



EPISCOPAL HEALTH  
FOUNDATION



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# Application Instructions

**Due: July 13, 2025**

1.  
Create your profile in Fluxx.

Episcopal Health Foundation | x +

ehf.fluxx.io/user\_sessions/new

Finish update

# EPISCOPAL HEALTH FOUNDATION

Welcome to the Episcopal Health Foundation's Portal

Login (all fields required)

Next

[Forgot Password?](#)

### New to the Portal? Create Your Profile Below

Introduce yourself and tell us about your organization. Please click on a button below the "Create an Account Now" header to start. Be sure your email address is correct when completing this form so you will receive your log in within two days. ***If you do not receive a link via email please click on the Reset or create password link to the left and enter your email address.***

You will then receive an email notification from the Foundation with login information, which will give you access to the Portal.

**Create an Account Now:**

[Grants Registration](#)

[CHCI Cohort](#)

[General Registration](#)

FLUXX

[Privacy Policy](#) [Accessibility](#)

## 2.

Fill out the form and submit your profile information.

After you submit your information, you will receive an email asking you to set your password.

**Be sure to check your Spam or Junk folders for an email from Episcopal Health Foundation “do-not-reply.grants07-us-east-1@fluxx.io”**

Note: If you do not receive an email with a link to set your password, please contact Anne Eisner at [aeisner@episcopalhealth.org](mailto:aeisner@episcopalhealth.org) and she will assist you with setting a password.

Episcopal Health Foundation | x +

ehf.fluxx.io/apply/community

Finish update

**First Name | Nombre**

**Last Name | Apellido**

**Email | Correo electrónico**

*\* Be sure your email address is correct when completing this form so you will receive your log in within two days.*

Cell Phone | Teléfono móvil

Home Phone | Teléfono de casa

**Work Phone | Teléfono del trabajo**

Work Phone Extension | Extensión del teléfono del trabajo

*If you are affiliated with an organization or congregation, please choose Yes and provide the information requested below. If not, choose No and click Submit Request.*

*Si está afiliado a una organización o congregación, elija Sí y proporcione la información solicitada a continuación. De lo contrario, elija No y haga clic en Enviar solicitud.*

**Are you affiliated with an Organization/Congregation? | ¿Está afiliado a una organización / congregación?**

Cancel Submit Request

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[Privacy Policy](#) [Accessibility](#)

Privacy - Terms

### 3.

Once you submit your password, you will receive email confirmation that you have successfully set your password.

Login using your credentials.



The screenshot shows a web browser window with the URL `ehf.fluxx.io/user_sessions/new`. The page features the Episcopal Health Foundation logo and the text "Welcome to the Episcopal Health Foundation's Portal". Below this is a login form with the heading "Login (all fields required)". The form contains two input fields: the first is empty, and the second contains a masked password ".....". A "Next" button is positioned below the password field, highlighted with a red box and a red arrow. A blue link "Forgot Password?" is located below the "Next" button. To the right of the login form is a section titled "New to the Portal? Create Your Profile Below". This section includes introductory text and three blue buttons: "Grants Registration", "CHCI Cohort", and "General Registration". At the bottom of the page, the FLUX logo is displayed, along with links for "Privacy Policy" and "Accessibility".

## 4.

You may now begin your CHCI application.

Complete each section and click Save and Close to access the Submit button.

### APPLICATION OVERVIEW

- Basic Information
- About the Collaborative
- Primary Contacts
- Application Questions
  1. What is the mission of your Collaborative?
  2. What is your Collaborative's vision?
  3. What is your collaborative working to achieve over the next year?
  4. What are the challenges that your Collaborative is working to overcome?
  5. Is your collaborative better suited for coaching in person or virtually?
  6. Has your Collaborative ever been involved with a Peer Learning Network, or another capacity building program?
- Additional Collaborative Information:
  - Collaborative members who plan to participate
  - Organizations involved in your collaborative
  - How often does your collaborative meet

Episcopal Health Foundation

CHCI 2025-26 Cohort Application

Organization (1)

People (1)

Request (2)

Draft (1)

Submitted (1)

Approved

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Apply Now

If you have any questions, please contact Anne Eisner at 832-658-2600 or email Anne at [aaisner@episcopalhealth.org](mailto:aaisner@episcopalhealth.org).

### Additional Instructions

Please note: **the portal does not autosave.** You must periodically click the Save and Continue button at the bottom of the page to ensure that your data will not be lost.

**To save and finish at a later time,** click the Save and Close button at the bottom of the page.

**To submit your application,** you must first click the Save and Close button at the bottom of the page, then the Submit button will be accessible.

Once you have submitted your request to join the CHCI Cohort, log out by clicking on the gear icon at the bottom of the menu on the left hand side.

