

2026 - 2027 Healthy Organizations 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

Description of Organization Program and Services*

Please provide a brief description of the programs and services your organization provides. 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 name.

Character Limit: 100

Total Cost of Project*

Character Limit: 20

Project Budget*

Please upload a copy of the project budget, including anticipated expenses, revenue sources and uses.

File Size Limit: 5 MB

Amount Requested from IEHP Foundation*

This should not exceed \$15,000.

Character Limit: 20

2026 Annual Organizational Operating Budget (estimated)*

Character Limit: 20

Which Organizational Strength goal category does your project align with?*

You may only select one.

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

Choices

OS Goal Category 1

OS Goal Category 2

OS Goal Category 3

Letter of Inquiry*

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

1. **Statement of Need:** Explain what organizational 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 IEHP Foundation 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:** Briefly explain how IEHPF funds will be used to support this project.

Character Limit: 3000

OS Goal Category 1: Indicators of Success

Which OS 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.

- **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

OS Goal Category 2: Indicators of Success

Which OS 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.

- **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

OS Goal Category 3: Indicators of Success

Which OS 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.

- **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

Additional Information (Optional)

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

This can include additional information about your project or organization that is not captured in the sections above. This is an optional response 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 application took 90 minutes to complete, type 1.5.
- If the application took 20 minutes to complete, type 0.5.
- If the application 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

Feedback on Process

Please include any feedback you have about the process. This can include things about the process or LOI form that worked well or needs improvement.

Character Limit: 100

