2025 Spring Small Nonprofit Capacity Building Grant

IEHP Foundation

General Instructions

Please read all instructions carefully and thoroughly. Completed applications are due no later than **Friday, February 14, 2025 by 5pm PT**.

Click here to learn more details about the goals and requirements of this grant opportunity.

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 be sent from IEHP Foundation Grants via the grants management portal. Make sure this administrator@grantinterface.com is marked safe on your email 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.

- Applications still in draft mode by the deadline will not be considered for this opportunity.

- You can collaborate/share this application with colleagues. For instructions on how to collaborate, click here.

Eligibility Questions

Project Name*
This is a system generated question. Please type: 2025 Spring Small Nonprofit Capacity Building Grant - Organization Name.

Examples:
2025 Spring Small Nonprofit Capacity Building Grant - IEHP Foundation

2025 Spring Small Nonprofit Capacity Building Grant - ABC Nonprofit

Character Limit: 100

Is your organization a 501(c)(3) nonprofit in good standing?*

An organization applying for funding from IEHP Foundation must be a nonprofit, tax-exempt organization under section 501(c)(3) of the Internal Revenue Code. IEHP Foundation is not accepting applications for fiscally sponsored organizations for this grant opportunity.

Choices
Yes
No

Is your organization headquartered in the Inland Empire?*
Choices
Yes
No

Will an executive leader from your organization be able to commit to the training sessions?*

Commitment is defined as successfully attending 90% or more of all scheduled classes. For the Schedule of Classes, click here.

Choices
Yes
No

Is your organization's annual operating budget $500,000 or less?*

Consider your organization's estimated annual budget for 2025.

Choices
Yes
No

Vital Conditions*
Does your organization address at least one of these Vital Conditions for Health and Wellbeing?
1. Basic Needs for Health and Safety
2. Meaningful Work and Wealth
3. Humane Housing

Please make sure that at least one of these Vital Conditions is selected in your organization profile.

Choices
Yes
No

Application Questions

Which Riverside County communities does your organization serve?*

Select all that apply.

Choices

None - my organization does not serve Riverside County.

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

Which San Bernardino County communities does your organization serve?*

Select all that apply.

Choices

None - my organization does not serve San Bernardino County
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

What age group(s) does your organization 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)

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

Choices
Low-income households and/or those living in poverty
Communities of Color
Communities furthest from health equity.
Communities that are remote or rural

What additional population(s) does your organization serve?
Check all that apply.

Choices
At-risk youth
Economically disadvantaged people
Faith-Based
Families
Farmers
Homeless
Immigrants and migrants
Incarcerated people
LGBTQ+
Men and Boys
Parents
People with disabilities
People with diseases and illnesses
Pregnant people
Substance abusers
Unemployed
Veterans
Women and Girls

Are there any other specific populations your organization serves not listed above?
This may include a specific age, ethnicity, race or life experience. If yes, please describe.

Character Limit: 250

History of Organization's Programs and Services*
Provide a brief overview of your organization's history and describe the programs and services your organization offers. In particular, detail <u>how</u> your organization serves families with children and IEHP Foundation's priority populations and what community need your organization addresses.

Character Limit: 1500

Reach of Services*

Provide the number of non-duplicated community members your organization serves each year.

Character Limit: 5

Is your organization currently led by its founder?*

Please note that your response to this question will not impact eligibility for the grant and is being collected for reporting purposes only.

Choices

Yes
No

What Candid Guidestar seal does your organization have?*

For more information about Candid Guidestar, click here.
Please note that your organization's profile status will not impact eligibility for the grant and is being collected for reporting purposes only.

Choices

Platinum
Gold
Silver
Bronze
Not Sure
Unclaimed/No Rating

Top Partnerships*

List the top 3 partners for your organization and explain the type of partnership you have. Partners could include your organization's top funders, partners who support your organization with volunteers or in-kind resources and partners who work together with your organization in the delivery of services.

Partners should be an organization and not an individual.

Character Limit: 1500

Current Challenges*

Describe a current challenge your organization is facing in its organizational development. How will participation in this grant program help your organization overcome or mitigate that challenge?

Character Limit: 1500

What is your organization's estimated budget for 2025?*

Character Limit: 20

Please upload a copy of your organization's proposed 2025 budget.*

File Size Limit: 5 MB

What was your organization's annual budget for 2024?*

Character Limit: 20

When was your organization first registered in the State of California?*

In other words, when was your organization incorporated as a charitable organization. Click here for more information.

Character Limit: 10

Is your organization fiscally sponsored?*

Choices

Yes
No

How many paid staff are supporting your organization?*

Please include both part-time and full-time staff. If none, type "0".

Character Limit: 4

How many volunteers are supporting your organization?*

Volunteers are considered any individuals supporting your organization that are not paid for their time or services. Please do not include board members in this section. If none, type "0".

Character Limit: 10

How many board members does your organization have?*

Character Limit: 2

How much funding ($) has your organization received from IEHP in 2024?*

Please note that Inland Empire Health Plan (IEHP) is a different organization than IEHP Foundation. If none, type "0".

Character Limit: 10

How much funding ($) has your organization received from IEHP Foundation in 2024?*

Please note that IEHP Foundation and IEHP are different organizations. If none, type "0".

Character Limit: 10

Participant Name*

Please include the first and last name of the staff member your organization will select to attend the 10 nonprofit operations class sessions. Please note that it must be the same staff member in attendance at all classes.

Character Limit: 50

Participant Job Title*
Character Limit: 50

Participant Email Address*
Character Limit: 254

Participant Phone Number*
Please use xxx-xxx-xxxx format.

Character Limit: 15

Participant Phone Number Type*
Choices
Landline
Mobile/Cell Phone

Why was this staff member selected to participate in this training?*
In your response:

- *Be specific on why this particular staff member was selected*
- *How this leader's participation in the classes will help them advance your organization's mission*
- *What class topics are of particular interest to the selected leader.*

Character Limit: 2500

How does your organization intend to use the $5,000 grant?*
Select all that apply.

Choices
Direct Program Support (of current programs)
Direct Program Support (to expand reach of programs)
Technology (e.g., finance tracking software, donor database)
Staff Training and Development
Marketing and Communications
Other

Describe how your organization intends to use the $5,000 grant.*
Character Limit: 500

Anything else you would like to share about your organization with IEHP Foundation?*
Character Limit: 200

Fiscal Sponsor Information

Fiscal Sponsor Name*

Provide the name of the organization fiscally sponsoring your organization.

Character Limit: 50

Fiscal Sponsor EIN*

Character Limit: 15

Fiscal Sponsor Website*

Character Limit: 2000

Fiscal Sponsor Contact Name*

Please provide the first and last name of staff member at the fiscal sponsoring organization that can confirm fiscal sponsorship.

Character Limit: 50

Fiscal Sponsor Contact Email Address*

Character Limit: 50

Fiscal Sponsor Contact Job Title*

Character Limit: 50

Not Eligible for Grant Instructions

Thank you for your interest in IEHP Foundation's Small Nonprofit Capacity Building Grant (2025 Spring), your organization does not qualify for this grant. No further action is needed at this time.

To stay informed about additional grant and partnership opportunities with IEHP Foundation, please make sure to subscribe to our newsletter by clicking here.

For questions or comments, email grants@iehpfoundation.org.

Process Feedback Questions

Instructions: Your responses to the following questions are for learning purposes only and will not impact the evaluation of your application.

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

Any other questions, comments or concerns you would like IEHP Foundation to know?

Listening and learning from community is important to IEHP Foundation. Our goal was to create an application that was simple to complete and as streamlined as possible, given some of our funding restraints. Please also provide any information on how we could better improve the application process.

Character Limit: 5000