Champions for Vibrant Health Leadership Network

IEHP Foundation

General Instructions

Goal: Letter of Intent (LOI) application questions should assess the **organization's** capacity and commitment to IEHP Foundation principles (equity, collaboration, learning, trust and leadership).

As this is a Leadership Development program, please provide candid responses that highlight how this opportunity will help your organization to grow and overcome current challenges.

Information Sessions:
There will be 2 Virtual Information Sessions hosted via Zoom.

- Friday, June 21, 2024 (10am - 11am). *Register here.*
- Thursday, June 27, 2024 (3pm - 4pm). *Register here.*

Additional Notes:

- Save your application periodically to not lose any progress.

- Upon completion, make sure to click the Submit button.

- Email communications regarding the status of your application will come from IEHP Foundation Grants <administrator@grantinterface.com>. Make sure this email address is marked safe on your server to avoid communications being blocked or sent to a SPAM folder.

- Status of your application can also be checked via the homepage of your grants management portal. For more information on how to navigate this portal, **click here**.

- An application is considered successfully submitted only if you receive a confirmation email.

- LOI applications still in draft mode by the deadline will **not** be considered for this opportunity. No exceptions.

- Organizations who submit multiple LOIs will **not** be considered for this opportunity. However, you can collaborate/share this LOI application with colleagues. For instructions on how to collaborate, *click here*.

- For questions with a "C" in a yellow box next to it, responses can be imported directly from your organization's Candid Guidestar profile to save time. Click the icon next to the question for further instructions.

- The application process for this opportunity will involve multiple steps. Refer to the grant summary *here* for key dates and deadlines in the application process.

- For any questions regarding this opportunity, email grants@iehpfoundation.org. An IEHP Foundation staff member will respond to you in 1 - 3 business days. Please consider this response time when submitting your questions.

Organization Demographic & Program Details

Project Name*

This is a required field for the grants management portal. Please type "2025-26 Champions for Vibrant Health Leadership Network - Your Organization Name". Do not use abbreviations or nicknames for your organization.

Examples:

"2025-26 Champions for Vibrant Health Leadership Network - IEHP Foundation"

"2025-26 Champions for Vibrant Health Leadership Network - Do Good Nonprofit"

Character Limit: 150

Incorporation Year

Character Limit: 250

Mission Statement & Organization Background

Character Limit: 1000

What Candid Guidestar Seal of Transparency does your organization have?*

Please note that to be eligible for this grant, your organization must have a Seal of Transparency that is either gold or platinum.

Choices

Platinum
Gold

What Vital Conditions of Health and Well-Being does your organization address?*

The Vital Conditions Framework for Health and Well-Being is the guiding framework for IEHP Foundation's work. For more information about this framework, *click here*.

Check all that apply. Please note that to be eligible for this grant, your organization must address at least one of the following:
1. Basic Needs for Health & Safety
2. Humane Housing
3. Lifelong Learning
4. Meaningful Work & Wealth

Choices

Basic Needs for Health & Safety
Belonging & Civic Muscle
Humane Housing
Lifelong Learning
Meaningful Work & Wealth
Reliable Transportation
Thriving Natural World

What IEHP Foundation priority population(s) does your organization serve?*
Check all that apply.

Choices
Communities with low-income
Communities of Color
Communitites that are rural/remote
Communities furthest away from health equity (HPI score less than 25th percentile)

What age group(s) does your organization primarily serve?
Check all that apply.

Choices
Infants and Toddlers (0 - 5 years of age)
Children (6 - 10 years of age)
Preteens (11 - 12 years of age)
Adolescents (13 - 18 years of age)
Young adults (19 - 25 years of age)
Adults (26 - 55 years of age)
Seniors (55+ years of age)

Briefly describe your organization's programs and services.*
Include in your description your target population and reach of services.

Character Limit: 2500

In what IEHP Foundation region(s) does your organization have a headquarters or satellite office?*
Please select only regions where your organization has a physical location (e.g., office, clinic or meeting space).

If your organization is completely remote and only has a mailing address for its headquarters, please select the appropriate response.

Click here to see which communities/cities are included in each IEHP Foundation region.

Choices
High Desert
Low Desert
Mohave Valley

Palo Verde Valley
Riverside Metro
San Bernardino Metro
West Riverside
West San Bernardino
N/A - my organization is completely remote.

Satellite Location Addresses*

Please list out the addresses for the satellite locations for your organization, if different than the headquarters address listed in your organization profile.

For those that are remote-only organizations, please type "Not Applicable - Remote Only".

Character Limit: 1000

What Riverside County communities does your organization serve?*

Check all that apply.

Choices

All - My organization serves all communities in Riverside County
Aguanga
Anza
Banning
Beaumont
Bermuda Dunes
Blythe
Cabazon
Calimesa
Canyon Lake
Cathedral City
Cherry Valley
Coachella
Corona
Coronita
Desert Center
Desert Edge
Desert Hot Springs
Desert Palms
East Hemet
Eastvale
El Cerrito
El Sobrante
French Valley
Garnet
Good Hope
Green Acres
Hemet
Highgrove

Home Gardens
Homeland
Indian Wells
Indio
Indio Hills
Jurupa Valley
La Quinta
Lake Elsinore
Lake Mathews
Lake Riverside
Lakeland Village
Lakeview
March ARB
Mead Valley
Meadowbrook
Mecca
Menifee
Mesa Verde
Moreno Valley
Murrieta
Norco
North Shore
Nuevo
Oasis
Palm Desert
Palm Springs
Perris
Rancho Mirage
Ripley
Riverside
Romoland
San Jacinto
Sky Valley
Temecula
Temescal Valley
Thermal
Thousand Palms
Valle Vista
Vista Santa Rosa
Warm Springs
Whitewater
Wildomar
Winchester
Woodcrest
N/A - my organization does not serve any Riverside County communities

What San Bernardino County communities does your organization serve?*
Choices

All - My organization serves all communities in San Bernardino County
Adelanto
Agua Fria
Amboy
Angelus Oaks
Apple Valley
Arrowbear
Baker
Balwin Lake
Barstow
Barstow Heights
Big Bear City
Big Bear Lake
Bloomington
Blue Jay
Cadiz
Cedar Glen
Cedarpines Park
Chino
Chino Hills
Colton
Crest Park
Crestline
Daggett
Deer Lodge Park
Devore
El Mirage
Erwin Lake
Fawnskin/Northshore
Flamino Heights
Fontana
Forest Falls
Gamma Gulch
Goffs
Grand Terrace
Green Valley Lake
Helendale
Hesperia
Highland
Hinkley
Hodge
Johnson Valley
Joshua Tree
Kramer Junction
Lake Arrowhead
Lake Gregory
lake Williams
Landers
Lenwood

Loma Linda
Lucerne Valley
Ludlow
Lytle Creek
Mentone
Montclair
Moonridge
Morongo Valley
Mountain Home Village
Mountain View Acres
Mt Baldy
Muscoy
Needles
Newberry Springs
Nipton
Oak Glen
Oak Hills
Ontario
Oro Grande
Phelan/Pinon Hills
Pioneertown
Pipes Canyon
Rancho Cucamonga
Red Mountain
Redlands
Rialto
Rice
Rimforest
Rimrock
Running Springs
San Antonio Heights
San Benardino
Siberia
Skyforest
Spring Valley Lake
Sugarloaf
Trona
Twentynine Palms
Twinpeaks
Upland
Valley of Enchantment
Victorville
Vidal
Vidal Junction
Wonder Valley
Wrightwood
Yermo
Yucaipa
Yucca Mesa

Yucca Valley
N/A - my organization does not serve any San Bernardino County communities

Number of employees
This includes any part-time or full-time paid staff.

Character Limit: 10

Number of volunteers
Character Limit: 10

Did someone from your organization attend one of the virtual information sessions?*
Choices
Yes - June 21, 2024 (10am - 11am)
Yes - June 27, 2024 (3pm - 4pm)
No - someone from my organization watched a recording of the virtual information session
No - nobody from my organization attended or watched a recording of the virtual information sessions

Organization Financial Details

What is your organization's operating budget for 2024?*
Character Limit: 20

Organization's Top 5 Funders*
Who are your organization's top 5 funders, how much funding do they provide and what does their funding support? Are there any limitations to this funding?

Character Limit: 1000

Organization Financial Additional Information
Any additional information or insight you would like to provide to IEHP Foundation regarding your organization's financial status?

This can include any large grants that are expiring or anticipated, major staff changes or additional narrative regarding the status of your organization's strategic plan.

Character Limit: 1000

Organization Board

Total Number of Board Members
Character Limit: 250

Board Engagement and Impact*

Briefly describe how your board members engage with staff, what role they have played in accomplishing your organization's mission and areas of needed board development.

Character Limit: 2000

Executive Leader

Please identify the **Executive Leader** from your organization that intends to participate in the Champions for Vibrant Health Leadership Network for two years (2025 - 2026).

An Executive Leader is preferably the highest-level staff member at an organization, typically an Executive Director, President or Chief Executive Officer, or another key senior executive leader such as COO or Vice President.

Executive Leader: Name*

Please include first and last name.

Character Limit: 150

Executive Leader: Job Title*

Character Limit: 100

Executive Leader: Email Address*

Character Limit: 100

Executive Leader: Phone Number*

Please use xxx-xxx-xxxx format.

Character Limit: 20

Executive Leader: Phone Number Type*

Choices
Mobile
Landline

Executive Leader: Years with Organization*

This should include any years that the Executive Leader served your organization, regardless of job title.

Character Limit: 20

Executive Leader: Years Serving the Inland Empire*

This should include any years the individual worked at a nonprofit organization serving the Inland Empire (Riverside and/or San Bernardino Counties).

Character Limit: 20

Executive Leader: Race/Ethnicity*

Check all that apply.

Choices
American Indian or Alaskan Native
Asian
Black or African American
Hispanic or Latinx
Native Hawaiian or Pacific Islander
White/Caucasian
Decline to state
Other

Executive Leader: Gender*

Choices
Female
Male
Gender Non-Conforming
Other

Emerging Leader

Please identify the **Emerging Leader** from your organization that intends to engage in the Champions for Vibrant Health Leadership Network for two years (2025 - 2026).

An Emerging Leader is a mid-level staff member at an organization who demonstrates the potential to emerge into an executive leader for the organization, typically a Vice-President, Director or Manager role.

Emerging Leader: Name*
Please include first and last name.

Character Limit: 150

Emerging Leader: Job Title*
Character Limit: 100

Emerging Leader: Email Address*
Character Limit: 100

Emerging Leader: Phone Number*
Please use xxx-xxx-xxxx format.

Character Limit: 20

Emerging Leader: Phone Type*

Choices

Landline
Mobile

Emerging Leader: Years with Organization*

This should include any years that the Emerging Leader served your organization, regardless of job title.

Character Limit: 20

Emerging Leader: Years Serving Inland Empire*

This should include any years the individual worked at a nonprofit organization serving the Inland Empire (Riverside and/or San Bernardino Counties).

Character Limit: 20

Emerging Leader: Race/Ethnicity*

Check all that apply.

Choices

American Indian or Alaskan Native
Asian
Black or African American
Hispanic or Latinx
Native Hawaiian or Pacific Islander
White/Caucasian
Decline to state
Other

Emerging Leader: Gender*

Choices

Female
Male
Gender Non-Conforming
Other

Essay Questions

Commitment to Health Equity*

Share how your organization's current work contributes to advancing health equity in the Inland Empire. In particular:

- Who does your organization serve, how does your organization's target population align with IEHP Foundation's priority populations and what impact has your organization had

on those you serve? (Refer to the grant summary *here* to review IEHP Foundation's priority populations.)

- How does your organization serve as a trusted messenger of health information to community members?
- How could the Champions for Vibrant Health Leadership Network help to increase your organization's capacity to advance health equity in the Inland Empire?

Character Limit: 3000

Partnership & Advocacy*

Share your organization's current and future/planned efforts related to partnership, policy and advocacy. In particular:

- How does your organization currently collaborate with other nonprofit, public and private partners in the Inland Empire?
- What key issues/conditions/policies are critical for your organization to advocate for on behalf of the target population your organization serves?
- What are your organization's strengths and challenges as it relates to advocating for those you serve at the local, state and/or national level?
- What impact do you anticipate the Champions for Vibrant Health Leadership Network could have on your organization's advocacy, policy and partnership efforts?

Character Limit: 2500

Learning & Improvement*

Share the successes and challenges currently being faced by your organization, including how your organization promotes learning and quality improvement. In particular:

- What are your organization's greatest successes and current challenges?
- How does your organization measure program outcomes and identify areas of needed improvement?
- How could the Champions for Vibrant Health Leadership Network support your organization's strategy for addressing challenges and needed organizational growth?

Character Limit: 2500

Additional Information (Optional)

Any other information you think it is important for IEHP Foundation to know about your organization?

Character Limit: 1000

Process Feedback Questions (Optional)

Instructions: Listening and learning from the community is important to IEHP Foundation. The following questions are optional and will help inform IEHP Foundation staff how we can improve our grantmaking processes and strategies.

How long did it take you to complete this application?

Please type the approximate number of minutes it took you to complete this application.

Character Limit: 4

How did you hear about this grant opportunity?

Choices

Email
Google Search
Instagram
LinkedIn
Word of Mouth
Other

Any other comments you would like to share about the application process?

Please only include comments related to the application process. This can include suggestions on how to improve the process.

Character Limit: 1000