

# 2025 Spring Regional Collaborative Investment Grants

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*IEHP Foundation*

## *General Instructions*

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Please complete this application no later than **5pm on Friday, March 21, 2025**.

For a full overview of the grant, please refer to the Grant Summary provided in your invitation email.

If you have any additional questions about the application, grant process or navigating the grants management portal, please reach out to Sara Omari at [grants@iehpfoundation.org](mailto:grants@iehpfoundation.org) and allow 1 - 3 business days for a response.

### **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. 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.
- You can collaborate/share this application with colleagues. For instructions on how to collaborate, [click here](#).

## *Organization Information*

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**Instructions:** Your responses to the following questions will help IEHPF better understand your organization's programs, services and alignment with IEHPF's mission and vision.

### **Organization LinkedIn**

*If applicable, use <https://> format. If none, leave blank.*

*Character Limit: 2000*

## Organization Facebook

*If applicable, use https:// format. If none, leave blank.*

*Character Limit: 2000*

## Organization Instagram

*If applicable, use https:// format. If none, leave blank.*

*Character Limit: 2000*

## Which IEHP Foundation priority population(s) does your organization serve?\*

### Choices

Low-income households

Communities that are rural or remote

Communities furthest away from health equity (Healthy Places Index score <25)

## Which IEHPF priority Vital Condition action areas does your organization address?\*

*Check all that apply. 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.*

### Choices

Basic Needs for Health and Safety: Access to healthy food and nutrition services

Basic Needs for Health and Safety: Reducing unhealthy behaviors and addictions

Basic Needs for Health and Safety: Access to physical health services

Basic Needs for Health and Safety: Access to mental health services

Meaningful Work and Wealth: Access to education programs/ career pathways for healthcare workforce

Meaningful Work and Wealth: Access to education programs/career pathway for social service workforce

Humane Housing: Access to affordable housing for housing insecure

Humane Housing: Access to safe living conditions for unhoused individuals

Humane Housing: Access to home ownership

## What age group(s) does your organization serve?\*

*This may include populations your organization supports through member organizations, funded partners or other collaborative work.*

*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)

**What special population(s) does your organization serve?\***

*This may include populations your organization supports through member organizations, funded partners or other collaborative work. These categories were developed from those special population categories available on Candid Guidestar.*

*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 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: 5000*

**Which Riverside County communities does your organization serve?\***

*Check 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?\*

*Check 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 Bernardino  
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

### Description of Programs and Services\*

*This information may be copied from your website or another grant application.*

*Character Limit: 5000*

### What is your organization's 2025 Candid Guidestar Seal of Transparency rating?\*

*Please note that to be eligible to receive funding, your organizations 2025 Candid Guidestar Seal of Transparency rating must be gold or platinum. Having this seal rating allows IEHPF to access necessary organization financial detail to evaluate the application. For more information about how to update your Candid Guidestar rating, [click here](#).*

*You may also import any information about your organization from your Candid profile for any questions with the yellow box c next to the question. For more information about importing responses, [click here](#).*

#### Choices

Platinum  
Gold  
N/A - Fiscally sponsored

### Reach of Services\*

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

If your organization is not a direct service provider, this number may be an estimate based on the reach of your membership organizations.

*Character Limit: 10*

**Reach of Collaboration\***

Provide the number of non-duplicated member/partner organizations your organization supports each year.

*Character Limit: 4*

**Is your organization currently led by its founder?\*****Choices**

Yes

No

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

*If fiscally sponsored, please list the operational budget for the organization being fiscally sponsored and to whom the grant funding is intended for.*

*Character Limit: 20*

**How many paid staff does your organization have?\***

*Include the number of paid employees working for your organization.*

*Character Limit: 10*

**How many board members does your organization have?\***

*Character Limit: 250*

**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.*

*Character Limit: 10*

**How much funding did your organization receive in 2024 from IEHP?\***

*Please note that IEHP and IEHP Foundation are two separate entities. If none, type \$0.*

*Character Limit: 20*

**Is your organization fiscally sponsored?****Choices**

Yes

No



## *Fiscal Sponsorship Information*

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Please include information about the fiscal sponsor that supports your organization. A member of the IEHP Foundation staff will be following up with this contact to confirm the fiscal sponsorship.

### **Fiscal Sponsor Organization Name\***

*Character Limit: 100*

### **Fiscal Sponsor Contact Name\***

*Include first and last name*

*Character Limit: 100*

### **Fiscal Sponsor Contact Job Title\***

*This should be an executive-level staff member that can sign on behalf of the fiscal sponsor organization.*

*Character Limit: 100*

### **Fiscal Sponsor Contact Email Address\***

*Character Limit: 254*

### **Proof of Fiscal Sponsorship**

*To be completed by IEHP Foundation staff*

*Character Limit: 100 / File Size Limit: 10 MB*

## *Funding Request*

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### **Which IEHPF staff member recommended you to apply for this grant?\***

#### **Choices**

Edgar Arreola  
Greg Bradbard  
Sara Omari

### **Requested Grant Amount\***

*Please type the funding request amount recommended to you by the IEHPF staff member who invited you to this grant opportunity.*

*Character Limit: 20*

### **Grant Request Name\***

Type the name of the project, program or support for which your organization is requesting funding. Include the phrase "2025 Spring -" at the beginning of the name.

*Examples:*

*2025 Spring - New CRM*

*2025 Spring - Food Delivery Operations Support*

*2025 Spring - Healthcare Scholarships*

*Character Limit: 250*

### **Why are you requesting funding this project, program or activity?\***

*In your response, please include what organization or systemic challenge this project, program or activity addresses and how the funding will help your organization build capacity to advance positive health outcomes in the Inland Empire.*

*Character Limit: 1500*

### **What other funding sources are being leveraged for this project, program or activity?\***

*Please include any additional grants, sources of funding or partnerships that are supporting the project, program or activity. Include the grant or funding amounts in your response.*

*If no other funding is being received to support this specific project, program or activity, please type "Not Applicable."*

*Character Limit: 1500*

### **How does your organization intend to use the grant funds?\***

*In your response, please include more details about what your organization intends to spend the grant funds on - including general amounts and activity descriptions. IEHPF funds are intended to be flexible to meet the needs of the organization and are also intended to help the organization build capacity and meet funding gap needs.*

*Example responses include:*

*\$5,000 - Hire consultant to support strategic plan development.*

*\$1,500 - Annual subscription fee for database software.*

*Character Limit: 1500*

### **How will this project, program or activity be sustained after the grant award period?\***

*The grant award period for this grant is May 1, 2025 - April 30, 2026.*

*Character Limit: 1500*

### **What challenges may impact the success of this project, program or activity?\***

*In your response, please include any potential internal or external challenges your organization may face in the next year that could potentially impact the success of this project, program or activity and how your organization intends to navigate those potential challenges.*

*Character Limit: 1500*

## What additional support or training would help strengthen your organization capacity?\*

*Your response will help inform IEHP Foundation's plans for Vibrant Health forums and other capacity building activities beyond funding. This is for learning purposes only. Please select your **top 3 choices**.*

### Choices

Board Management  
Data and Evaluation  
Financial Management  
Fundraising and Grant Writing  
Marketing and Communications  
Partnership Building  
Policy and Advocacy  
Program Delivery and Internal Operations  
Strategy and Succession Planning  
Other

## Please provide additional details on support that would be most beneficial.\*

*Character Limit: 1500*

**Alignment with IEHPF Strategic Goals:** All funding requests must align with at least one of IEHPF's strategic goals. Applicants will select **1 - 3 goals** from the following options. In subsequent sections, applicants will identify which indicators they plan to use to track the success of their project, program or activity towards the selected goals. For a full list of IEHPF strategic goals and indicators, [click here](#).

It is recommended that organizations only select goals strongly aligned with their funding request that they can track progress towards on the required 9-month Grant Impact Report.

IEHPF addresses health at two levels - individual organization and systems. There are 6 goals that fall into two main goal categories. IEHPF Strategic Goals include:

**Organizational Strength:** Build organizational capacity to improve the delivery, availability and effectiveness of services that cultivate healthy living and build healthy neighborhoods for Inland Empire families with children experiencing the greatest health disparities. Goals include:

- **OS Goal 1:** Improve reach and quality of services to Inland Empire families with children experiencing the greatest disparities in health.
- **OS Goal 2:** Increase financial resources available to achieve improved health outcomes for Inland Empire families with children
- **OS Goal 3:** Improve leadership skills and practices that promote improved health outcomes for Inland Empire families with children.

**Systems Change:** Expand collective action leading to greater health access and outcomes for Inland Empire families with children experiencing the greatest health disparities.

- **SC Goal 1:** Strengthen communications and policy/advocacy efforts that advance Vibrant Health.
- **SC Goal 2:** Strengthen the Inland Empire social services and healthcare workforce to better address health access and outcomes.
- **SC Goal 3:** Improved population health outcomes in communities experiencing the greatest disparities in health.

**Which IEHPF strategic goals do you plan to achieve through this funding request?\***

*Select 1 - 3 goals only.*

#### Choices

OS Goal 1  
OS Goal 2  
OS Goal 3  
SC Goal 1  
SC Goal 2  
SC Goal 3

### *OS Goal 1: Improve Reach and Quality of Services*

**Which indicators will you use to track progress towards achieving IEHPF OS Goal 1?\***

- **OS 1.1:** Expansion of services to new community members and/or community members in priority populations
- **OS 1.2:** Increased depth/quality of services to current community members served (e.g., more classes provided, more 1:1 coaching sessions)
- **OS 1.3:** Increased efficiency and effectiveness of service deliver (e.g., decreased waitlists, increased client retention/program completion)

#### Choices

OS 1.1  
OS 1.2  
OS 1.3

**How will you track your progress on the indicators selected?\***

*In your response, describe what processes or tools your organization will use to measure progress. This could include tools like event sign-in sheets, client satisfaction surveys or other workflows.*

Character Limit: 1500

## OS Goal 2: Increase Financial Resources

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Which indicators will you use to track progress towards achieving IEHPF OS Goal 2?\*

- **OS 2.1:** New or improved technologies, software and internal processes to track finances, donations and fundraise.
- **OS 2.2:** Increased philanthropic, corporate and private investments to organization (e.g., individual donors, social enterprises)
- **OS 2.3:** Increased public funding and grants secured by organization

### Choices

OS 2.1

OS 2.2

OS 2.3

How will you track your progress on the indicators selected?\*

*In your response, describe what processes or tools your organization will use to measure progress. This could include tools like grant management software, etc.*

Character Limit: 1500

## OS Goal 3: Improve Leadership Skills and Practices

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Which indicators will you use to track progress towards achieving IEHPF OS Goal 3?\*

- **OS 3.1:** Improved technologies, internal processes and staff knowledge of how to measure results and drive data-informed decisions
- **OS 3.2:** Increased knowledge of change leadership practices among nonprofit leaders
- **OS 3.3:** Increased organization participation in collaborations, networks, partnerships and coalitions

### Choices

OS 3.1

OS 3.2

OS 3.3

How will you track your progress on the indicators selected?\*

*In your response, describe what processes or tools your organization will use to measure progress. This could include tools like pre/post surveys, staff satisfaction surveys or counts of processes modified.*

Character Limit: 1500

## *SC Goal 1: Strengthen Communications and Policy/Advocacy Efforts*

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**Which indicators will you use to track progress towards achieving IEHPF SC Goal 1?\***

- **SC 1.1:** Advanced policy and collective advocacy at the local, state and federal levels that promote positive health outcomes
- **SC 1.2:** Increased awareness and ability to enact healthy behaviors through trusted messengers via communications campaigns
- **SC 1.3:** Increased strength and connectedness of intersectional network, coalitions, collaboratives and partnerships

### **Choices**

SC 1.1

SC 1.2

SC 1.3

**How will you track your progress on the indicators selected?\***

*In your response, describe what processes or tools your organization will use to measure progress. This could include processes like number of new collateral created, website visits, policy agendas created or coalition attendance.*

*Character Limit: 1500*

## *SC Goal 2: Strengthen Social Services and Healthcare Workforce*

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**Which indicators will you use to track progress towards achieving IEHPF SC Goal 2?\***

- **SC 2.1:** Increased diversity of social services and healthcare workforce in the Inland Empire
- **SC 2.2:** Increased enrollment and advancement of Inland Empire community members in healthcare and social services pipeline and educational programs
- **SC 2.3:** Increased access to preventative, physical and mental healthcare services in Inland Empire priority populations

### **Choices**

SC 2.1

SC 2.2

SC 2.3

**How will you track your progress on the indicators selected?\***

*In your response, describe what processes or tools your organization will use to measure progress. This could include enrollment trackers for postsecondary pathway programs, graduation rates or job placement opportunities and pre/post surveys of participants.*

*Character Limit: 1500*

## *SC Goal 3: Improved Population Health Outcomes*

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**Which indicators will you use to track progress towards achieving IEHP SC Goal 3?\***

- **SC 3.1:** Decreased differences in health outcomes between Inland Empire subregions and subpopulations.
- **SC 3.2:** Improved community conditions and environments that promote positive health outcomes, including availability of healthy food and spaces for physical activity
- **SC 3.3:** Decreased rates of unhealthy behaviors among community members in priority populations, including obesity rates and alcohol/drug addiction rates.

**Choices**

SC 3.1

SC 3.2

SC 3.3

**How will you track your progress on the indicators selected?\***

*In your response, describe what processes or tools your organization will use to measure progress. This could include tools like pre/post surveys, regional databases or indices (e.g., Healthy Places Index, County Health Rankings) or national tools (e.g., Gallup survey).*

*Character Limit: 1500*

## *Additional Information*

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**Anything else you would like to share with IEHP Foundation?**

*Character Limit: 1500 | File Size Limit: 15 MB*

## *Process Feedback*

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**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: 5*

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

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

*Character Limit: 1500*