

2026 - 2027 Healthy Organizations Grant Cycle 2

IEHP Foundation

General Instructions

Please complete this application no later than **5pm PT on Monday, 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

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 your organization name.

Character Limit: 100

2026 Annual Organizational Operating Budget (estimated)

Please include your estimated annual operating budget for 2026 for your entire organization. For those organizations that serve a region larger than the Inland Empire, please only include the budget for your Inland Empire work.

Character Limit: 20

Total Cost of Project*

Please include the total cost of the project for which you are submitting a request for.

Character Limit: 20

Amount Requested from IEHP Foundation*

This should not exceed \$20,000

Character Limit: 20

Project Plan*

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

Character Limit: 1500

Budget Narrative*

In your response, please include more details about what your organization 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 organization and are also intended to help the organization 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: 1500

Describe any partnerships or collaborations that will support this project.*

Please include any additional partners, grants, sources of funding or partnerships that are supporting the project, program or activity. For each of the partners/support, please include:

- Name of partner
- Type of support provided (e.g., implementation support, project funding)
- Amount of funding provided, if applicable
- Status of funding, if applicable
- Length partnership (e.g., new partnership for this project or ongoing partnership)

If no other partners are supporting this specific project, program or activity, please type ***Not Applicable***.

Character Limit: 1500

Why is this capacity-building project critical for your organization at this time?*

Character Limit: 1500

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

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

Character Limit: 1500

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 organization 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: 1500

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

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

In which Riverside communities 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 communities 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

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 organization support this population(s).*

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

Character Limit: 1500

How will this project contribute to the long-term sustainability of your organization?*

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

Character Limit: 1500

Incorporation Year

Character Limit: 250

Total number of staff

Please include number of paid full-time employees and part-time employees. Do NOT include volunteers in this calculation.

Character Limit: 250

2026 Annual Operating Budget (estimated)*

Character Limit: 20

2025 IEHP Funding*

Inland Empire Health Plan and IEHP Foundation are two separate entities. Please put 0 if no funding was received.

Character Limit: 20

Expected Outcomes - OS Goal Category 1

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. This response was copied from the LOI.

- **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

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

In your response, please include:

- Expected type of change (e.g., more community members served, quicker response rates, more case management hours provided)
- Amount of change (e.g., # of hours, # of community members)
- Measurement tool (e.g., pre/post surveys, BenefitsCal portal)

Character Limit: 3000

Expected Outcomes - OS Goal Category 2

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. This response was copied from the LOI.

- **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

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

In your response, please include:

- Expected type of change (e.g., new EHR system implemented, increased matching funds)
- Amount of change (e.g., # files integrated, # of new funding secured)
- Measurement tool (e.g., pre/post surveys, BenefitsCal portal)

Character Limit: 1500

Expected Outcomes - OS Goal Category 3

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

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

In your response, please include:

- Expected type of change (e.g., training implemented, conferences attended, increase in staff knowledge)
- Amount of change (e.g., # of training hours)
- Measurement tool (e.g., pre/post surveys, BenefitsCal portal)

Character Limit: 1500

Additional Information

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

Please share anything about the project or organization you believe is important for the IEHPF team to know that is not captured in the sections above. Your response is optional and should not exceed 1,500 characters (including spaces).

Character Limit: 1500

Process Feedback

Instructions: Your responses to the following questions are optional, 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 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 application form that worked well or needs improvement.

Character Limit: 1500

Due Diligence - IEHPF Staff Only

Due Diligence Completed By*

Choices

Steve Ogilvie
Sara Omari

Good Standing with IRS*

Confirm that organization (or fiscal sponsor) has an active 501c3 status for three or more years and that they are in good standing with the IRS. If fiscally sponsored, confirm fiscal sponsorship.

Choices

Yes
No

Candid Guidestar Status*

If organization's Candid status does not meet eligibility criteria, and no exception has been granted, screenshot the current status (make sure date of screenshot is included) and save to Shared Drive as denial backup.

Choices

2025 Gold
2025 Platinum
2026 Gold
2026 Platinum
Other

Organization Budget Criteria Met*

Confirmation that organization's (or fiscal sponsor's) budget has been \$200,000 or more for the last three years (2023 - present).

Choices

Yes

No

Exception Made

Organization Engagement Criteria*

Confirm organization's engagement in other IEHPF funding opportunities. Please note that if the organization submitted for Cycle 1 but their LOI was NOT evaluated, they may submit for this cycle.

Choices

2025 - 2026 Champions for Vibrant Health Leadership Network

2025 Responsive Grant - cycle open and impact report not submitted

2026 - 2027 Healthy Organizations Cycle 1 LOI submitted

2026 - 2027 Health Communities Cycle 1 LOI submitted

2026 - 2027 Health Communities Cycle 2 Application submitted

None of the above

Eligibility Criteria Met***Choices**

Yes

No

Exception Made

Additional Criteria Details

If the organization did not meet all eligibility criteria or an exception was made, please provide additional information.

Character Limit: 1500