2026 - 2027 Healthy Communities Grant Cycle 2

IEHP Foundation

General Instructions

Please complete this application no later than **5pm PT on August 31, 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 5 - 7 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

Coalition, Collaborative and Network Details

Name of Coalition, Collaborative or Network*
Please list the name of the coalition, collaborative or network you are submitting this grant application on behalf of.

Character Limit: 250

Website
Please link to the website of the coalition, collaborative or network, if applicable.

Character Limit: 2000

What year was the coalition, collaborative or network established?*

Character Limit: 4

How many members are part of the coalition, collaboration or network?*

This can be an approximate number and can be number of individuals or organizations, whichever best makes sense for your group membership.

Character Limit: 10

Does the membership number above represent organizations or individuals?*

Choices

Individuals
Organizations

Structure and Decision Making*

Describe the structure of the coalition, collaborative or network, including approximately how many partner organizations are involved, how long the group has been in existence, and any formal agreements (such as MOUs or charters) that define roles and responsibilities. Please make sure to describe how partners participate in decision-making.

Character Limit: 3000

Operations*

Explain how your collaborative operates in practice. Include your meeting cadence (e.g., monthly, quarterly), how engagement and attendance are tracked, average meeting attendance and the ways in which partners contribute time, resources, or expertise to support the collaborative's work. As part of your description, lift up any key leadership partners and the way in which they've supported the efforts.

Character Limit: 3000

Goals and Purpose*

Describe why the coalition, collaborative or network exists and what the focus geographic area and target populations are. Also include any shared goals your group has and the collective actions you are taking to achieve them. Provide one or two examples that demonstrate joint impact or progress toward these goals. This can include collective action like joint grantwriting or achieving a milestone.

Character Limit: 3000

Current Projects and Activities*

Please describe any current projects or activities that the coalition, collaborative or network is engaging in and the status of those activities.

Character Limit: 3000

List of Partners*

Upload the list of organizations and/or individuals that are part of the coalition, collaborative or network. While there is no formal template for this upload, it is recommended your list include the following information:

- Name of Organization
- Organization Website
- Role (e.g. General Member, Chair, etc.)

Please note that IEHPF staff may reach out to partners listed to confirm engagement in the coalition, collaborative or network.

File Size Limit: 5 MB

Charter

Please upload any supporting governance structure documents, if applicable. This can include MOU templates, charters, etc. If you do not have these, please skip this question.

File Size Limit: 5 MB

Project Details

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 the name of the coalition, collaborative or network.

Character Limit: 100

Total Project Budget Amount*

Character Limit: 20

Amount Requested from IEHP Foundation*

This should not exceed $75,000.

Character Limit: 20

Project Budget

Upload the budget for this particular project. While there is no formal template for the budget, it should include:

- Revenue sources - including secured funding and pending funding
- Anticipated Expenses

File Size Limit: 5 MB

Budget Narrative*

In your response, please include more details about what your group intends to spend the grant funds on, including general amounts and activity descriptions. Please note that IEHP Foundation funds are intended to be flexible to meet the needs of the group, build capacity and meet funding gap needs.

Example responses include:

- $5,000 - Hire consultant to support strategic plan development.
- $1,500 - Annual subscription fee for database software.

Character Limit: 3000

Project Plan*

Describe in detail your plan to implement this project/activity. Include in your description any key deliverables, dates/timeline for delivery and partners responsible for the action.

Character Limit: 3000

Why is this project critical for your coalition, collaborative or network at this time?*

Character Limit: 3000

What challenges may impact the success of this project, program or activity?*

In your response, please include any potential internal or external challenges your group may face in the next year that could potentially impact the success of this project or activity and how the group intends to navigate those potential challenges. Please especially consider how your group will navigate any pending funding sources that do not materialize.

Character Limit: 3000

If IEHPF is unable to award the full requested amount, would your project still continue?*

Choices

Yes, the project can be implemented at a reduced funding level
Yes, but with significant modifications
No, the project cannot move forward without full funding

Describe how not funding at the full amount would impact your project.*

Include in your response, briefly describe the following:

- How your group would modify or scale the project to fit a reduced award amount
- The minimum viable funding amount from the IEHPF
- How the project would remain sustainable

Character Limit: 3000

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

Please 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

Alignment and Sustainability

What IEHP Foundation priority population(s) does this project support?*

Select all that apply.

Choices

Communities experiencing poorest health outcomes (HPI < 25)
Communities with low-income
Rural or remote communities

Which Riverside County communities does your coalition, collaborative or network support?*

Please only mark the cities/communities that your group directly focuses on serving.

Choices

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
None - my group does not serve Riverside County
All - my group serves all communities in Riverside County

Which San Bernardino County communities does your coalition, collaborative or network support?*

Please only mark the cities/communities that your group directly focuses on serving.

Choices

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 Benardino

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
None - my group does not serve San Bernardino County
All - my group serves all of San Bernardino County

Which IEHPF priority Vital Condition Action Areas does this project align with?*

Select all that DIRECTLY apply to this project. Please note that some of these action areas have been abbreviated in the response section due to character limitations of the system.

1. Basic Needs for Health & Safety

a. Access to healthy food and nutrition services
b. Reducing unhealthy behaviors and addictions
c. Access to physical health services
d. Access to mental health services

2. Meaningful Work & Wealth

a. Access to education programs/career pathways for healthcare and social service workforce
b. Access to education programs and job placement for community members who are under-insured, not insured or on Medi-Cal.
c. Access to education programs/career pathways to upskill community members to high-wage and living wage careers

3. Humane Housing

a. Access to safe living conditions for unhoused families
b. Access to affordable housing for housing insecure
c. Access to home ownership

Choices

Basic Needs for Health & Safety: Food/Nutrition Services
Basic Needs for Health & Safety: Addiction Mitigation
Basic Needs for Health & Safety: Mental Health
Basic Needs for Health & Safety: Physical Health
Meaningful Work & Wealth: Healthcare & Social Service Workforce
Meaningful Work & Wealth: Education/job training for Medi-Cal
Meaningful Work & Wealth: Upskill to high-wage/living wage careers
Humane Housing: Safe living conditions for unhoused
Humane Housing: Affordable Housing for housing insecure
Humane Housing: Home Ownership

Describe how this project helps your group support this population(s).*

In your response, detail any specific programs and direct or indirect services your group offers to this population that align with IEHPF's priority Vital Condition action areas and how this project will allow your group to offer more effective or efficient service deliver to this population in the short-term and long-term.

Character Limit: 3000

How will this project contribute to long-term sustainability of the coalition/collaborative/network?*

In other words, how will the impact of this project extend beyond the one-year grant lifecycle.

Character Limit: 3000

Expected Outcomes - SC Goal Category 1

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. This response was copied from the LOI.

- **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.*

IEHP Foundation realizes that systems change work may take longer than one year to realize full impact. Please consider what progress/impact your project can make on the goals within the one-year grant lifecycle.

In your response, please include:

- Expected type of change (e.g., policy changes at local level, increased collective advocacy knowledge, increased educational materials to community members)
- Amount of change (e.g., # of bills passed, # of advocacy training provided, # campaigns created, # materials distributed)
- Measurement tool (e.g., bill trackers, social media analytics)

Character Limit: 3000

Expected Outcomes - SC Goal Category 2

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. This response was copied from the LOI.

- **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.*

IEHP Foundation realizes that systems change work may take longer than one year to realize full impact. Please consider what progress/impact your project can make on the goals within the one-year grant lifecycle.

In your response, please include:

- Expected type of change (e.g., healthcare pathway enrollments, increased medi-cal retention, new job training programs)
- Amount of change (e.g., # graduates, # community members placed in job, # enrolled in job training programs)
- Measurement tool (e.g., pre/post surveys, attendance records)

Character Limit: 3000

Expected Outcomes - SC Goal Category 3

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

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

IEHP Foundation realizes that systems change work may take longer than one year to realize full impact. Please consider what progress/impact your project can make on the goals within the one-year grant lifecycle.

In your response, please include:

- Expected type of change (e.g., training implemented, program hours implemented, decreased diabetes rates)
- Amount of change (e.g., #/% change in chronic condition rates, # training hours provided)
- Measurement tool (e.g., pre/post surveys, public source data)

Character Limit: 3000

Additional Information

Anything else you would like to share with IEHPF?

Character Limit: 1500

Process Feedback

Instructions: Your responses to the following questions are for learning purposes only and will not impact the evaluation of your application.

Approximately 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 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 application submission process. Your response is optional, should only focus on the application submission process and cannot exceed 1,500 characters

Character Limit: 1500