



Online Application Process and Instructions

Healthcare Georgia Foundation
grantmaking for health



Online Application Instructions

- Access the Online System
- Required Information and Documents
- The Application
- Attachments
- Frequently Asked Questions (FAQs)



Access the Online System

Account Login



Healthcare Georgia Foundation
grantmaking for health

Priority Areas Contact Us Healthcare Georgia Foundation Home Page

Please Sign In

Welcome to Healthcare Georgia Foundation's online application and report portal.

- If you have established an account with the Foundation, please sign in using your previous log in and password.
- If you do not have an account please create one by clicking on the New Applicant link below.
- If you have an account, but forgot your password. You can reset your password on the Forgot Password link below.
- We recommend that you print out the online application instructions on the Foundation's website as well as any guidelines provided.
- Be sure to click save and finish before you exit the system or all your work will be lost.

If you have any questions, feel free to click on the contact us or call the Foundation's Grants Manager at 404-853-0990.

E-mail
Email@email [New Applicant](#) Password
***** [Forgot Password?](#)

Login

New Applicant –

- Click on “New Applicant”
- Enter an e-mail address as your user ID.
- Create your password.
- We encourage applicants to use an email address and password that is universal to your organization. This way, future applications from your organization will use the same email and password.

After you have successfully created your account, you will be emailed a confirmation with the link to your account login page. Save this link as a bookmark to access your application and account.

Returning Applicant –

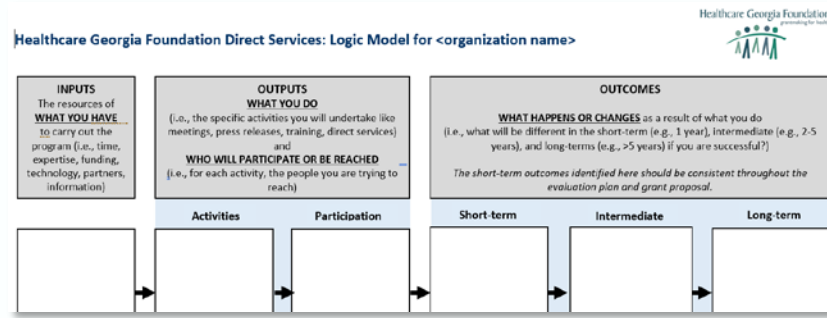
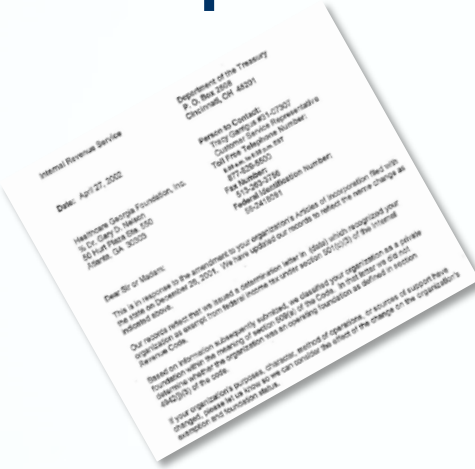
- Enter your user name
- Enter your password
- Press Enter

Hints

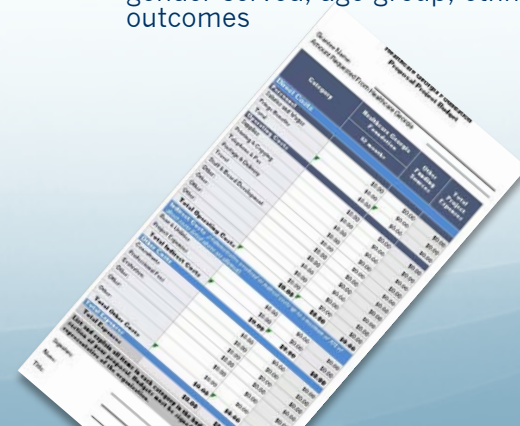
Click on the Contact Us button to send the Foundation an email.



Required Information and Documents



- Your Tax ID number and Determination letter – (if applicable)
- List of Board of Directors & Staff
- List of current funders
- 12-month project timeline (1 page)
- Letters of support (no more than 3)
- Memorandums of Understanding (if applicable)
- Logic model (using the Foundation's template)
- Evaluation Plan (using the Foundation's template)
- Staff job descriptions (for new positions)
- Operating budget – (if applicable)
- Most recent audit or Form 990 - (if applicable)
- Organization contact and primary program contact information
- Request information; amount requested; budget; geographic location of organization; geographic location serviced; gender served; age group, ethnicity; need for funding and outcomes




The Application

Welcome Page

- Instructions and Due Date
- Tips
- Required & Reference Document Links

Welcome Organization Information Contact Information Case Statement Funding Request Outcomes & Evaluation Attachments Review My Application

* Required before final submission



Application due August 9, 2019 by 3:00 PM EST

Healthcare Georgia Foundation is pleased to announce a Notification of Funding Availability (NOFA) for the 2019 Direct Services Grant Program.

The purpose of the Direct Services Grant Program is to promote health and well-being and to prevent and manage chronic diseases (asthma, cardiovascular disease and diabetes) across the lifespan of all practice healthcare services or health promotion programs in both community and clinical settings. Expansion of existing healthcare services or health promotion programs based on effective intervention the program beyond the requested funding from the Foundation.

The Foundation enthusiastically welcomes your participation in the Direct Services Grant Program. Please refer to the Direct Services NOFA on the Foundation's website or below for guidelines on submitting application before the deadline. Once the deadline has passed, you will not be able to edit, complete, save, or submit your application.

Tips:

- The Foundation suggests that you print a copy of the NOFA and the online application instructions prior to starting.
- Please type your responses to the questions first in Microsoft Word, then copy and paste into the online application; this will avoid the system timing out and the possibility of losing your work.
- Do not use symbols or bullet points in this application.
- Do not close your browser without saving your work. To do so, click the "Save and Finish Later" button located at the bottom of the page. If you close your browser without saving, all of your work
- **All of your documents in the Attachments page should be uploaded in PDF format**

Document Links: Please use the following documents as you complete your application.

REFERENCE DOCUMENTS
[Direct Services Grant Program 2019 NOFA \(PDF\)](#)
[Case Statement Examples \(PDF\)](#)
[Geographic Location Region Guide \(PDF\)](#)
[Online Application Instructions \(PDF\)](#)



The Application

Organization Information

- The * indicates that the field is required.
- Drop down boxes are provided for some selections, choose the appropriate answer as requested.
- Access the Foundation's Geographic Regions document to know what Region your organization is in and what Region your organization is serving. This document can be found as a reference document in the online application or on the Foundation's website at:

<http://www.healthcaregeorgia.org/grant-making/current-funding-opportunities.cfm>

The screenshot shows a web form for 'Organization Information'. It includes fields for Organization Name (Coalitions Work), Tax ID (26-2837623), Also Known As, Address (1109 Moore House Road), City (Yorktown), State (VA), Postal Code (23690), Phone (757-898-7454), Fax, Website, Year Founded, Fiscal Year End Date, Current Annual Operating Budget Amount, Organization Type (two dropdown menus), Number of Full Time Staff, Number of Part Time Staff, Number of Volunteers, Geographical Area of Applicant, and Geographical Area(s) Served (three dropdown menus).

HINT

The Foundation suggests that you print a copy of the application using the *Printer-Friendly Version* link in the top right hand corner of the application. We also suggest that you type your answers in Word and then copy and paste the responses in the application.

Click the "Save and Finish Later" button at the bottom of the screen and come back to continue your work!



The Application

Organization Contact and Primary Program Contact

- Please provide information for the CEO/ED of the organization or the person with signing authority.
- Please provide information for the primary program contact.
- If the primary program contact is the same as the CEO/ED, click the checkbox provided.

ORGANIZATION'S PRIMARY CONTACT INFORMATION

This is the contact information for the CEO/Executive Director or person authorized to sign the grant agreement for your organization.

* Prefix (Example: Ms, Mr, Dr.)

* First Name Top Executive of the organization

* Last Name Top Executive of the organization

Suffix (Example: Jr, II, Ph.D.)

* Title

* E-mail

* Office Phone

REQUEST'S PRIMARY INFORMATION

This is the primary contact for the request. If the primary contact is the same person authorized to sign the grant agreement in the previous section, check the box below.

Same as Organization Primary Contact

Prefix

First Name

* Last Name

Suffix

Title

E-mail

Office Phone



The Application

Funding Request

- Project Budget – The total dollar amount required to complete your project – i.e. \$50,000 to implement a diabetes management program
- Request Amount – The dollar amount you are requesting for the project – i.e. \$50,000 to implement a diabetes management program.
- The project must start on January 1, 2020 and cannot exceed 12 months.
- Some sections have word limits and/or character limits, so be sure to stay within these limits. For example, the limit for the Project Title is limited to 255 characters (includes, spaces, letters, punctuations).
- Indicate how you identified the need for your request.
- The funding description requires clear and precise information on the project as well as how the project addresses the need identified and reduces health disparities/closes gaps.



The Application

Budget

- Access the Foundation's Budget template on the Foundation's website
- Be sure the budget and budget narratives have the same line items.
- Maximum dollar request is \$50,000
- These dollars should only be what you are requesting from the Foundation.
- Be sure to list all other funding in the "other funding sources" column.
- Total project expenses should add up to the total dollar amount indicated in the total project cost question on the application.
- The budget must be signed by an authorized representative of your organization.
- Organizations may request up to 10% of **Direct Costs** for Indirect
- Equipment requests can only be a 10% maximum of the total grant request
- Applicants are **required** to request a minimum of 10% of the total grant request for evaluation expenses (internal staff or external consultant)



The Application

Budget

- **Total Grant Request**

- The total grant request is the amount of funds being requested from the Foundation – Maximum is \$50,000.

- **Direct Costs**

- Direct Costs are the costs for services or activities that benefit your specific program. For example, personnel request (staff of the organization) and materials.

- **Indirect Costs**

- These are overhead costs that are beneficial to the program and can be beneficial to the overall organization. For example, utilities and rent. A maximum of 10% of the Direct Cost is allowed.



The Application

Budget Narrative

- The purpose of the budget narrative is to supplement the information provided in the budget spreadsheet by justifying how the budget cost elements are necessary to implement project objectives and accomplish the results.
- The budget narrative is a tool to help the Foundation staff fully understand the budgetary needs of the applicant and is an opportunity to provide descriptive information about the costs beyond the constraints of the budget template.
- Together, the budget narrative and budget spreadsheets should provide a complete financial and qualitative description that supports the proposed project plan. The description provided on the budget spreadsheets should be very brief. Please use this budget narrative to provide a thorough description of your budget.

Examples of how to complete the budget narrative

- **Salary – Total: \$26,000 – Executive Director** currently oversees the program and will spend 100% of their time hiring, supervising and training staff. This individual's annual salary is \$26,000.00 and will be covered for the 12 months of the grant period
- **Meeting Supplies:** to provide supplies for administrative meetings, workshops, etc. $\$50.00 \times 12 \text{ months} = \600.00 .
- **Employee Training:** to provide supplies for professional development and orientation for staff. $\$20 \times 12 \text{ months} = \240.00 .



The Application

Attachments

- Maximum size limit for attachments combined is 25MB
- **Upload all files in Adobe PDF**
- Save and name all templates to your computer or flash drive –a link to the templates is located on the Attachments page of the application. You can also find all templates at the Foundation’s website at <http://www.healthcaregeorgia.org/grantmaking/current-funding-opportunities.cfm>.
- Select the document you are attaching from the dropdown box, click browse, select the file from your computer or flash drive and click upload to attach.
- Example – Save the budget template on your desktop. Click on budget from the dropdown box, click browse and select the budget from your desktop. Click upload – the document is now uploaded.
- If you have other documents not on this list please upload them using the other category from the dropdown box. No more than 3 are allowed.

Attachments may take some time to upload – it is advised that all documents be uploaded at least one day prior to the deadline

If you are having difficulty attaching documents, click the Save and Finish Later button to save your work. Then click the contact us button and email the Foundation.



Attachments

- **Required for 501(c)(3) organizations**

- Foundation budget [template](#) - signed
- Foundation Board & Staff [template](#)
- List of current funders [template](#)
- Project Timeline (1 page)
- Letters of Support – no more than 3
- Logic Model [template](#)
- Evaluation Plan [template](#)
- Memorandums of understanding (MOUs) – if applicable. Applicants must submit MOUs with a partner organization if the partner is required to complete a portion of the proposed program.
- Job Descriptions – only for new positions
- Current operating budget, including revenue projections
- IRS Tax Letter
- Most recent financial audit or 990 form

- **Required for Hospitals, Quasi-Government agencies, or Public health districts**

- Foundation budget template - signed
- Foundation Board & Staff template
- List of current funders [template](#)
- Project Timeline (1 page)
- Letters of support – no more than 3
- Logic Model [template](#)
- Evaluation Plan [template](#)
- Memorandums of understanding (MOUs) – if applicable. Applicants must submit MOUs with a partner organization if the partner is required to complete a portion of the proposed program.
- Job Descriptions – only for new positions

Incomplete applications or applications missing documents will not be reviewed. If you are having difficulty uploading documents, please contact Javier Sanchez at 404-653-0990.



Submitting the application

- After you have completed all required fields and uploaded the necessary documents, click the “ Review & Submit” Button. This will allow you to review and edit the document. It does NOT submit the application.
- Your application will appear in full and you MAY make any changes you feel are necessary.
- **To officially submit** the application, please scroll to the bottom of the screen and click SUBMIT.
- You will receive an email confirmation verifying that you have submitted your application successfully.
- If you submit and do not receive this confirmation, please contact the Foundation.

Please note you cannot submit unless all required fields are completed and required documents are uploaded.

Deadline to Apply

August 9, 2019

3:00 p.m. EST

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FAQ's

- How do I access the application I started?
 - Use the following link once you have started and saved your application. This will give you full access to your account.
[https://www.grantrequest.com/SID 717](https://www.grantrequest.com/SID_717) **(note that there is an underscore between D and 7)**
- Who is eligible to apply?
 - The applicant organization should be tax exempt under section 501(c)(3) of the Internal Revenue Code and defined as “not a private foundation” under Section 509(a). Nonprofit Hospitals, Quasi-Governmental Agencies, and Public Health Districts are also eligible to apply.
- Can I submit more than one application?
 - The Foundation will not accept more than one application per organization.
- I am not sure if my grant is current.
 - Contact the Foundation and ask your program officer



FAQ's

- If I am in the middle of my application, can I save and continue to work on it later?
 - Yes. Click the *Save and Finish Later* button located at the bottom of the page. This will save all your work. When you are ready to continue, click on the link emailed to you when you created your account.
- I have submitted an application to the Foundation's online program but cannot remember my password.
 - Email or call Javier Sanchez to reset your password.
- The person who created my account is no longer with our organization.
 - Email or call Javier Sanchez to transfer the account to the new email.
- I currently have an existing grant with the Foundation, can I still apply?
 - Organizations that have active grants with the Foundation are not eligible to apply.



FAQ's

- I need to make a correction/update to my application after I have submitted, what should I do?
 - If you have changes after submission, prior to the deadline please contact Javier Sanchez at 404-653-0990. If the application deadline has already passed, you will be unable to correct/update your application.
- What happens after I submit my application?
 - After you submit your applications, you will receive a confirmation email letting you know that your submission was successfully.
- What if my organization does not conduct an audit?
 - Submit the most recent IRS Form 990 and attach a letter explaining why the organization does not conduct an audit. You may be asked to submit additional information during the application review phase.



FAQ's

Post Award - All grantees will be assigned to a Foundation staff member who will manage the grant. Foundation staff ensures that grantees adhere to reporting and budget timelines.

The Foundation will conduct a grantee orientation for organizations awarded on **December 12, 2019 at 10:00 AM EST**. During the grantee orientation, the Foundation staff will provide guidance on executing the grant agreement and provide information on reporting and budget requirements and timelines.

Following the grant awards, and after the grant agreements are fully executed, the Foundation will publicize and acknowledge the award through a press release.

Thank you for applying to Healthcare Georgia Foundation! We look forward to reviewing your application. If you have any questions about the online application process, please contact Javier Sanchez, the Foundation's Grants Manager, at 404-653-0990 or via email at jsanchez@healthcaregeorgia.org.

