

2026 - 2027 Healthy Communities Grant Cycle 1

IEHP Foundation

General Instructions

Completed grant impact reports are due no later than August 6, 2027.

Purpose: This impact report is meant to measure how your organization or network made advancements to the goals outlined in the grant application for IEHPF's 2026 - 2027 Healthy Communities Grant and help IEHPF learn more about the impact of our funding. Your honesty is greatly appreciated.

Some questions are read-only as they are copied over from your organization's grant application and meant as a reference point to describe progress towards the original goals outlined. Please refer back to your application to see your original responses. If you need support in locating your application within the grants management portal, please email grants@iehpfoundation.org.

Additional Notes:

- Any question marked with an asterisk (*) is mandatory. Questions without an asterisk (*) are optional.
- If any materials to be uploaded exceed the upload file size, please email materials to grants@iehpfoundation.org and title the email "2026 Healthy Communities Grant Impact Attachments".
- Save your report periodically to not lose any progress.
- Upon completion, make sure to click the Submit button.
- Email communications regarding the submission status of your report will be sent from IEHP Foundation Grants via the grants management portal. Make sure administrator@grantinterface.com is marked safe on your email server to avoid communications being blocked or sent to a SPAM folder.
- Status of your report can also be checked via the homepage of your grants management portal. For more information on how to navigate this portal, [click here](#).
- An impact report is considered successfully submitted only if you receive a confirmation email.
- Failure to submit the impact report by the deadline may jeopardize your organization's eligibility to receive future IEHPF funding.
 - If you come across a challenge that may impact your ability to complete the report by the deadline, please reach out to Sara Omari at grants@iehpfoundation.org ASAP.

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

Project Name

Character Limit: 100

Goal Progress

In the following sections, you will report on the impacts and outcomes of the project funding, including how the actual outcomes compared to the expected outcomes. The OS Goal Category and Indicators of Success Responses are copied directly from your organization's application.

Which IEHPF Systems Change goal category does your project align with?

- **SC Goal Category 1:** Strengthen communications and policy/advocacy efforts that promote positive health outcomes for children, youth and families in the Inland Empire.
- **SC Goal Category 2:** Strengthen the Inland Empire workforce to better address health access needs for children, youth and families in the Inland Empire.
- **SC Goal Category 3:** Improve population health outcomes for children, youth and families in the Inland Empire currently experiencing the poorest health outcomes.

Choices

SC Goal Category 1

SC Goal Category 2

SC Goal Category 3

Use of Funds

For ease of reference, your organization's proposed use of the funds is shared below.

Amount Awarded

Character Limit: 20

What was the total amount spent on the project to-date?

This is inclusive of both IEHP Foundation funding and other funding sources.

Character Limit: 20

Did your organization use the grant funds as originally intended?*

Choices

Not at all (0 - 25% alignment with original intent)

Somewhat (26 - 50% alignment with original intent)

Mostly (51 - 75% alignment with original intent)
 Completely (75 - 100% alignment with original intent)

How did your organization actually use the funds?*

Please include a high-level budget breakdown of how your organization spent the grant funds, similar to the examples provided below. If your organization has yet to spend all the funds - please indicate any pending expenses and approximate date to be spent.

The total amount of funds spent should total the grant amount.

Examples:

- \$5,000 - Software Subscription for CRM database
- \$2,700 - Fees to trainers for professional development classes (e.g., time management, trauma-informed care)
- \$3,450 - Software Integration Payment (Pending - March 2026)

Character Limit: 1500

Project Budget Upload

Optional: Upload a project budget for your entire project.

File Size Limit: 1 MB

SC Goal 1 Progress

Which SC Goal 1 Indicator(s) of Success will your project measure?

This response was copied directly from the application.

- **SC 1.1:** Advanced policy and collective advocacy at the local, state and federal levels that promote health equity
- **SC 1.2:** Increased ability to enact healthy behaviors for community members through trusted messengers via communications campaigns

Choices

SC 1.1

SC 1.2

Describe, in detail, the intended outcome for the SC 1 Indicator(s) of Success you selected above.

This response was copied directly from your application.

Character Limit: 3000

How much did the actual outcomes match the intended outcomes for SC Goal 1?*

Choices

0 - 25%

25 - 50%
51 - 75%
76 - 100%

Describe, in detail, your organization's ACTUAL outcomes for the SC Goal 1 Indicators of Success.*

In your response, please include:

- Actual type of change
- Actual amount of change
- Measurement tool

Character Limit: 3000

Please include any lessons learned, challenges faced or changes made during this grant period.*

In your response, please explain:

- Any major lessons learned during the grant period.
- Any challenges faced and the source of the challenges (internal or external). Examples may include changes in public funding, staff turnover, etc.
- For these challenges, please explain if you foresee these circumstances to be an ongoing challenge.
- Any deviations from the proposed use of funds and the reason behind the change.

Character Limit: 3000

Please share a specific story that illustrates the impact of this project.*

This story can highlight a specific community member or staff member and the impact of this project.

Character Limit: 3000

Can IEHP Foundation quote your success story (with attribution)?*

Choices

Yes, with my organization name
Yes, but anonymize
Maybe, please reach out to discuss
No

Pictures and Report Upload (Optional)

Please upload any pictures, data or impact reports that further describe the impact of this project. If the file is too large, please email grants@iehpfoundation.org.

File Size Limit: 3 MB

SC Goal 2 Progress

Which SC Goal 2 Indicator(s) of Success will your project measure?

This response was copied directly from the application.

- **SC 2.1:** Increased diversity of the healthcare and social service workforce in the Inland Empire and/or increased enrollment/advancement in healthcare education and career pipelines.
- **SC 2.2:** Increased access and availability to education and workforce training programs and placement for community members to retain Medi-Cal/healthcare insurance.
- **SC 2.3:** Increased access and availability for community members to upskill to high-wage and living wage careers.

Choices

SC 2.1

SC 2.2

SC 2.3

Describe, in detail, the intended outcome for the SC 2 Indicator(s) of Success you selected above.

This response was copied directly from the application.

Character Limit: 1500

How much did the actual outcomes match the intended outcomes for SC Goal 2?*

Choices

0 - 25%

26 - 50%

51 - 75%

76 - 100%

Describe, in detail, the ACTUAL outcomes for the SC Goal 2 Indicators of Success.*

In your response, please include:

- Actual type of change
- Actual amount of change
- Measurement tool

Character Limit: 3000 | File Size Limit: 4 MB

Please include any lessons learned, challenges faced or changes made during this grant period.*

In your response, please explain:

- Any major lessons learned during the grant period.
- Any challenges faced and the source of the challenges (internal or external). Examples may include changes in public funding, staff turnover, etc.

- For these challenges, please explain if you foresee these circumstances to be an ongoing challenge.
- Any deviations from the proposed use of funds and the reason behind the change.

Character Limit: 3000

Please share a specific story that illustrates the impact of this project.*

This story can highlight a specific community member or staff member and the impact of this project.

Character Limit: 3000

Can IEHP Foundation quote your success story (with attribution)?*

Choices

- Yes, with my organization name
- Yes, but anonymize
- Maybe, please reach out to discuss
- No

Pictures and Report Upload (Optional)

Please upload any pictures, data or impact reports that further describe the impact of this project. If the file is too large, please email grants@iehpfoundation.org.

File Size Limit: 3 MB

SC Goal 3 Progress

Which SC Goal 3 Indicator(s) of Success will your project measure?

This was copied directly from your application.

- **SC 3.1:** Decreased gaps in health equity between Inland Empire subregions and subpopulations
- **SC 3.2:** Improved community conditions and environments that promote health equity, including the availability of healthy food and spaces for physical activity
- **SC 3.3:** Decreased rates of diabetes, cardiovascular disease, asthma and poor mental health days among IEHPF's priority populations

Choices

- SC 3.1
- SC 3.2
- SC 3.3

Describe, in detail, the intended outcome for the SC 3 Indicator(s) of Success you selected above.

This was copied directly from your application.

Character Limit: 1500

How much did the actual outcomes match the intended outcomes for SC Goal 3?*

Choices

- 0 - 25%
- 26 - 50%
- 51 - 75%
- 75 - 100%

Describe, in detail the ACTUAL outcomes for the SC Goal 3 indicators of success.*

In your response, please include:

- Actual type of change
- Actual amount of change
- Measurement tool

Character Limit: 3000

Please include any lessons learned, challenges faced or changes made during this grant period.*

In your response, please explain:

- Any major lessons learned during the grant period.
- Any challenges faced and the source of the challenges (internal or external). Examples may include changes in public funding, staff turnover, etc.
- For these challenges, please explain if you foresee these circumstances to be an ongoing challenge.
- Any deviations from the proposed use of funds and the reason behind the change.

Character Limit: 3000

Please share a specific story that illustrate the impact of this project.*

This story can highlight a specific community member or staff member and the impact of this project.

Character Limit: 3000

Can IEHP Foundation quote your success story (with attribution)?*

Choices

- Yes, with my organization name
- Yes, but anonymize
- Maybe, please reach out to discuss
- No

Pictures and Report Upload (Optional)

Please upload any pictures, data or impact reports that further describe the impact of this project. If the file is too large, please email grants@iehpfoundation.org.

File Size Limit: 3 MB

Future Needs (Optional)

Additional Project and Capacity Building Needs

Please describe any other projects and activities, focused on capacity building and in alignment with IEHPF's mission and goals, your organization actively seeking funding for. This may also include an expansion of the project/activity funded for this grant cycle, based on lessons learned.

You may also upload any proposals or materials already drafted for the opportunity project, program or activity. Organizations are encouraged to upload materials already created and to **not** draft new materials to respond to this question.

Please note that this is collected for learning purposes only and no guarantee of funding for the activity is made on behalf of IEHPF.

Character Limit: 2500

Anything else you would like IEHPF staff to know?

Please only include comments not included as part of your responses to other questions in this report.

Character Limit: 1500

Process Feedback (Optional)

Approximately how many hours did it take to complete this report?

Please round to the nearest half hour.

Examples:

- If the report took 90 minutes to complete, type 1.5.
- If the report took 20 minutes to complete, type 0.5.
- If the report took 120 minutes to complete, type 2.0.

Character Limit: 20

Anything else you would like to share with IEHP Foundation staff about the process?

Please keep your responses to this question focused on your experience as a funded Champion and include any high-points or low-points of the process.

Character Limit: 1500

