2027 - 2028 Champions for Vibrant Health Leadership Network

IEHP Foundation

General Instructions

Please read all instructions carefully and thoroughly. Completed applications are due no later than Friday, November 20, 2026 at 5pm PT.

As this is a Leadership Development program, please provide candid responses that highlight how this opportunity will help your leaders and organization grow.

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 may come from IEHP Foundation Grants or grants@iehpfoundation.org. Make sure both email addresses are 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.
- Applications still in draft mode by the deadline will **not** be considered for this opportunity. No exceptions.
- You may collaborate on this application with your colleagues. For step-by-step instructions, click here. Please note that only one staff member should work in the application at a time. If multiple people are editing simultaneously, only the most recently saved version will be kept, and it may overwrite someone else's work.
- Refer to the grant summary here for additional details about this opportunity, including evaluation criteria.
- For any questions regarding this opportunity, email grants@iehpfoundation.org. An IEHP Foundation staff member will respond to you in 3 business days. Please consider this response time when submitting your questions.

Organization & Contact Profiles

Section Overview: The following questions are intended to confirm that your organization and contact profiles are accurate so communications reach the appropriate individuals and IEHPF can ensure it has the correct information about your organization.

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. Please sure to provide updates about any incorrect or missing information. Click here for a video tutorial.

Choices

Yes
No

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. Click here for a video tutorial.

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. Click here for a video tutorial.

Choices

Yes
No

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

Please leave blank if all information is correct.

Character Limit: 1500

Organization Details

Section Overview: The following questions are designed to gather additional information about your organization's resources and priorities. Anything marked with a "C" can be copied directly from your Candid profile. Click here for a video tutorial on how to copy Candid responses into this application.

Mission Statement*

*This should only be your organization's mission statement and **should not** include any organization history or background. Ideally, this mission statement is only a sentence or two.*

Character Limit: 250

Organization Annual Operating Budget (2026)*

This should be your organization's entire operating budget and may include local, state or national work.

Character Limit: 20

Is your organization's headquarters in Riverside or San Bernardino Counties?*

Choices

Yes
No but we have a physical satellite location/hub in Riverside or San Bernardino County
No

Where does your organization provide programs and services?*

Select all that apply.

Choices

Inland Empire
Southern California (Los Angeles, Orange, Imperial and San Diego counties)
Statewide throughout California
Nationwide (multiple states)
International

Which IEHPF priority population within the Medi-Cal community does your organization serve?*

Select all that apply

Choices

Communities with low-income

Rural or remote communities
Communities experiencing the poorest health outcomes - Healthy Places Index (HPI) score less than 25

IEHPF Priority Vital Condition Action Areas

IEHPF invests in organizations provides programs and services **for children, youth and families (with children under 18)** in the Inland Empire who address at least one of the following Vital Condition Action Areas:

1. **Basic Needs for Health & Safety**
    1. Access to healthy food and nutrition services
    2. Reducing unhealthy behaviors and addictions
    3. Access to physical health services.
    4. 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
    c. Access to home ownership

Organization Inland Empire Annual Operating Budget (2026)*

Include only the budget allocated for programs and services serving Riverside and San Bernardino County.

Character Limit: 20

Which IEHPF priority Vital Condition Action Area does your organization most align with?*

We recognize that your organization may align with more than one Vital Condition Action Area. For this response, please select the **one option that is best/most** aligned with your organization's programs, services and focus areas.

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

What other IEHPF priority Vital Condition Action Areas does your organization address?*

Select all that apply. **Do not** include the one you selected in the question above.

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

In which Riverside communities does your organization provide services?

Please only select the community if there is a strong presence of services provided either virtually or physically. Select all that apply.

Choices

None - my organization does not serve Riverside County.
All - my organization serves all communities in Riverside County.
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 communities does your organization provide services?*

Please only select the community if there is a strong presence of services provided either virtually or physically. Select all that apply.

Choices

None - my organization does not serve San Bernardino County.
All - my organization serves all communities in San Bernardino County.
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

Total Staff*

How many total staff members does your organization currently have? Please include both full and part-time paid staff.

Character Limit: 10

Total Volunteers*

How many volunteers does your organization engage on average each year (non-duplicated)? If there is significant difference in the number of volunteers engaged in the last several years, please include the total number engaged in calendar year 2026.

Character Limit: 10

Community Members Served (Inland Empire)*

Include the number of community members your organization has served in 2026 to-date in Riverside and San Bernardino Counties. This number should be non-duplicative.

Character Limit: 10

How much of your organization's programs/services focus on IEHPF priority populations?*

IEHPF priority populations include children, youth or families (with children under 18). Round to the nearest whole number and do not include the % sign in your response. Examples:

- 22.7% = 23
- 85.4% = 85

Character Limit: 3

What percentage of the community members your organization serves are on Medi-Cal?*

Round to the nearest whole number and do not include the % sign in your response. Examples:

- 22.7% = 23
- 85.4% = 85

Character Limit: 3

Total Board Members*

How many official board members does your organization have as of today?

Character Limit: 10

Organization's Top 5 Funders*

List your organization's top 5 funders for 2026 and 2027, including the amount of funding.

Examples:

- IEHP Foundation: $500,000 for January 2026 - June 2027
- Vibrant Health Funder: $1,200,000 for January 2027 - December 2029

Character Limit: 1500

What type of formal contracts/agreements does your organization have with local Medi-Cal providers?*

It is not a requirement that an organization be formally contracted with a Medi-Cal provider. Please only select if the contract/agreement is for services provided in Riverside and/or San Bernardino counties. Select all that apply.

Choices

Community Health Worker Benefit
Community Supports
Enhanced Care Management
Event Sponsorship
Grant
Other
No formal contracts with local Medi-Cal providers

If other, please describe.

Character Limit: 250

Which local Medi-Cal providers does your organization have contracts with?*

It is not a requirement that your organization have a contract with a local Medi-Cal provider. This is collected for learning purposes only.

Choices

Inland Empire Health Plan (IEHP)
Kaiser Permanente
Molina
Other

If other, please list who.

Character Limit: 250

Does your organization have a BenefitsCal account?*

It is not a requirement that your organization have an active BenefitsCal account. This is collected for learning purposes only. BenefitsCal allows your organization to support community members with Medi-Cal and benefits enrollment. For more information, go to: https://benefitscal.com/.

Choices

Yes
No

History of Programs and Services*

How does your organization serve the Medi-Cal population in the Inland Empire?

The Inland Empire includes Riverside and San Bernardino Counties. In your response, please address:

- The history and background of your organization's services in the Inland Empire
- The types of services you provide
- What specific population(s) within the Medi-Cal community your organization serves (e.g., children, Veterans, etc.)
- How community voice is incorporated into your work
- Any impacts or successes you would like to highlight

Character Limit: 1500

Volunteer and Board Engagement*

How are volunteers and board members engaged in executing on your organization's mission?

In your response, please include both current ways that volunteers and board members are engaged and any challenges your organization may face in maximizing their engagement.

Character Limit: 1500

Impact of HR.1., Medi-Cal and CalFresh Changes*

How will your organization and clients be impacted by H.R. 1 and the upcoming 2027 Medi-Cal and CalFresh changes, and what challenges do you anticipate as a result of these shifts?

In your response, please be as specific as possible, including reference to any particular policies that uniquely affect your organization. As you respond, please address:

- How your organization's budget may be affected
- How the community members you serve may be impacted, including any estimates of the number who may lose insurance
- How your organization plans to address or mitigate these challenges, including any advocacy and policy efforts

Character Limit: 1500

Emerging and Executive Leader Selection*

Why were the emerging/executive leaders from your organization nominated as potential participants?

In your response, please address:

- What steps/process did your organization take to identify potential participants
- How the Emerging and Executive Leaders currently interact with one another
- How their participation is anticipated to help the organization grow and better support the Medi-Cal population in the Inland Empire

Character Limit: 1500

Direct Funding:

Section Overview:

Participating organizations will receive $50,000 for each year they are part of the 2027–2028 Champions for Vibrant Health Leadership Network, for a total award of $100,000.

Please use the questions below to describe how your organization plans to use **Year 1 funds only.** Organizations **should not** budget for travel to Sacramento, as a separate travel stipend will be provided directly to participating leaders.

Please also note that organizations must allocate $10,000 of Year 1 funds for flexible funding to implement learnings from the Leadership Network. As such, project plans should budget **$40,000** in Year 1.

Project Name*

Type a short description that summarizes how your organization intends to use the Year 1 grant funds. Your project name **should not** include your organization's name nor just be "Leadership Network".

Examples:

- Increasing Food Delivery Capacity
- Improving Data Infrastructure
- Internal Staff Training and Development

Character Limit: 150

Total Cost of Project*

Character Limit: 20

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

You may only select one option. Based on the selection below, questions related to direct funding use will populate according to the goal category selected.

- **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 financial resources available to achieve improved health outcomes for Inland Empire children, youth and families.
- **OS Goal Category 3:** Improve 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

Direct Funding: 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.

- **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

Project Plan*

Please provide a detailed description of the project Year 1 funds will support. Include in your response:

1. **Statement of Need**: Explain what organization challenge or need 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 organization strength goals.

4. **Expected Outcomes:** Explain what will change or improve as a result of this work, who the target audience for this impact and how you will measure success.
5. **Budget Narrative:** Explain how IEHPF funds will support the project and describe any additional partners/funding that will be leveraged.
6. **Challenges:** Describe any challenges that may impact your project and how your organization will plan to mitigate the effects of the anticipated challenges.

Character Limit: 1500

Direct Funding: 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.

- **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

Project Plan*

Please provide a detailed description of the project Year 1 funds will support. Include in your response:

1. **Statement of Need**: Explain what organization challenge or need 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 organization strength goals.
4. **Expected Outcomes:** Explain what will change or improve as a result of this work, who the target audience for this impact and how you will measure success.
5. **Budget Narrative:** Explain how IEHPF funds will support the project and describe any additional partners/funding that will be leveraged.
6. **Challenges:** Describe any challenges that may impact your project and how your organization will plan to mitigate the effects of the anticipated challenges.

Character Limit: 1500

Direct Funding: 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

Project Plan*

Please provide a detailed description of the project Year 1 funds will support. Include in your response:

1. **Statement of Need**: Explain what organization challenge or need 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 organization strength goals.
4. **Expected Outcomes:** Explain what will change or improve as a result of this work, who the target audience for this impact and how you will measure success.
5. **Budget Narrative:** Explain how IEHPF funds will support the project and describe any additional partners/funding that will be leveraged.
6. **Challenges:** Describe any challenges that may impact your project and how your organization will plan to mitigate the effects of the anticipated challenges.

Character Limit: 1500

Executive Leader

Section Overview: The following questions are intended to be completed by the Executive Leader from your organization identified as the potential participant for the Champions for Vibrant Health Leadership Network. We want to hear their unique voice and thoughts about leadership and how this opportunity may impact their personal growth and ability to grow your organization.

Click here for instructions on how to collaborate with the Executive Leader on this portion of the application within the grants management portal. Your organization may also choose to have the Executive Leader collaborate with the staff member responsible for submitting the application outside the grants management portal.

Executive Leader: Name*

Please include first and last name.

Character Limit: 100

Executive Leader: Job Title*

Character Limit: 100

Executive Leader: Email Address*

Character Limit: 100

Executive Leader: Years with Current Organization*

This should include any years that the Executive Leader served your organization, regardless of job title. Round to the nearest half-year.

Character Limit: 20

Executive Leader: Years Serving the Inland Empire*

This should include any years the individual worked at a nonprofit organization, public entity or private business serving the Inland Empire (Riverside and/or San Bernardino Counties). Round to the nearest half-year.

Character Limit: 20

Executive Leader: Provide a brief description of your personal and professional background.*

The description should include a summary of:

- Your current roles and responsibilities within your organization
- Relevant education or training experiences
- A brief overview of other relevant past positions

Character Limit: 2500

Executive Leader: Resume*

Upload a copy of your resume. The resume should not exceed two pages.

File Size Limit: 5 MB

Executive Leader: LinkedIn Profile

This is an optional question.

Character Limit: 2000

Executive Leader: Have you participated in other Leadership Development Programs?*

Choices

Yes
No

If yes, please list which leadership development programs.

Character Limit: 250

Executive Leader: Leadership in Action*

How are you leading change both inside and outside your organization?

In your response, please address:

- Any positive impacts you have made on your organization's culture, including specific actions you have taken and their outcomes
- Any regional leadership roles you hold
- How you measure the success of the changes you are leading
- How you plan to balance your current leadership responsibilities with the time commitment required for this leadership program

Character Limit: 2500

Executive Leader: Partnerships, Policy and Advocacy*

What are your organization's current and planned efforts related to partnership, policy, and advocacy?

In your response, please address:

- How your organization currently collaborates with nonprofit, public, and private partners in the Inland Empire
- The regional collaboratives and networks your organization participates in, and who represents your organization in these spaces
- The key issues, conditions, or policies that are most critical for your organization to advocate for on behalf of the populations you serve
- How your organization currently engages in advocacy at the local, state, or national level, if at all

Character Limit: 2500

Executive Leader: Learning and Improvement*

What is your vision for the future of your organization, and what do you hope to learn from the Leadership Network to help advance that vision?

In your response, please address:

- Any upcoming opportunities or challenges for your organization that you believe the Leadership Network will support

- Which learning topics interest you most and why
- How you envision these learning opportunities contributing to your personal and professional development at this stage in your career

Character Limit: 2500

Emerging Leader

Section Overview: The following questions are intended to be completed by the Emerging Leader from your organization identified as the potential participant for the Champions for Vibrant Health Leadership Network. We want to hear their unique voice and thoughts about leadership and how this opportunity may impact their personal growth and ability to grow your organization.

Click here for instructions on how to collaborate with the Emerging Leader on this portion of the application within the grants management portal. Your organization may also choose to have the Executive Leader collaborate with the staff member responsible for submitting the application outside the grants management portal.

Emerging Leader: Name

Please include first and last name.

Character Limit: 150

Emerging Leader: Job Title

Character Limit: 100

Emerging Leader: Email Address

Character Limit: 100

Emerging Leader: Provide a brief description of your personal/professional background.*

The description should include a summary of:

- Your current roles and responsibilities within your organization
- Relevant education or training experiences
- A brief overview of other relevant past positions

Character Limit: 3000

Emerging Leader: Resume*

Upload your resume. The resume should not exceed two pages.

File Size Limit: 5 MB

Emerging Leader: LinkedIn

This is an optional question.

Character Limit: 2000

Emerging Leader: Have you participated in other Leadership Development Programs?*

Choices

Yes
No

If yes, please list which leadership development programs.

Character Limit: 250

Emerging Leader: Leadership in Action*

How are you leading change both inside and outside your organization?

In your response, please address:

- Any positive impacts you have made on your organization's culture, including specific actions you have taken and their outcomes
- Any regional leadership roles you hold
- Any organizational challenges you are facing
- How you plan to balance your current leadership responsibilities with the time commitment required for this leadership program

Character Limit: 2500

Emerging Leader: Partnership, Policy and Advocacy*

What is your experience with partnerships, policy and advocacy?

Please note that prior policy or advocacy experience is **not required** to participate in this network. Responses will be evaluated based on thoughtfulness, not past experience. In your response, please address:

- Any collaboratives or networks you are a part of and the role you personally have in them (e.g., Chair, Member, etc.)
- Any experience you have advocating for or developing policy at the local, state, or federal level.
- What you hope to contribute to the Leadership Network as it relates to policy and advocacy. In your response, you may include any thoughts on key policy or advocacy needs that could better support Medi-Cal populations in the Inland Empire.
- What you hope to learn from the Leadership Network in the areas of policy and advocacy.

Character Limit: 2500

Emerging Leader: Learning and Improvement*

What do you most look forward to about participating in the Leadership Network?
In your response, please:

- Describe which learning topics interest you most.
- Explain how you envision these learning opportunities contributing to your personal and professional development at this stage in your career.
- Describe how participation in the Leadership Network will support your long-term career goals and development into a stronger leader.

Character Limit: 2500

Additional Information (Optional)

Please share any other information IEHP Foundation should know about your organization or leaders.

Character Limit: 3000

Process Feedback Questions (Optional)

Instructions: Listening and learning from the community is important to IEHP Foundation. The following questions are optional and will help inform IEHP Foundation staff how we can improve our grantmaking processes and strategies.

How did you hear about this grant opportunity?

Choices

Email
Instagram
Internet Search
LinkedIn
Word-of-Mouth
Other

If other, please describe.

Character Limit: 200

How long did it take you to complete this application?

Please type the approximate number of hours it took and round up to the nearest quarter.

Character Limit: 20

Any other comments you would like to share about the application process?

Please only include comments related to the application process. This can include suggestions on how to improve the process.

Character Limit: 1500