

Vibrant Health Fundraising Training Program (2026 Spring)

IEHP Foundation

General Instructions

Please read all instructions carefully and thoroughly. Completed applications are due no later than **Monday, March 9, 2026 by 12pm 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 (administrator@grantinterface.com) or directly from grants@iehpfoundation.org. Make sure both these email addresses are 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 Profile & General Information

Is all information on your user profile correct?*

*It is important that 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 make 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 application. Please review all fields and make sure they are complete and correct.

Please make sure that all fields are updated including name of organization (this should be the legal name), EIN number, website, phone number, mission statement, IEHPF subregion served and Vital Condition(s) addressed. If you have questions about how to update your organization's profile, please reach out to grants@iehpfoundation.org.

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 sent the grant agreement to sign. (As the grant applicant, you will be made aware via email when the grant agreement goes out for signature.)

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: 1000

In which Riverside community does your organization have a physical space or office?*

Please only mark the cities/communities in which your organization has a physical office space. Physical office space may include a mobile service unit or brick-and-mortar location/co-location space. Select all that apply.

Choices

None - my organization does not serve Riverside County.

None - my organization serves Riverside County but does not have a physical office space there.

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

In which San Bernardino County community does your organization have a physical space or office?*

Please only mark the cities/communities in which your organization has a physical office space. Physical office space may include a mobile service unit or brick-and-mortar location/co-location space. Select all that apply.

Choices

- None - my organization does not serve San Bernardino County
- None - my organization serves San Bernardino County but does not have a physical office space there.
- 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

Project Name*

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

Character Limit: 100

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 2026 Candid Guidestar Seal of Transparency does your organization have?*

Please note that to be eligible for this opportunity, organizations must have a 2026 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 2026?*

Character Limit: 20

How much funding (\$) has your organization received from IEHP in 2025?*

Please note that Inland Empire Health Plan (IEHP) is a different organization than IEHP Foundation. If none, type "0".

Character Limit: 10

Organization Fundraising Information

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

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

Other

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 - please include estimated % of total budget for each funding source. 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: 3000

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: 3000

Current Fundraising Goals*

Describe any 2026 fundraising goals that your organization currently has planned and how you anticipate this training to support your organization successfully reaching those goals(s).

Character Limit: 3000

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, go to www.iehpfoundation.org/grants.

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 review the Virtual Information Session materials for this grant opportunity?*

Please go to www.iehpfoundation.org/grants for more information on how to register for the Virtual Information or review the materials shared on-demand.

Choices

Yes - this person attended the Virtual Information Session live on February 18.

Yes - this person reviewed the Virtual Information Session materials on-demand.

No - this person did not review the Virtual Information Session 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 reaching their fundraising goals and 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 many hours did it take your team to complete this application?

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 hear about this training opportunity?

Choices

Email

Google Search

Instagram

LinkedIn

Word of Mouth

Other

If other source, please explain.

Character Limit: 300

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