

First 5 Sonoma County Online Portal Instructions

If you do not already have an account to access First 5 Sonoma County's grant application portal, you must **Create a New Account** to access the portal and the Letter of Intent by visiting <https://www.grantinterface.com/Home/Logon?urlkey=f5sc>

From the home page, click on the gray "Create New Account" box



Logon

Email Address*

The Email Address* field is required.

Password*

The Password* field is required.

Log On

Create New Account

[Forgot your Password?](#)

Welcome to the First 5 Sonoma County's Online Portal.

New Users: Please click on "Create New Account" to complete the registration process and create your logon credentials.

Tutorials

- [Video Tutorial 1: Site Access & Account Creation](#) (3 minutes long)
- [Video Tutorial 2: Applying for Funding](#) (5 minutes long)
- [Video Tutorial 3: Your Applicant Dashboard](#) (3 minutes long)
- [Written Tutorial](#)

Existing Users: Please enter your credentials and log in. If you forgot your password, please use the "Forgot your Password?" link to the left to reset your password.

Questions: Please contact our Program Director, Renee at ralger@first5sonomacounty.org.

Important:

- This registration process has multiple sections and steps that you must complete before you can access the Letter of Intent.
- Fields with an asterisk (*) are required.

Sections:

1. Organization Information

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 Información de la organización	
Organization Name / Nombre de la Organización* If you are applying from a large organization please enter the department name in parenthesis. • For family child care providers, please enter your name as it appears on the license / Para proveedores de cuidado de niños familiar, ingrese su nombre tal como aparece en la licencia	EIN / Tax ID (##-#####) / Número de identificación de impuestos*
<input type="text"/>	<input type="text"/>
Web Site (Optional) / Sitio web (opcional)	Telephone Number / Número de teléfono (###-###-#### x###)*
<input type="text"/>	<input type="text"/>
Organization or Provider Email / Correo electrónico de la organización o del proveedor*	Mailing Street Address / Dirección postal (número y calle)*
<input type="text"/>	<input type="text"/>
Mailing City / Ciudad de correo postal*	Mailing State / Estado de correo postal*
<input type="text"/>	<input type="text"/>
Mailing Postal Code / Código postal*	Physical Address / Dirección física* Street, City, State, Zip Calle, Ciudad, Estado, Código Postal
<input type="text"/>	<input type="text"/>
Next >	

- a. **Organization Name**
 - i. If you are applying from a large organization, please enter the department name in parentheses.
 - ii. For family child care providers, please enter your name as it appears on the license.
- b. **EIN / Tax ID:**
 - i. This field requires the number to be formatted as followed with a dash after the second digit
 - ii. **##-#####**
- c. **Website:**
 - i. This field is optional
- d. **Telephone Number:**
 - i. This field requires the number to be formatted as followed with two dashes as follows:
 - ii. **###-###-####**
- e. **Organization or Provider Email**
- f. **Mailing Street Address**
 - i. Example: 5340 Skylane Blvd
- g. **Mailing City**
 - i. Example: Santa Rosa
- h. **Mailing State**
 - i. Example: CA
- i. **Mailing Postal Code**

- i. Example: 95403
- j. *Physical Address*
 - i. Enter the project site's complete physical address

2. User Information: The following information should correspond to the individual that is creating the account to access the portal

- a. First Name
- b. Last Name
- c. Title
- d. Email / Username
 - i. Enter your email address—this will be your username to log on
- e. Email / Username Confirmation
 - i. Re-enter your email address
- f. Telephone Number
 - i. This field requires the number to be formatted as followed with two dashes as follows:
 - ii. **###-###-####**

3. Executive Officer Question

- a. Are you the Organization's Owner, Executive Officer, or CEO?
 - i. Select **“Yes”** if you, *the user that is completing this new account creation*, are the owner of the child care facility, the Executive Director or CEO of the agency
 - ii. Select **“No”** if you, *the user that is completing this new account creation*, are NOT the owner of the child care facility, the Executive Director or CEO of the agency

4. **Additional Executive Officer Question: This section is only required if you, *the user that is completing this new account creation*, are NOT the owner of the child care facility, the Executive Director or CEO of the agency.**

- a. Owner, Executive Officer, or CEO First Name
- b. Owner, Executive Officer, or CEO Last Name
- c. Title
- d. Email
- e. Telephone Number

5. Password: Create a password

- a. Passwords must be at least six characters long and may contain capital or lowercase letters, numbers, or any of the following special characters:
!@#\$%*()_
- b. Make note of your password in a secure place so you do not lose it

After you create an account, you will receive an email confirming your registration
 The email will come from: **First 5 Sonoma County** <administrator@grantinterface.com>
 The subject line will be: **First 5 Sonoma County: Registration for Online Application**

In the message, you will need to click the blue word “here” to get redirected to the website.

After you log in, you will be taken to the “Applicant Dashboard” page.
 Click on the blue “Apply” box in the upper right-hand corner for the “Strategic Initiative 3: Vendor/Sole Source: Quality and Equity in Early Learning” to access the Letter of Intent

Enter a **Project Name** of your choice and begin to read and complete the Letter of Intent carefully.

[CLICK HERE TO BEGIN CREATING YOUR ACCOUNT](#)