

2026 - 2027 Healthy Communities Grant Cycle 1

IEHP Foundation

General Instructions

Please complete this LOI no later than **5pm PT on Friday, April 3, 2026**.

If you have any additional questions about the application, grant process or navigating the grants management portal, please email 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 & Contact Profiles

Is all the information on your user profile correct?*

It is important this information be correct so that IEHP Foundation can share updates and information about this grant. To edit your profile, click on your name and **Edit Profile** in the upper right-hand corner of this screen. Please sure to update any incorrect or missing information.

Choices

Yes

Not Sure - instructions unclear

Is all information on your organization profile correct?*

You will see the organization information in the Contact tab of this grant request. Please review all fields and make sure they are complete and correct.

All fields below need to be complete:

- Name of Organization (this should be your organization's legal name)
- EIN Number
- Website
- Phone Number
- Mission Statement
- IEHPF Subregion(s) Served
- Vital Condition(s) Addressed.

Choices

Yes

Not sure - instructions unclear

Is your organization's Primary Contact information correct?*

Please check the Contacts section in your organization profile. The Primary Contact must be an individual in your organization that is an executive and has signatory privileges for your organization. This will be the individual that will be copied on all communications and will eventually be sent the grant agreement to sign, if selected. The Primary Contact information can only be updated by an IEHP Foundation staff member.

Choices

Yes

Not Sure - instructions unclear

No

What information needs to be corrected for your organization's primary contact?

Please leave blank if all information is correct.

Character Limit: 500

Organization and Project Description

Are you submitting this LOI on behalf of a collective, collaboration or network?*

This collective, network or collaboration may or may not be a formally recognized 501(c)(3) organization.

Choices

Yes

No

If yes, what is the name of the collective, collaboration or network?*

If you are submitting on behalf of your organization only, please type **Organization Only**.

Character Limit: 100

Contact to Confirm Collaborative*

Please list the name of the organization, individual contact and email address for contact that IEHPF staff can connect with to confirm the formal partnership with your organization.

If you are applying on behalf of your individual organization only, please type **Organization Only**.

Character Limit: 1500

Description of Organization Program and Services*

Please provide a brief description of the programs and services your organization provides. If you are submitting this grant on behalf of a collaboration or network, please describe the focus and services provided by the group and how the population served aligns with IEHPF's priority populations. This response should not exceed 750 characters (approx. 150 words).

Character Limit: 750

Project Name*

Please provide a short project title/description for the project/activity you're proposing for this grant opportunity. In your description you do **NOT** need to include your organization or collaboration name.

Character Limit: 100

2026 Annual Operating Budget (estimated)*

Please include your organization's estimated annual budget for 2026 fiscal year. If you are applying on behalf of a network or collaboration, please still include your organization's estimated annual budget.

Character Limit: 20

Total Project Budget Amount*

Character Limit: 20

Amount Requested from IEHP Foundation*

This should not exceed \$75,000.

Character Limit: 20

Project Budget*

Please upload the project budget. In your project budget, please indicate expenses and revenue sources.

File Size Limit: 5 MB

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

Systems Change goals focus on expanded collective action leading to greater health access and positive health outcomes for children, youth and families in IEHPF's priority populations.

You may only select one.

- **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

Letter of Intent*

Please submit a Letter of Intent (LOI) that includes the following information. The LOI should not exceed 3,000 characters (approx. 500 words).

1. **Statement of Need:** Explain what organizational/network challenge or need will this project help address.
2. **Project Details:** Provide a high-level overview of key activities, timelines and partners involved.
3. **Alignment with IEHPF goals and priorities:** Explain how this project aligns with the IEHPF priority populations, Vital Conditions and goals of this grant.
4. **Expected Outcomes:** Explain what will change or improve as a result of this work and who is the target audience for this impact.
5. **Budget Narrative:** Explain how IEHPF funds will support the project.

Character Limit: 3000

SC Goal Category 1: Indicators of Success

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

You must select at least 1 Indicator of Success but no more than 2 Indicators of Success.

- **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

SC Goal Category 2: Indicators of Success

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

You must select at least 1 Indicator of Success but no more than 2 Indicators of Success.

- **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

SC Goal Category 3: Indicators of Success

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

You must select at least 1 Indicator of Success but no more than 2 Indicators of Success.

- **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

Additional Information (Optional)

Anything else you would like to share with the IEHPF team?

This can include additional information about your project or organization/network that is not captured in the responses above. This response is optional and cannot exceed 1,000 characters.

Character Limit: 1000

Process Feedback (Optional)

Approximately how many hours did it take your team to complete this LOI?

Please round to the nearest half hour.

Examples:

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

Character Limit: 20

How did you learn about this grant opportunity?

Choices

Email

Google Search

Instagram

LinkedIn

Word of Mouth

Other

If other source, please explain.

Character Limit: 250

Additional Process Feedback

Please include any feedback on what worked well or could be improved in the LOI submission process. Your response is optional, should only focus on the LOI submission process and cannot exceed 1,000 characters.

Character Limit: 1000