged off for security reasons.

Registration Page

If you do not have an existing account, you **MUST** create an account to register.

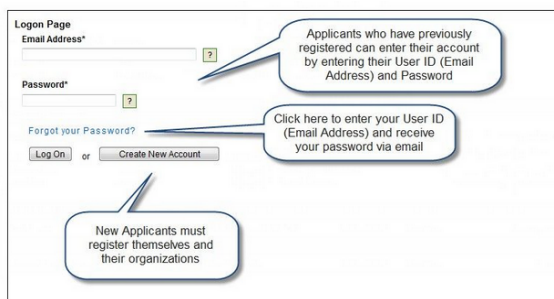
1. Click on "Create New Account"

If you already have an account:

1. Enter your login, which is your e-mail address, in the Email Address field.
2. Enter the Password that you chose when you set up your account.
3. Press the "Log On" button to enter.

If you have forgotten your password:

1. Click on the "Forgot your Password?" link, enter your email address, and the system will email your password to your e-mail account.



Create New Account

After you have clicked on the "Create New Account" button as directed above, you will be asked to enter your organization's information. Please note that required fields are marked with an asterisk. Once you have entered the organization information, hit "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.

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

Fields with an asterisk (*) are required.

Organization Information

Organization Name*	EIN / Tax ID (##-#####)*
Web Site	Telephone Number*
	Please enter as XXX-XXX-XXXX
Address*	City*
State (Please enter as two-letter capital abbreviation)*	Postal Code*

Next >

User Information

Executive Officer Question

Additional Executive Officer Information

Password

Next, you will be asked to enter your contact information. After entering your contact information, you hit “Next” again.

Create New Account

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

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Fields with an asterisk (*) are required.

Organization Information

User Information

Copy Address from Organization

Salutation (For example: Mr., Mrs., Dr.)*	First Name*
Last Name*	Suffix (For example, MD, RN, LPC, PhD)
Business Title*	Email / Username*
Email / Username Confirmation*	Telephone Number Please enter as XXX-XXX-XXXX*
Address*	City*
State (Please enter as two-letter capital abbreviation)*	Postal Code*

< Previous

Next >

Executive Officer Question

Additional Executive Officer Information

You will be asked to indicate if you are the organization's Executive Officer. Indicate “Yes” or “No” and hit “Next.”

Create New Account

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

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Fields with an asterisk (*) are required.

Organization Information

User Information

Executive Officer Question

Are you the Organization's Executive Officer?*

Yes
 No

◀ Previous Next ▶

Additional Executive Officer Information

Password

If you are NOT the Executive Officer a new page will appear requesting information. Enter the information and hit "Next."

Create New Account

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

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ℹ 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 Question

Additional Executive Officer Information

Copy Address from Organization

Salutation (For example: Mr., Mrs., Dr.)*	First Name*
<input type="text"/>	<input type="text"/>
Last Name*	Suffix (For example, MD, RN, LPC, PhD)
<input type="text"/>	<input type="text"/>
Business Title*	Email*
<input type="text"/>	<input type="text"/>
Telephone Number Please enter as XXX-XXX-XXXX	Address
<input type="text"/>	<input type="text"/>
City	State (Please enter as a two-letter capital abbreviation)
<input type="text"/>	<input type="text"/>
Postal Code	
<input type="text"/>	

◀ Previous Next ▶

The last step in creating a new account is to enter a "Password." Please make note of this password as you must use it each time you access our secure online system. After confirming your password hit the Create Account button at the bottom of your screen.

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

Executive Officer Question

Additional Executive Officer Information

Password

After confirming your password **HIT THE CREATE ACCOUNT BOTTON** at the bottom of your screen.

Password*

Confirm Password*

⏪ Previous Create Account

After you have registered you will be directed to the “Applicant Dashboard Page.”

At the top of your screen, you will see the following:

- Apply – This allows you to review the available grant program(s) and apply.
- Organization History – This allows you to review your organization’s grant history.
- Fax to File – Instead of scanning a document, you can fax it to your computer. Using Fax to File helps shrink documents to a smaller file size.

rchn community health foundation Apply Organization History Fax to File

Applicant Dashboard

<p>Applicant: Dr. Test Applicant abc@abc.com 555-555-5555 Test Applicant Street Test Applicant City, NY 09999</p>	<p> Organization: Test Applicant Organization 13-7999999 555-555-5555 Test Applicant Street Test Applicant City, NY 09999</p> <p>Contact Email History</p>
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ℹ If your organization information does not appear correct, please contact the funder. Thank you.

Applying for a Grant

To apply for a grant, click on the “Apply” link in the navigation menu at the top of the page. You will then be directed to the “Apply Page.” This page shows you available grant programs that are accepting applications (e.g., “Population Health”). You may preview the Letter of Interest (LOI) form (if required) or Application form by clicking on the Preview button or you can apply by hitting the Apply button.

Apply

Population Health

Accepting Submissions

If you have any questions related to using our online system please contact grants@rchnfoundation.org. Due to the volume of applications, RCHN CHF is unable to address specific questions about the content of your organization's LOI.

Once you have clicked on the Apply button, you will be directed to the LOI form (if required) or Application form.

Filling Out and Submitting the LOI/Application

Fill out the questions on the form, paying close attention to the instructions and “limitations” related to each question (See the “List of Lead Personnel” example below). Please note that text fields have specific “character limitations.” A text field with a 10,000 character limit is equivalent to a little over 3 pages of single-spaced text using a 12 point font. 3,400 characters is approximately 1 page of single-spaced text. You may cut and paste text from a Word document into these text fields. You may also resize the text area by dragging the lower right hand corner of the box.

List of Lead Personnel*

[1000 characters left of 1000]

File uploads, required to document 501(c)(3) status and Notice of Grant Award or Designation Letters, also have size limitations defined in Mega Bytes (MiB). The size of the upload file must be under MiBs allowed, as noted in the instructions.

501(c)(3) Tax Determination Letter*

 [1 MiB allowed]


As noted at the beginning of this document, remember to save your work every 15-20 minutes. To do so, hit the “Save” button at the bottom of the page.

You may also save your LOI/Application as a draft and come back to the form to complete it at a later time. To save the form as a draft, hit the “Save” button as directed

above. RCHN CHF will not check for completeness until the LOI/Application has been submitted.

When you have completed your LOI/Application hit the "Submit" button at the bottom of the page. Once you have submitted your LOI/Application, you will receive an automated email confirming receipt.

Please note that you can print out the "Question List" which will list all questions asked in the online form. You may also print out the "LOI/Application Packet," this will allow you to save your application as a pdf file for your records.

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

LOI

Population Health

[LOI Packet](#) [Question List](#)

Applicant: Dr. Test Applicant abc@abc.com 555-555-5555 Test Applicant Street Test Applicant City, NY 09999	Organization: Test Applicant Organization 13-7999999 555-555-5555 Test Applicant Street Test Applicant City, NY 09999
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[Contact Email History](#)

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