

Vibrant Health Fundraising Training Program (2025 Summer)

IEHP Foundation

General Instructions

Please read all instructions carefully and thoroughly. Completed applications are due no later than **Friday, May 30, 2025 by 5pm PT.**

[Click here](#) to learn more details about the goals and requirements of this training opportunity.

Additional Notes:

- Only one application can be submitted per organization.
- Any question marked with an asterisk (*) is mandatory. Questions without an asterisk (*) are optional.
- Save your application periodically to not lose any progress.
- Upon completion, make sure to click the Submit button.
- Email communications regarding the final 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](#).

Organization Information

Project Name*

This is a system generated question. Please type: Vibrant Health Fundraising Training Program (2025 Summer)

Character Limit: 100

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 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

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 that are remote or rural

Communities experiencing the poorest health outcomes (Healthy Places Index score <25)

What additional population(s) does your organization serve?

Check all that apply. Please note that this information is collected for learning purposes only and your responses to this question will not be shared with any other entity.

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. Your responses will not be shared with any other entity.

Character Limit: 250

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

Select all that apply.

Choices

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

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

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

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

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

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

Humane Housing: Access to safe living conditions for unhoused families

Humane Housing: Access to affordable housing for housing insecure

Humane Housing: Access to home ownership

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 how your organization serves IEHP Foundation's priority populations and how your organization helps to improve health outcomes for those populations.

Character Limit: 1500

Reach of Services*

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

Character Limit: 6

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 2025 Candid Guidestar Seal of Transparency does your organization have?*

Please note that to be eligible for this opportunity, organizations must have a 2025 Candid Guidestar Seal of Transparency rating of Platinum or Gold.

For more information about Candid Guidestar, click here.

Choices

Platinum

Gold

None of the above

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

Character Limit: 20

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 does your organization track donations from individuals?*

Please indicate the primary donor tracking tool your organization uses to track gifts and manage donors.

Choices

Excel Spreadsheets

Quickbooks

Our organization does not have a way to track donations

Other

CRM Software (Little Green Light, DonorPerfect, Raiser's Edge, GiveButter, Bloomerang, Salesforce)

If other, please explain.

Character Limit: 500

Approximately how much of your organization's budget comes from individual donors?***Choices**

0 - 25%

26 - 50%

51- 75%

76 - 100%

Describe how your organization is funded.*

In your response, please describe:

- **Who** in your organization is responsible for fundraising
- **Where** your funding comes from. This can include, but is not limited to:
 - Grants from corporations or private foundations
 - Grants from public organizations at the local, county, state or federal levels
 - Donations from individuals

- Other funding strategies (e.g., social enterprises, events)
- **How** your organization makes fundraising goals and strategies, if applicable.

Character Limit: 1500

Current Challenges*

Describe a current challenge your organization is facing in fundraising and/or donor management. How will participation in this training program help your organization overcome or mitigate that challenge?

Character Limit: 1500

Participant Information

Participant Name*

Please include the first and last name of the person your organization will select to attend the classes and coaching session. Please note that it must be the same person 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

Can this participant commit to all attendance and reporting expectations for this training program?*

To review the Schedule of Classes, [click here](#).

Choices

Yes

No

Are there any potential challenges or barriers that may impact the participant's engagement?

If so, please describe what the barriers may be and how the participant intends to mitigate them.

Character Limit: 1500

What % of their time does this person engage face-to-face with current and potential donors?*

Round the approximation to the nearest whole number and do not include the % sign in your response.

Examples:

- 25% = 25
- 42% = 42

Character Limit: 3

Did this person attend the IE Vibrant Health Forum on February 27?***Choices**

Yes

No, but reviewed the event recording and resources

No and did not review any event materials

Has this person participated in any other formal fundraising training?***Choices**

Yes

No

If yes, please describe.

Character Limit: 500

Why was this person selected to participate in this training?*

In your response:

- *Be specific on the roles and responsibilities this person has as it relates to fundraising and donor management, including how they engage with current or potential donors.*
- *Describe if this person manages or supervises any staff members who have responsibilities to fundraise for the organization.*
- *Describe how this person anticipates this training program helping them in their individual professional growth and what they are looking forward to most.*
- *Describe how the person anticipates applying this training to support their organization in improving health outcomes in the Inland Empire*

Character Limit: 1500

How does this person currently engage the board in their fundraising efforts?*

In your response:

- *Describe the current engagement level your organization's board members have in fundraising efforts.*
- *Describe any specific ways this person intentionally interacts with the board to advance your organization's fundraising goals.*
- *Describe any opportunities to improve the board's engagement in fundraising that this training may support.*

Character Limit: 1500

Additional Information (Optional)

Anything else you would like to share about your organization or participant with IEHP Foundation?

Character Limit: 500

Process Feedback Questions (Optional)

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 training opportunity?

Choices

Email
Google Search
Instagram
LinkedIn
Word of Mouth
Other

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.

Additionally, if you selected "Other" for the question above, please describe where/how you learned of the opportunity.

Character Limit: 1500