



# Riverside Community Health Foundation Stebler Fund 2022 Proposal Guidelines

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## About this Funding Opportunity Process

Riverside Community Health Foundation (RCHF) is a 501 (c) (3) non-profit public benefit foundation that provides and facilitates programs and services to improve the health of the residents within the Greater Riverside Area defined by the city limits of the Cities of Jurupa Valley, Riverside, Moreno Valley, Corona, Norco, and Perris, including the following ZIP codes: 92501; 92502; 92503; 92504; 92505; 92506; 92507; 92508; 92509, 92518; 92521; 92522; 92551; 92553; 92557; 92570; 92571; 91752; 92860; 92879; and 92881\*.

*\*The cities of Moreno Valley, Corona, Norco, and Perris were added to RCHF's service area as of January 2022.*

RCHF is fortunate to receive 35% of the Fred and Eva Stebler Trust for distribution in the community. This fund carries the following restrictions: funds must be used for the treatment and care of low-income and indigent minor children who are residents of the County of Riverside who are not otherwise qualified or eligible to receive treatment and care of the County of Riverside and/or the State of California. For this funding opportunity, RCHF is seeking grant proposals that are consistent with our identified mission and vision, and that increase access to needed health care treatment for minors under the age of 18 residing in Riverside County.

Please review the following instructions carefully.

## Proposal Guidelines

The applicant organization should consider the Foundation's mission, vision, priorities, eligibility requirements, and funding restrictions with respect to the funding request.

### Mission

Our mission is to improve the health and well-being of our community.

### Vision

To inspire a healthier, happier, and more active community for generations to come.

### Priorities for This Funding Opportunity

In keeping with our mission, the Riverside Community Health Foundation (RCHF) invests in organizations and programs that benefit our residents and that build vibrant and healthy communities. Through the Fred and Eva Stebler Trust, RCHF provides funding in health and seeks to support innovative approaches to treatment for children under the age of 18. RCHF seeks to fund projects that will lead to sustained improvement in the health and health care access of vulnerable populations, and projects that will advance health and racial equity.

The health focus of this funding opportunity includes the improvement of the physical and mental health status; access to and quality of treatment services; and improved health outcomes.

Through this funding opportunity, RCHF seeks to fund projects that can achieve **one** or **two** of the following goals to benefit residents of Riverside County under the age of 18:

1. Expand access to healthcare treatment
2. Advance effective strategies for filling significant gaps in health and health care
3. Improve the quality of health and health care within the community.

As we evaluate proposals, we look for efforts that:

- Promote cooperation/partnership with other organizations.
- Demonstrate organizational capacity to implement the proposed project.
- Establish criteria for effectively evaluating strategies, timetables, and measurable objectives.

### Grant Range

Grant award amounts can range between \$10,000 to \$30,000 for this funding opportunity. RCHF can adjust the award amount above the maximum as deemed appropriate.

## Eligibility Requirements

To be eligible for a Stebler Fund grant from Riverside Community Health Foundation, the applicant organization must:

- Be a 501 (c)(3) non-profit organization, school, government agency; or Native American Tribal government or organization
- Serve Riverside County residents under the age of 18
- Provide direct treatment
- Improve health care access for children

## Funding Restrictions

RCHF does not award grants for:

- Annual fund drives (i.e. membership drives, dinner, benefits, food or clothing drives)
- Individuals
- Scholarships or fellowships
- Food distribution/feeding programs
- Research that does not have a direct application to implementing a community-driven health intervention
- Media projects (film, television, radio, website, PSAs) that are not part of a broader project or strategy
- Political campaigns, voter registration drives or lobbying for specific legislation
- Endowments
- Capital funding for the purchase, construction or renovation of any facilities or other physical infrastructure
- Operating deficits or retirement of debt

## Key Action Dates

Event	Date
<b>Deadline to Submit Questions</b> Submit via email at: <a href="mailto:grants@rchf.org">grants@rchf.org</a> <u>Subject Line:</u> RCHF Stebler Fund 2022 Grant Questions	June 13, 2022 (Mon.), 5:00 PM
<b>Q &amp; A Responses Published</b>	June 16, 2022 (Thurs.)
<b>Proposal Application Deadline</b> Applicants must submit their proposal applications by this due date.	July 22, 2022 (Fri.), 5:00 PM
<b>Proposal Application Status Notification</b> RCHF will email status notifications to applicants.	Within the first two weeks of October 2022.

## Proposal Application Submission Process

### **STEP 1. Creating a User Account to Apply using the RCHF Online Grants Portal**

Follow the steps below to create a User Account. *Please note: If you have already submitted a grant application to RCHF using the Online Grant Portal, please do not create a new User Account.*

1. **Watch the Grant Applicant Tutorial video**, which provides information on how to create an account and access the application. Click on the following link to view the tutorial: <https://support.foundant.com/hc/en-us/articles/4479853059991-GLM-Applicant-Tutorial>. Under the "GLM Applicant Tutorial" heading, select the "Apply for a Grant" video (3:51 minutes).
2. **Access RCHF's online grant portal** by visiting [www.rchf.org/grants](http://www.rchf.org/grants) and selecting the "Click here" hyperlink under the Online Grant Portal section of the page. You may also access the portal via this direct link: <https://www.grantinterface.com/Home/Logon?urlkey=rchf>
3. **Click on the "Create New Account" button and follow the steps.** Please note the following:
  - Questions with asterisks (\*) are required fields which must be completed before moving forward.
  - Be sure to have your organization's EIN/Tax ID number on hand.
  - **Important:** While completing the registration process, do not use your browser's "back" button; doing so will cause you to lose all registration information entered. Instead, please navigate to the previous section by using the "Previous" button at the bottom of each section; doing this will ensure that the information entered remains intact. This happens only during the "Create a New Account" stage.
4. **Apply Page:** Complete the Eligibility Quiz – Stebler Fund by clicking the blue "Start Eligibility Quiz" button.

### **STEP 2. Completing the Application via the RCHF Online Grants Portal**

Complete all questions and upload all required attachments in the online application form. Applications must be submitted by **5:00 PM on Friday, July 22, 2022.**

Please note the following:

1. **Required Fields.** Questions with asterisks (\*) are required fields which must be completed before the application can be submitted. If left blank, such a field will highlight in red to

indicate that it is required; you will still be able to leave the field empty and move to other fields or other sections of the application, however you will not be able to submit the application until these required fields are filled.

2. **Word limitations are stated for all narrative-style questions.** The application form, however, counts characters (including spaces) rather than words. Responses that exceed the character count will not be accepted. However, if your content exceeds the word maximum but still falls within the allotted character count, your response will be accepted.
3. **Helpful Tip:** Although the online application form auto-saves, it is highly recommended to type your responses in a Word document and transfer your final responses to the online form.
4. **Attachments to be uploaded:** The chart below specifies the file type(s) that are allowable for each type of attachment upload:

	<b>Attachment Name</b>	<b>Upload the file as:</b>
	Tax Exemption Documentation	PDF
	List of Officers and Directors	PDF
	Organization Budget	PDF
	IRS Form 990 (most recent)	PDF
	Audited Financial Statement	PDF
	Project Budget (use the RCHF Stebler 2022 Project Budget Template that can be downloaded from the online application.)	Excel
	Scope of Work (use the RCHF Stebler 2022 Scope of Work Template that can be downloaded from the online application.)	Excel

If you encounter any problems using the system, please contact Desirée Santos-Kho, Grants Manager, at [desiree@rchf.org](mailto:desiree@rchf.org).

### **Safe Sender List Email Tips**

As a step to prevent emails from RCHF from accidentally being caught by your email provider's spam filter, please add the following email addresses to your contact list:

[grants@rchf.org](mailto:grants@rchf.org) (RCHF Grants Team)

[administrator@grantinterface.com](mailto:administrator@grantinterface.com) (RCHF Grants - Do Not Reply)

Please note: Do not send emails to the [administrator@grantinterface.com](mailto:administrator@grantinterface.com) email address.

## **Application Form Questions**

The Application Form questions may be previewed on the following pages.

# Stebler Fund 2022

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*Riverside Community Health Foundation*

## *Organization Information*

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### **Organization's Tax Status\***

Please indicate your organization's tax status.

#### Choices

- Nonprofit or charitable organization with a 501(c)(3) IRS designation
- City, County, or State Government entity
- Native American Tribal Government or organization
- Fiscally sponsored organization

### **Year Founded\***

Specify the year in which your organization was founded.

*Character Limit: 250*

### **Organization Description and Mission\***

Provide a brief description of your organization, including its mission statement and history.

*350 words max*

*Character Limit: 2450*

### **Fiscal Year Start\***

Please specify the month in which your organization's fiscal year begins.

#### Choices

- January
- July
- October
- February
- March
- April
- May
- June
- August
- September
- November
- December

## *Uploads - 501(c)(3) Nonprofit Organization*

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### **Tax Exemption Documentation\***

Please upload your applicant organization's tax determination letter. File type: PDF

*File Size Limit: 1 MB*

### **List of Officers and Directors\***

Please upload a current list of your board of directors, including those who hold officer positions and their affiliations. *Your application will be considered incomplete without the affiliations.* File Type: PDF

*File Size Limit: 1 MB*

### **Organization Budget\***

Please upload a copy of your organization's current itemized operating budget. File Type: PDF

*File Size Limit: 5 MB*

### **IRS Form 990\***

Please upload a copy of your organization's most recent IRS Form 990. File type: PDF

*File Size Limit: 4 MB*

### **Audited Financial Statement\***

Please upload a copy of your organization's most recent independent audited financial statement. File Type: PDF

*File Size Limit: 4 MB*

## *Organizational Capacity*

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### **Total Annual Budget\***

Please enter your organization's annual budget.

*Character Limit: 20*

### **Total Paid Employees\***

Please enter your organization's total number of paid employees.

*Character Limit: 10*

### **Total Paid Full-Time Employees\***

Of the total paid employees, how many are full-time?

*Character Limit: 10*

### **Total Paid Part-Time Employees\***

Of the total paid employees, how many are part-time?

*Character Limit: 10*



## Project Information

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### Need Statement\*

Describe the particular health problem or need your program or project seeks to address. What is the current magnitude of this problem or need specific to the county of Riverside? *400 words max.*

*Character Limit: 3500*

### Proposed Request\*

Describe your proposed program/project and how it fits with the Foundation's mission and goals, and priorities for this funding opportunity. Specify if your organization is requesting funds to sustain a current program, grow/expand a current program, or to provide a new program. *500 words max.*

*Character Limit: 3500*

### Project Title\*

Please enter your Project Title.

*Character Limit: 150*

### Project Start Date\*

Indicate the anticipated start date of the project.

*Character Limit: 10*

### Project End Date\*

Indicate the anticipated end date of the project (no more than 12 months from the start date). *For example, a project with a start date of November 1, 2022 may have an end date of no later than October 31, 2023).*

*Character Limit: 10*

### Project Goal(s)\*

Goals are broad, brief statements about the long-term intent or desired outcome of the program or project. Per the RCHF Stebler Fund 2022 Proposal Guidelines, applicants are asked to select **one** or **two** of the following goals to benefit residents of Riverside County under the age of 18:

- **GOAL 1** - Expand access to healthcare treatment
- **GOAL 2** - Advance effective strategies for filling significant gaps in health and health care
- **GOAL 3** - Improve the quality of health and health care within the community.

*Indicate below the number of goals you are selecting for this project.*

**Choices**

- 1 Goal
- 2 Goals

**Project Goal 1\***

Select the desired goal from the dropdown list.

**Choices**

- GOAL 1 - Expand access to healthcare treatment
- GOAL 2 - Advance effective strategies for filling significant gaps in health and health care
- GOAL 3 - Improve the quality of health and health care within the community.

**Project Objectives**

For the chosen goal, list no more than 3 objectives that are *specific, measurable, achievable, realistic, and time-based*. Below are a few examples of objectives:

GOAL 1 - Expand access to healthcare treatment

- Objective: By the end of the project period, XYZ hospital/clinic... will increase its capacity to offer mental health services to children in Riverside County above baseline.
- Objective: By the end of the project period, XYZ hospital/clinic... will increase access of health services to at least 200 additional children in Riverside County.

GOAL 2 - Advance effective strategies for filling significant gaps in health and health care

- Objective: By the end of the project period, XYZ hospital/clinic... will decrease gaps in return emergency visits due to asthma children in Riverside County who participate in ABC program by 20%.

GOAL 3 - Improve the quality of health and health care within the community

- Objective: By the end of the project period, XYZ organization will increase the capacity of 23 hospital providers to offer mental health services to children in Riverside County.

**Goal 1 / Objective 1\***

*50 words max.*

*Character Limit: 350*

**Goal 1 / Objective 2**

*50 words max.*

*Character Limit: 350*

**Goal 1 / Objective 3**

If you have a third objective for Goal 1, please enter it here. *50 words max.*

*Character Limit: 350*

Please note: The **Goal 2** question group below will appear only for applicants that have selected "2 Goals" for the **Project Goal(s)** question above.

## Goal 2

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### Project Goal 2\*

50 words max.

Character Limit: 350

### Project Goal 2\*

Select the desired goal from the dropdown list.

#### Choices

GOAL 1 - Expand access to healthcare treatment

GOAL 2 - Advance effective strategies for filling significant gaps in health and health care

GOAL 3 - Improve the quality of health and health care within the community

### Project Objectives

For your second chosen goal, list no more than 3 objectives that are *specific, measurable, achievable, realistic, and time-based*. Below are a few examples of objectives:

GOAL 1 - Expand access to healthcare treatment

Objective: By the end of the project period, XYZ hospital/clinic... will increase its capacity to offer mental health services to children in Riverside County above baseline.

Objective: By the end of the project period, XYZ hospital/clinic... will increase access of health services to at least 200 additional children in Riverside County.

GOAL 2 - Advance effective strategies for filling significant gaps in health and health care

Objective: By the end of the project period, XYZ hospital/clinic... will decrease gaps in return emergency visits due to asthma children in Riverside County who participate in ABC program by 20%.

GOAL 3 - Improve the quality of health and health care within the community

Objective: By the end of the project period, XYZ organization will increase the capacity of 23 hospital providers to offer mental health services to children in Riverside County.

### Goal 2 / Objective 1\*

50 words max.

Character Limit: 350

### Goal 2 / Objective 2

50 words max.

Character Limit: 350

### Goal 2 / Objective 3

If you have a third objective for Goal 2, enter it here. 50 words max.

Character Limit: 350

## Target Population

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### Target Population(s)\*

For each objective provided, describe the population who will benefit. Highlight any relevant characteristics that further clarify your target group, i.e. gender, age groups, ethnicity/race, health status, socio-economic status and/or income level, and geographic area.

*Character Limit: 3500*

### Estimated Annual Reach\*

Specify the estimated annual reach of your project.

*Character Limit: 20*

### Race/Ethnicity

Please estimate the percentages to be served by this project. All estimated percentages combined must add up to 100%.

*Enter whole numbers only (no decimals). Enter 0 if zero.*

### % African American\*

*Character Limit: 3*

### % Latino\*

*Character Limit: 3*

### % White\*

*Character Limit: 3*

### % Asian\*

*Character Limit: 3*

### % Pacific Islander\*

*Character Limit: 3*

### % Native American\*

*Character Limit: 3*

### Age Group

Please estimate the percentages in each age group to be served by this project.

*Enter whole numbers only (no decimals). Enter 0 if zero.*

### % 0 to 5 years\*

*Character Limit: 3*

### % 6 to 12 years\*

*Character Limit: 3*

**% 13 to 17 years\****Character Limit: 3***% 18 to 25 years\****Character Limit: 3***% 26 to 44 years\****Character Limit: 3***% 45 to 64 years\****Character Limit: 3***% 65+ years\****Character Limit: 3***Additional Target Population Information**

Will your project target any of the following populations?

- Residential Facilities for Youth (e.g., foster homes, group homes, etc.)
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer or Questioning)
- Developmentally Disabled/Mentally Challenged
- Physically Disabled (e.g., visually, mobility, and/or hearing impaired)
- Veterans
- Disease Specific Group (e.g., diabetes, heart disease, cancer)
- Behavioral Health (e.g., mental health, substance use, etc.)

*If so, please specify below. 100 words max.*

*Character Limit: 700*

## **Project Implementation**

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**Scope of Work\***

Please click [here](#) to download the RCHF Stebler 2022 Scope of Work Template. Please fill it out, save it on your computer and upload the completed version below. *To complete the Scope of Work template, refer to the "Instructions" tab of the Scope of Work template.*

File Type: Excel

*File Size Limit: 10 MB*

**Key Staff and Responsibilities\***

List key project staff and volunteers on the project and describe their responsibilities. *600 words max.*

*Character Limit: 4200*

### **Impact of COVID-19\***

Are there any COVID-19-related adaptations that your organization is currently implementing, or limitations your organization is currently experiencing with regard to operating your project? If there are no adaptations or limitations, respond "Not applicable."

*500 words max.*

*Character Limit: 3500*

## *Geographic Area Served – Riverside County*

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### **Geographic Area Served – Riverside County\***

List the geographic areas (e.g., specific cities, ZIP codes, or neighborhoods) of the sites where the project services/activities will be delivered. Proposed services must benefit Riverside County residents under the age of 18.

*Character Limit: 1750*

## *Evaluation*

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### **Expected Outcomes\***

Identify the expected outcomes to be achieved by successfully accomplishing your objectives.  
*300 words max.*

*Character Limit: 2100*

## *Project Budget Information*

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### **Total Project Budget Amount\***

*Character Limit: 20*

### **Amount Requested\***

*Character Limit: 20*

### **Project Budget\***

Please click [here](#) to download the RCHF Stebler 2022 Project Budget Template. Please save it on your computer, fill it out, and upload the completed version below (as an Excel document). *To complete the Project Budget template, refer to the "Instructions" tab of the Project Budget template.*

File Type: Excel

*File Size Limit: 10 MB*

**Subcontractor(s)\***

Will your project utilize one or more subcontractors? If yes, you will be asked to upload a budget for each proposed subcontractor.

**Choices**

Yes

No

**Subcontractor Budget(s)****Subcontractor Budget(s)\***

(1) Please upload the budget for your proposed subcontractor. If there are multiple subcontractors, combine the separate budgets for each proposed subcontractor into one PDF document and upload below. File Type: PDF

(2) List the name and major role of each subcontractor below.

*Character Limit: 2000 | File Size Limit: 4 MB*

**Deliverables****Required Meetings and Reports\***

If awarded funds, you must agree to the following:

- Attend Grantee Orientation meeting
- Participate in a mid-year check-in meeting.
- Submit bi-yearly reports
- Create an organization profile in Connect IE, a search and referrals platform that helps organizations to connect people in need to free or reduced cost services like medical care, food, job training, and more.

**Choices**

I agree

**Organizational Policies****Non-Discrimination Policy\***

Does your organization have a policy or statement that prohibits discrimination on the basis of sex, age, economic status, educational background, race, color, ancestry, national origin, sexual orientation, gender expression, gender identity, or marital status in your programs, services, policies and administration?

**Choices**

Yes

No

**Non-Proselytizing\***

For a religious or faith-based organization, will the proceeds be used to support general operations, services and programs of the congregation/membership/students, or to advance religious doctrine or philosophy?

**Choices**

Yes

No

Not Applicable