

UNIHEALTH FOUNDATION:  
SMARTSIMPLE  
GRANTS MANAGEMENT  
SYSTEM

USER GUIDE

UniHealth Foundation | Grants Management System

UniHealth Foundation | [WWW.UNIHEALTHFOUNDATION.ORG](http://WWW.UNIHEALTHFOUNDATION.ORG)

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## New Grants Management System

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Welcome to UniHealth Foundation's new grants management system:  
<https://uhf.smartsimple.com> . All grant forms and due diligence information are submitted to UniHealth Foundation through this online system.

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## Registration

If you have never applied to UniHealth Foundation before, please click "Register Here" to register and begin a new inquiry.

If you have applied before, are a previous grantee or a current grantee and are accessing the system for the first time click "Forgot Password". Many previous contacts of UniHealth Foundation will already be registered.

## Pre-Registration Eligibility Quiz

Before registration, an eligibility quiz will appear; answer the four questions accordingly. Once completed, click “Submit.”

Based on the answers provided for the eligibility quiz, you will be notified if you are eligible to register.

## UniHealth Foundation: Submitting a Letter of Inquiry

To submit a new LOI, please log in to your online account using the email address used during registration. Select “Funding Opportunities” from your login dashboard.

### Welcome Colette Bad

UniHealth Grantmaking is open to qualified organizations, please review UniHealth Foundation's website for the eligibility criteria.

**1**  
Funding Opportunities



### My Applications

Please complete or update applications from the "In Progress" section.

**0**  
In Progress

**0**  
Submitted

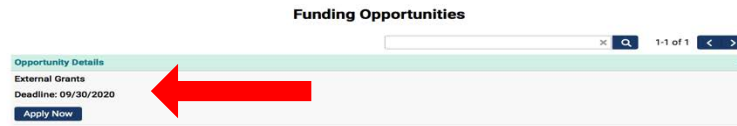
**0**  
Approved/Declined

### Progress Reports and Requirements

**0**  
Pending Progress  
Reports and  
Requirements

**0**  
Submitted Progress  
Reports and  
Requirements

A list of available funding opportunities will be displayed. Select “Apply Now” for External Grants.



## How to Complete the LOI Application

### New Grant

For more information on individual questions, hover over the “?” icon.  
Please be sure to fill in the questions on each tab before submitting your application.

ORGANIZATION INFORMATION CONTACT INFORMATION GRANT REQUEST INFORMATION ATTACHMENTS INVITATIONS

\* Brief Description of Organization  
400 words left

\* Summary of Programs and Services  
350 words left

\* Demographic Description  
100 words left

\* Year Established

\* Net Assets for the Most Recently Completed Fiscal Year

\* Current Fiscal Year Income

\* Current Fiscal Year Expenses

If expenses exceeded income for the most recently completed fiscal year, please explain the reason for the deficit and how the organization is addressing the shortfall

Board of Directors list and attendance rate  
Click Save before editing

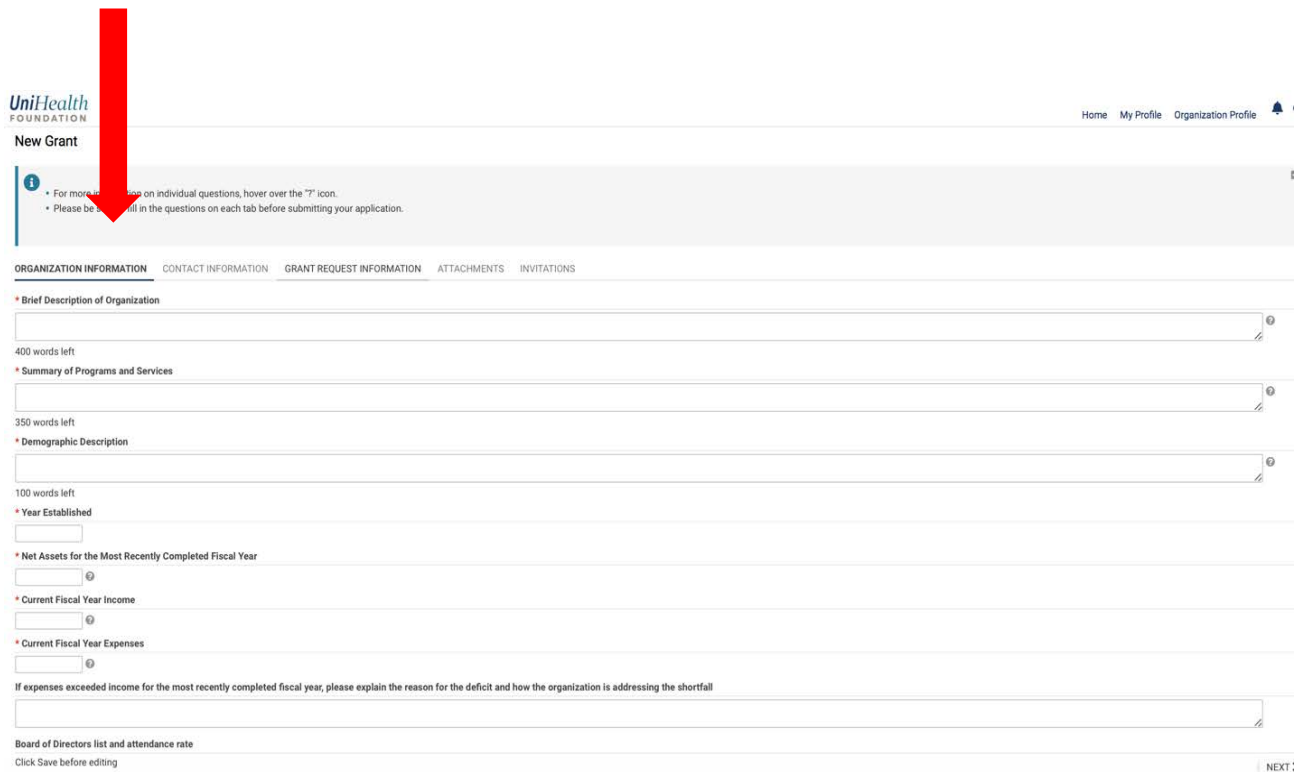
NEXT

To complete a new LOI, you **must** complete the following required fields in the Organization Tab, Contact Information Tab, and Grant Request Information Tab and Attachments Tab:

**\*\*Please remember to “Save Draft” periodically throughout the grant application process. Once you “Save Draft” The “Submit Letter of Inquiry” button will appear.**

## Organization Information Tab:

1. Brief Description of Organization
2. Summary of Programs and Services
3. Demographic Description
4. Year Established
5. Net Assets for the Most Recently Completed Fiscal Year
6. Current Fiscal Year Expenses
7. If expenses exceed income for the most recently completed fiscal year, please explain the reason for the deficit and how the organization is addressing the shortfall.
8. Board of Directors list and attendance rate
9. How long has your current CEO/Executive Director/President been in his/her position?



UniHealth FOUNDATION

Home My Profile Organization Profile

New Grant

• For more information on individual questions, hover over the "i" icon.  
• Please be thorough in the questions on each tab before submitting your application.

ORGANIZATION INFORMATION CONTACT INFORMATION GRANT REQUEST INFORMATION ATTACHMENTS INVITATIONS

\* Brief Description of Organization

400 words left

\* Summary of Programs and Services

350 words left

\* Demographic Description

100 words left

\* Year Established

\* Net Assets for the Most Recently Completed Fiscal Year

\* Current Fiscal Year Income

\* Current Fiscal Year Expenses

If expenses exceeded income for the most recently completed fiscal year, please explain the reason for the deficit and how the organization is addressing the shortfall

Board of Directors list and attendance rate

Click Save before editing

NEXT

## Contact Information Tab:

1. Is the primary contact for the organization the same as the primary contact for the request?
2. Agreement Signatory. If different from request contact, enter required contact information. Please specify number of signees.
  - a. Signee Organization
  - b. Signee First Name
  - c. Signee Last Name
  - d. Signee Title
  - e. Signee Email



UniHealth FOUNDATION Home My Profile Organization Profile

**New Grant**

**CONTACT INFORMATION** (Active Tab) | ORGANIZATION INFORMATION | GRANT REQUEST INFORMATION | ATTACHMENTS | INVITATIONS

Primary Contact for Request: Colette Bad

\* Is the primary contact for the organization the same as the primary contact for the request?  
 Yes  No  ?

\* Primary Contact for Organization

**Agreement Signatory**

Contact Information for the people responsible for signing the Grant Agreement. Please list signees in the order that they will electronically sign the document.

Please specify the number of signees

**Signee 1**

\* Signee Organization

\* Signee First Name

\* Signee Last Name


\* Signee Title

\* Signee Email

[← BACK](#) [Save Draft](#) [Withdraw Letter of Inquiry](#)

## Grant Request Information Tab:

1. Project Title
2. Project Description
3. Request Amount
4. Project Budget Narrative
5. Grant Term (months)
6. Project Start Date
7. Project End Date
8. Geographic Area Served
9. Population Served
10. UniHealth Foundation Funding Priority Areas



**UniHealth**  
FOUNDATION

Home My Profile Organization Profile

**New Grant**

ORGANIZATION INFORMATION CONTACT INFORMATION **GRANT REQUEST INFORMATION** ATTACHMENTS INVITATIONS

\* Project Title  
50 words left

\* Project Description  
400 words left

\* Request Amount

\* Project Budget Narrative

\* Grant Term (Months)  
Please Select

\* Project Start Date  
mm/dd/yyyy

\* Project End Date  
mm/dd/yyyy

\* Geographic Area Served  
Please see our list of [Geographic Areas Served](#).  
 Long Beach/Orange County  San Gabriel Valley  San Fernando/ Santa Clarita Valley  Westside/Downtown Los Angeles  Other

\* Population Served  
100 words left

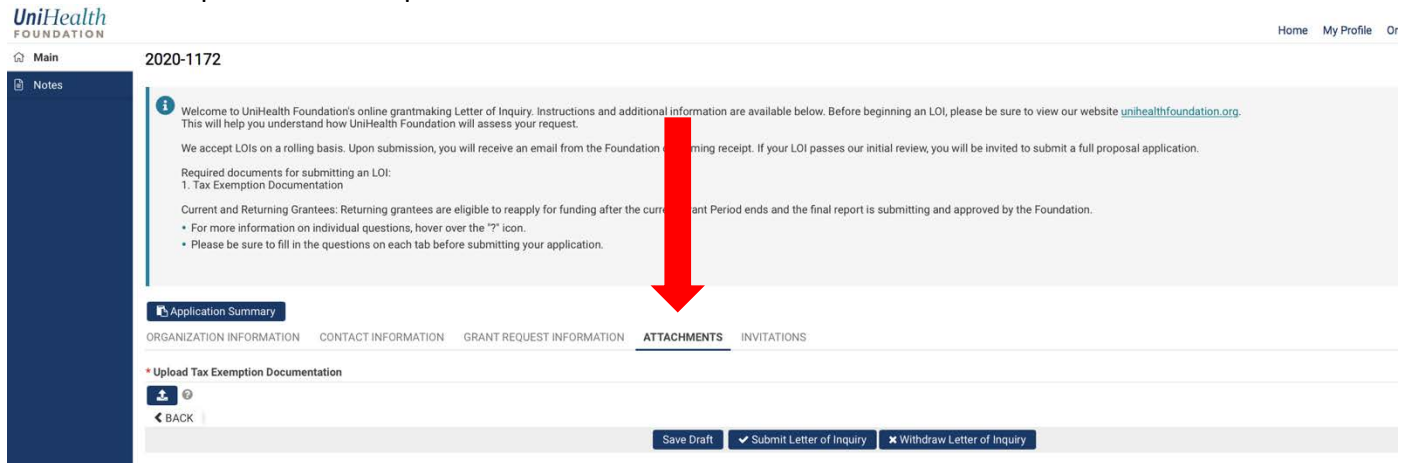
\* UniHealth Foundation Funding Priority Areas  
 Population & Community Health  Healthcare Delivery Systems  Healthcare Workforce

◀ BACK Save Draft Withdraw Letter of Inquiry NE



## Attachments Tab:

### 1. Upload Tax Exemption Documentation



The screenshot shows the UniHealth Foundation grants management system interface. At the top left is the UniHealth Foundation logo. The main header area displays the application ID '2020-1172' and navigation links for 'Home', 'My Profile', and 'Or'. A dark blue sidebar on the left contains 'Main' and 'Notes' options. The main content area features a welcome message and instructions for submitting a Letter of Inquiry (LOI). Below this, a navigation bar includes tabs for 'Application Summary', 'ORGANIZATION INFORMATION', 'CONTACT INFORMATION', 'GRANT REQUEST INFORMATION', 'ATTACHMENTS', and 'INVITATIONS'. The 'ATTACHMENTS' tab is active, showing a section titled '\* Upload Tax Exemption Documentation' with an upload icon and a 'BACK' link. At the bottom of the page, three buttons are visible: 'Save Draft', 'Submit Letter of Inquiry', and 'Withdraw Letter of Inquiry'. A large red arrow points from the instructions section down to the 'Upload Tax Exemption Documentation' section.

**Once all the required information is entered, please click “Save Draft”. The “Submit Letter of Inquiry” button will appear. The system will also verify that your application has been completed properly.**

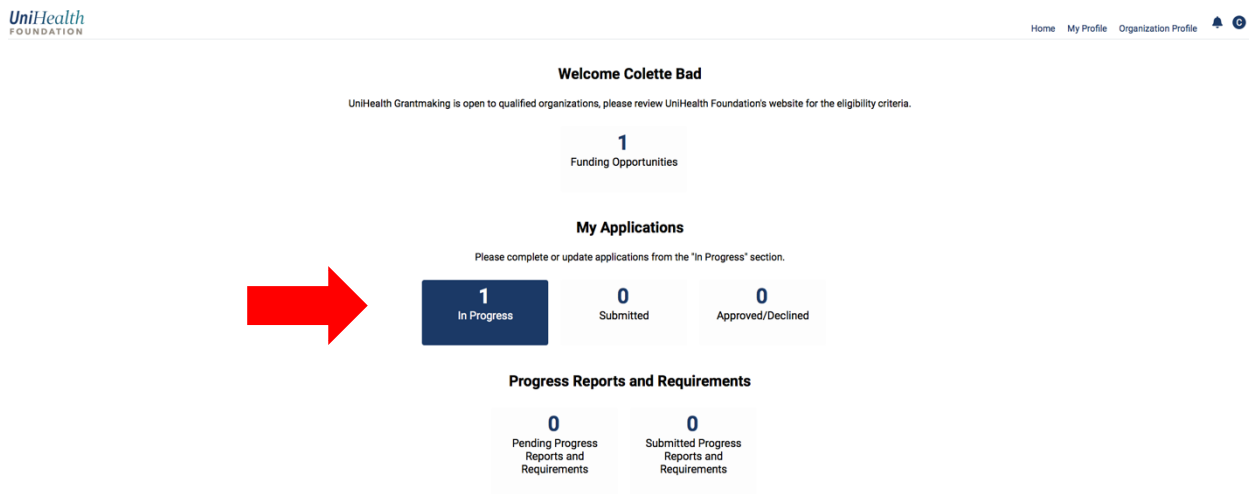
If any fields are missing information, or incorrectly entered, you will receive an error message with an overview of the problem.

Once issues have been addressed, please click “Submit Letter of Inquiry”.

## UniHealth Foundation: Submitting a Full Application

**\*\*Please remember to “Save Draft” periodically throughout the grant application process.**

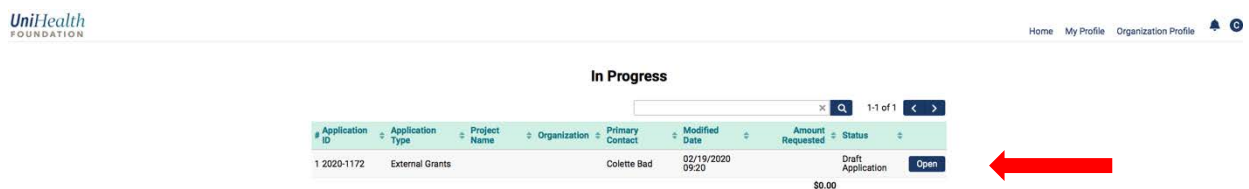
Once the LOI is approved by UniHealth Foundation, the Request’s Primary Contact will receive an email notification to complete the full application. To submit a full application, please log in to your online account using the email address during registration. Select “In Progress” from your login dashboard.



The screenshot shows the user's dashboard with the following sections:

- Welcome Colette Bad**: UniHealth Grantmaking is open to qualified organizations, please review UniHealth Foundation's website for the eligibility criteria.
- 1 Funding Opportunities**
- My Applications**: Please complete or update applications from the "In Progress" section.
  - 1 In Progress** (highlighted with a red arrow)
  - 0 Submitted**
  - 0 Approved/Declined**
- Progress Reports and Requirements**
  - 0 Pending Progress Reports and Requirements**
  - 0 Submitted Progress Reports and Requirements**

Select “Open” to access the grant application.



The screenshot shows the 'In Progress' section with a table of applications:

#	Application ID	Application Type	Project Name	Organization	Primary Contact	Modified Date	Amount Requested	Status
1	2020-1172	External Grants		Colette Bad	Colette Bad	02/19/2020 09:20		Draft Application

A red arrow points to the 'Open' button in the 'Status' column of the first row. The amount requested is shown as \$0.00.

To submit the full application, you must complete the following additional required fields on the Grant Request Information Tab, Grant Application Tab, the Project Finances Tab, and the Attachments Tab.

*Note: You will need to provide additional information in the Grant Request Information Tab.*

## Grant Request Information Tab:

1. Provide background on executive leaders (CEO/ED) including tenure
2. Describe key staff, including background and relevant experience/expertise and roles
3. Who will be responsible for the evaluation?
4. Explain in detail any new staffing requirements and your strategy for filling new positions.
5. Will you be using consultants or volunteers?



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Application Summary

ORGANIZATION INFORMATION CONTACT INFORMATION **GRANT REQUEST INFORMATION** GRANT APPLICATION PROJECT FINANCES ATTACHMENTS INVITATIONS

\* Provide background on executive leadership (CEO/ED) including tenure  
100 words left

\* Describe key staff, including background and relevant experience/expertise and roles  
200 words left

\* Who will be responsible for the evaluation?  
200 words left

\* Explain in detail any new staffing requirements and your strategy for filling new positions  
200 words left

\* Will you be using consultants or volunteers?  
Please Select

\* Project Title

\* Project Description

\* Request Amount

\* Project Budget Narrative

\* Grant Term (Months)  
Please Select

\* Project Start Date

## Grant Application Tab:

1. Proposal Summary
2. What specific healthcare project/program is UniHealth being asked to fund?
3. What specific health-related need is being met by this program/project?
4. How will the program address the need?
5. Measurable Objectives, Key Activities, and Evaluation Indicators
6. What do you ultimately hope to accomplish through your program/project?
7. What are your measurable objectives of your program/project?
8. What are the key activities of your program/project?
9. What is the timetable for implementation of your program/project?
10. What are your evaluation indicators and benchmarks for success?



\* Please be sure to fill in the "Measurable Objectives" section (measurable objectives, key activities, evaluation indicators and timeline).

Application Summary

ORGANIZATION INFORMATION CONTACT INFORMATION GRANT REQUEST INFORMATION **GRANT APPLICATION** PROJECT FINANCES ATTACHMENTS INVITATIONS

\* Proposal Summary

**Funding Request**

What specific healthcare project/program is UniHealth being asked to fund?

What specific health-related need is being met by this program/project?

How will the program address that need?

**Measurable Objectives**

\* Measurable Objectives, Key Activities and Evaluation Indicators

400 words left

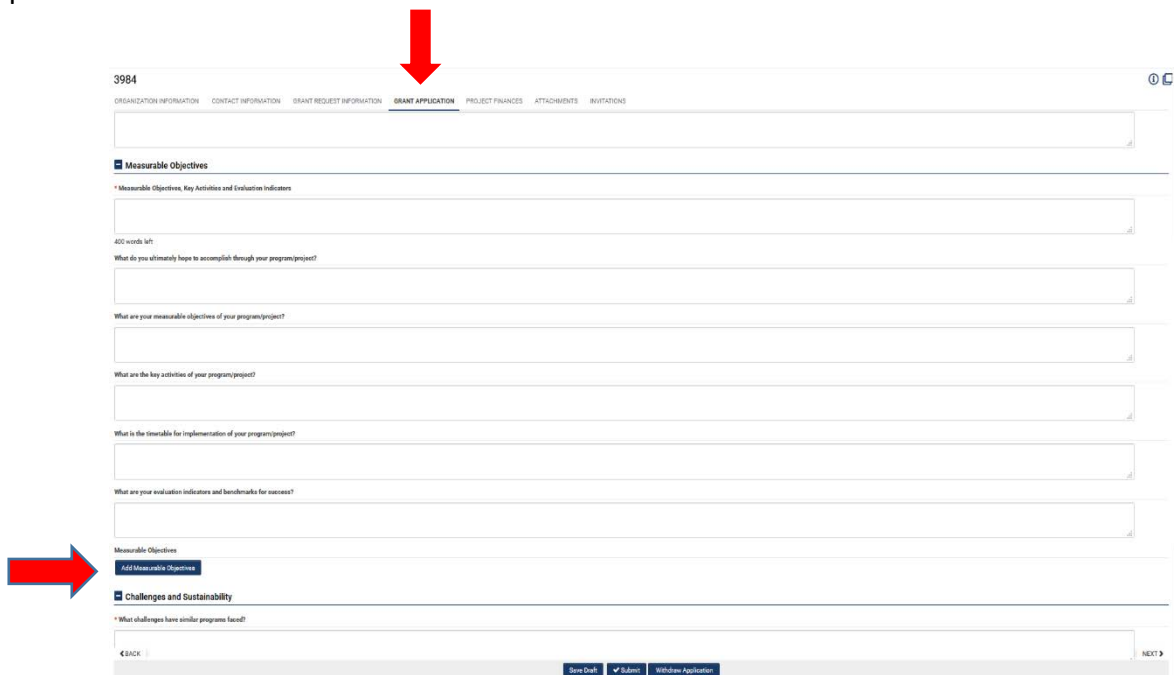
What do you ultimately hope to accomplish through your program/project?

What are your measurable objectives of your program/project?

◀ BACK NEXT ▶

## Measurable Objectives Chart:

Click “Add Measurable Objectives” to insert a completed program chart, delineating goals for every measurable objective with the consistent evaluation described in the grant proposal. Please add a row for each specific objective with key activities, evaluation indicators and implementation timeline.



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ORGANIZATION INFORMATION CONTACT INFORMATION GRANT REQUEST INFORMATION **GRANT APPLICATION** PROJECT FINANCES ATTACHMENTS INVITATIONS

**Measurable Objectives**

\*Measurable Objectives, Key Activities and Evaluation Indicators

400 words left

What do you ultimately hope to accomplish through your program/project?

What are your measurable objectives of your program/project?

What are the key activities of your program/project?

What is the timeline for implementation of your program/project?

What are your evaluation indicators and benchmarks for success?

Measurable Objectives

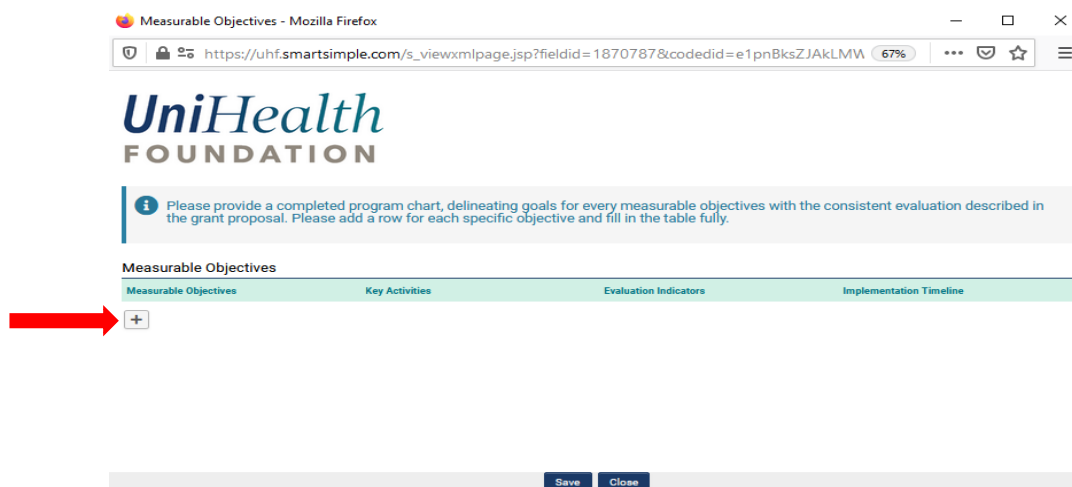
**Add Measurable Objectives**

**Challenges and Sustainability**

\*What challenges have similar programs faced?

Save Draft Save Withdraw Application

Click “+” to add measurable objectives. Once completed click “Save” and exit measurable objectives window.



Measurable Objectives - Mozilla Firefox

https://uhf.smartsimple.com/s\_viewxmlpage.jsp?fieldid=1870787&codedid=e1pnBksZJAKLMW 67%

**UniHealth**  
FOUNDATION

Please provide a completed program chart, delineating goals for every measurable objectives with the consistent evaluation described in the grant proposal. Please add a row for each specific objective and fill in the table fully.

**Measurable Objectives**

Measurable Objectives	Key Activities	Evaluation Indicators	Implementation Timeline
+			

Save Close

## Project Finances Tab:

Click “Add Budget Details” to insert a summary of the budget. This includes only those costs attributed directly to the proposed program/project.

Application Summary

ORGANIZATION INFORMATION CONTACT INFORMATION GRANT REQUEST INFORMATION GRANT APPLICATION **PROJECT FINANCES** ATTACHMENTS INVITATIONS

**Add Budget Details**

Personnel (Direct)

Other (Direct)

Subtotal

Indirect

Grand Total

**Add Funding Sources**

Funding Sources

Are you requesting partial funding from UniHealth Foundation?

Please Select

Does the project/program for which you are requesting funding include a partner organization(s) that would receive a portion of the grant funding?

Please Select

← BACK NEXT →

Save Draft Submit Withdraw Application

Click “+” under each section to add each line item. Once completed click “Save” and exit budget details window.

**Budget**

Please complete the budget details that includes only those costs attributed directly to the proposed program/project. UniHealth Foundation allows for indirect costs up to a maximum of 10% of direct costs. Please provide a brief description or justification of each line item listed in the budget.

Line Item Description	Other Second Funding	Organization's In-Aid Contribution	Request from UHF	Total Cost of Program
<b>Personnel</b>				
+				
<b>Other Direct</b>				
+				
<b>Subtotal</b>				
+				
<b>Indirect Costs (up to 10%)</b>				
+				
<b>Grand Total</b>				
+				

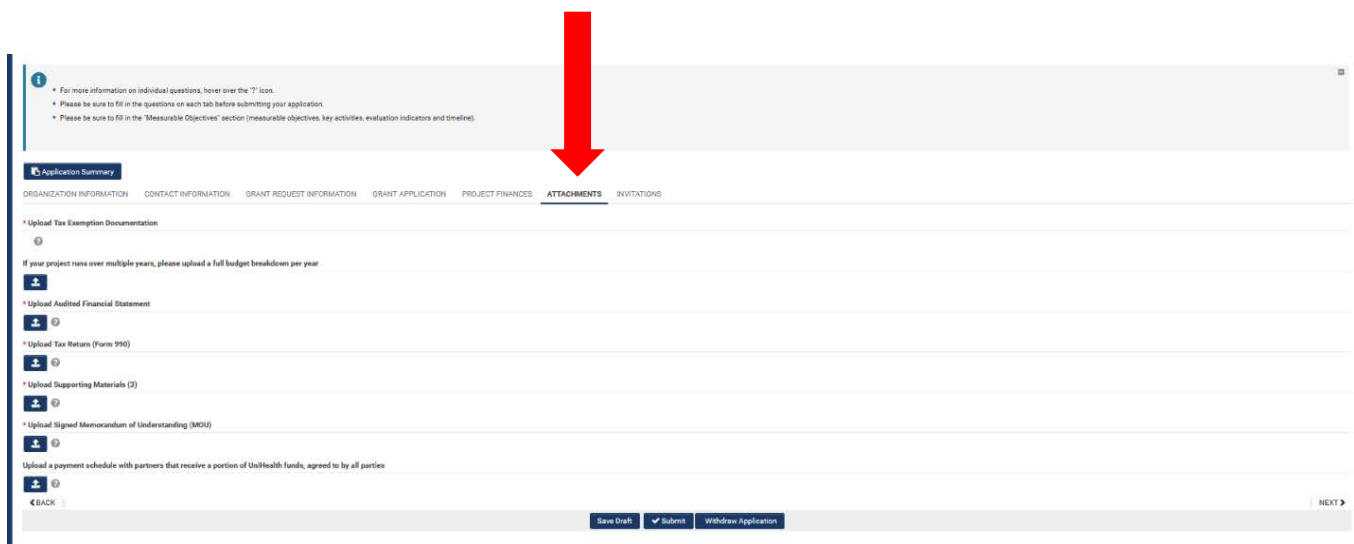
Save Close

If there are other funding source. Click “Add Funding Sources” and a funding sources window will appear. Complete the form and click “Save”.

1. Are you requesting partial funding from UniHealth Foundation?
  - a. Yes: Explain how you will complete the funding of the program/project by including a list of other secured funding sources and amounts, as well as pending requests and their status.
2. Does the project/program for which you are requesting funding include a partner organization(s) that would receive a portion of the grant funding?
  - a. Yes: Insert Partner Organizations. Click “Partner Organizations” to add a list of partner organizations.

### Attachments Tab:

1. Upload
  - a. If your project runs over multiple years, please upload a full budget breakdown per year
  - b. Audited Financial Statement
  - c. Tax Return (Form 990)
  - d. Supporting Materials
  - e. Signed Memorandum of Understanding (MOU) (if applicable)
  - f. Payment Schedule with Partners that receive a portion of UniHealth funds, agreed by all parties (if applicable)



The screenshot shows the 'Attachments' tab selected in the navigation bar. A red arrow points to this tab. The form contains the following sections:

- Application Summary** (selected in navigation)
- ORGANIZATION INFORMATION**
- CONTACT INFORMATION**
- GRANT REQUEST INFORMATION**
- GRANT APPLICATION**
- PROJECT FINANCES**
- ATTACHMENTS** (selected in navigation)
- INVITATIONS**

Instructions for the Attachments tab:

- For more information on individual questions, hover over the “i” icon.
- Please be sure to fill in the questions on each tab before submitting your application.
- Please be sure to fill in the “Measurable Objectives” section (measurable objectives, key activities, evaluation indicators and timeline).

Upload fields:

- \* Upload Tax Exemption Documentation
- If your project runs over multiple years, please upload a full budget breakdown per year
- \* Upload Audited Financial Statement
- \* Upload Tax Return (Form 990)
- \* Upload Supporting Materials (2)
- \* Upload Signed Memorandum of Understanding (MOU)
- Upload a payment schedule with partners that receive a portion of UniHealth funds, agreed to by all parties

Buttons: Save Draft, Submit, Withdraw Application, NEXT >

Once all of the required information is entered. Please click “Save Draft”. When you are ready to submit click “Submit” The system will verify that your application has been completed correctly.

If any fields are missing information, or incorrectly entered, you will receive an error message with an overview of problem areas.

If you have any questions or concerns regarding the application process please contact us at:  
(213) 630-6500 or e—mail [communications@unihealthfoundation.org](mailto:communications@unihealthfoundation.org)