Riverside Community Health Foundation
Health & Racial Equity 2023 Grant Program 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.

Purpose of Funding

In the Health and Racial Equity 2023 Grant Program cycle, RCHF seeks to fund small projects that support healthcare system improvements through a health/racial equity lens. Settings include but are not limited to hospitals, clinics, and schools. Project examples are: needs assessment; patient screening and/or navigation; development or adaptation of educational materials; virtual and in-person educational experiences (e.g., trainings/seminars); evaluation; and other evidence-based interventions. Systems-level approaches may include changes in or development of policies, procedures, workflows, capacity, etc.

The projects should support programs with one or more of the following primary goals:

- Increase access to mental health services and chronic disease prevention resources in an inclusive and culturally appropriate/relevant manner, and at a systems level.

- Create and/or improve systems-level approaches within social, economic, institutional, and built environments that support mental health and chronic disease prevention.

- Integrate systems-level change that improves protective factors and/or mitigates adverse agents which affect mental and physical wellbeing; this may include COVID-19.

Grant Award Range and Period

Grant award amounts can range between $10,000 to $20,000 for this funding opportunity. RCHF can adjust the award amount above the maximum as deemed appropriate. The grant period is for small projects which will be implemented during the period of <u>December 1, 2023 to June 30, 2024</u>. RCHF will fund proposals focused on addressing social equity and racial justice as it relates to the reduction and prevention of chronic disease and mental health challenges. Priority will be given to proposals requesting funds to support existing organizational programming efforts and projects.

Eligibility Requirements

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

- Be a 501 (c)(3) non-profit organization; government entity; or Native American Tribal government or organization

- Serve 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.

- Serve the public without discrimination on the basis of any protected personal characteristic identified in state and federal civil rights laws (including section 51 of the California Civil Code and title 42, section 18116 of the United States Code), including, without limitation, the following categories of protected personal characteristics: gender, including sex, gender, gender identity, and gender expression; intimate relationships, including sexual orientation and marital status; ethnicity, including race, color, ancestry, national origin, citizenship, primary language, and immigration status; religion; age; and disability, including disability, protected medical condition, and protected genetic information.

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

Selection Process

All applications will be reviewed by the RCHF Health Equity Team and recommendations will be forwarded to the RCHF Grants Team for final approval. Strong applications will include the following criteria:

a. Demonstrate a commitment to addressing structural and systemic social and racial inequities that contribute to chronic disease and mental health disparities.
b. Serve historically disadvantaged communities (socially and/or economically disadvantaged).
c. Serve communities of color within RCHF's service area, as defined in the Eligibility Requirements.
d. Demonstrate honesty, openness, and trust among partners and community stakeholders as a core programmatic/project value.

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

Key Action Dates

Event	Date
Invitation to Apply	August 29, 2023 (Tues.)
Deadline to Submit Questions Submit via email at: grants@rchf.org Subject Line: "Health & Racial Equity Grant Questions"	September 5, 2023 (Tues.), 5:00 PM
Q & A Responses Published	September 12, 2023 (Tues.)
Proposal Application Deadline	**September 26, 2023 (Tues.), 5:00 PM**
Proposal Application Status Notification RCHF will email status notifications to applicants.	Within the first two weeks of December 2023.

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 RCHF online grant portal, please do not create a new User Account (and skip to Step #2 below).*

1. **If you have not previously submitted a grant application to RCHF, please do the following:**
   - 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. Select the "GLM Applicant Tutorial Video" heading to view the 5:58-minute video.
   - 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.

2. **Access RCHF's online grant portal** via this direct link: https://www.grantinterface.com/Home/Logon?urlkey=rchf. You may also access the portal by visiting www.rchf.org/grants and selecting the "Click here" hyperlink under the Online Grant Portal section of the page.

3. **Log on** and select the "Apply" option at the top of the screen.

4. **Apply Page:** Complete the Eligibility Quiz – Health & Racial Equity 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 no later than **5:00 PM on Tuesday, September 26, 2023**.

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.

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4. **Attachments to be uploaded:** The chart below specifies the file type(s) that are allowable for each type of attachment upload:

	Attachment Name	Upload the file as:
☐	Tax Exemption Documentation	PDF
☐	List of Officers and Directors	PDF
☐	Organization Budget	PDF
☐	IRS Form 990 (most recent)	PDF
☐	Audited Financial Statement	PDF
☐	Non-Discrimination Affirmation (use the RCHF document titled *Application Acknowledgement and Non-Discrimination Affirmation* that can be downloaded here or within the online application.)	PDF
☐	Project Budget (use the RCHF Project Budget Template that can be downloaded here or within the online application.)	Excel

If you encounter any problems using the system, please contact Desirée Santos-Kho, Grants Manager, at 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 (RCHF Grants Team)

administrator@grantinterface.com (RCHF Grants - Do Not Reply)

Please note: Do not send emails to the administrator@grantinterface.com email address.

Application Form Questions

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

Health and Racial Equity 2023 Grant Program

Riverside Community Health Foundation

Organization Information

Year Founded

Specify the year in which your organization was founded.

Character Limit: 250

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

Fiscal Year Start*

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

Choices

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

Total Annual Budget*

Please enter your organization's annual budget.

Character Limit: 20

Organization Description and Mission*

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

Character Limit: 2450

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

Uploads - 501(c)(3) Nonprofit Organization

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: 20 MB

Audited Financial Statement*

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

File Size Limit: 5 MB

Organizational Policies

Non-Discrimination Affirmation*

Riverside Community Health Foundation requires applicant organizations to complete, sign, and upload the Application Acknowledgement and Non-Discrimination Affirmation document as part of this application. Click here to download the form.

File Size Limit: 5 MB

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? *Religious or faith-based organizations -- please respond "Yes" or "No". If your organization is not religious/faith-based, please respond "Not Applicable".*

Choices
Yes
No
Not Applicable

Project Information

Project Title*

Please enter your Project Title.

Character Limit: 150

Project Summary*

Provide a brief description in one to two sentences.

Character Limit: 600

Total Project Budget Amount*

Character Limit: 20

Amount Requested*

Character Limit: 20

Project Start Date*

Indicate the anticipated start date of the project (no earlier than December 1, 2023, and no later than June 30, 2024).

Character Limit: 10

Project End Date*

Indicate the anticipated end date of the project (no later than June 30, 2024).

Character Limit: 10

SECTION GUIDANCE:

In the Health and Racial Equity 2023 Grant Program cycle, RCHF seeks to fund small projects that support healthcare system improvements through a health/racial equity lens. Settings include but are not limited to hospitals, clinics, and schools. Project examples are: needs assessment; patient screening and/or navigation; development or adaptation of educational materials; virtual and in-person educational experiences (e.g., trainings/seminars); evaluation; and other evidence-based interventions. Systems-level approaches may include changes in or development of policies, procedures, workflows, capacity, etc.

The projects should support programs with one or more of the following primary goals:

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- Create and/or improve systems-level approaches within social, economic, institutional, and built environments that support mental health and chronic disease prevention.

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Please address the questions below.

Proposed Need to be Met*
Specify the need or problem to be addressed. How will the community benefit from this project? How does this project align with the Foundation's mission to improve the health and well-being of the community, as described in the Section Guidance above?

Character Limit: 10000

Project Description*
In accordance with the Section Guidance above, describe the project <u>in detail</u> and tell how it will work, noting its purpose, goals and objectives, activities, target population to be served, expected reach, location of activities, and the expected result.

- *Provide one to two overall goals that capture the intent of the project*

- *For each goal, list no more than 3 objectives that are specific, measurable, achievable, realistic, and time-based.*

- *For each objective, list the related activities, target population to be served, and expected reach.*

Character Limit: 10000

Geographic Area Served*
List the geographic areas (e.g., specific cities, ZIP codes, or neighborhoods) where the project services/activities will be delivered. Proposed services must benefit 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.

Character Limit: 1750

Key Staff and Responsibilities*

List key project staff members and/or volunteers on this project, and describe their qualifications and responsibilities.

Character Limit: 5000

Success/Outcomes/Evaluation*

Please explain how you would determine success of your program or project.

Character Limit: 5000

Project Budget*

Please click here to download the RCHF Project Budget Template_HRE 2023. Please save it on your computer, fill it out, and upload the completed version below (as an Excel document).
File Type: Excel (xls, xlsx)

File Size Limit: 3 MB

Budget Narrative*

Provide a narrative description of the budget, describing the following:
(a) How will the requested funds be used?
(b) Is there a participant cost/fee? If so, what do the fees cover?
(c) List other funding sources for this project and amounts received or anticipated.

Character Limit: 10000

Target Population

Estimated Annual Reach*

Specify the estimated annual reach of your project.
Estimated Annual Reach = the total number of individuals to be reached by this 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

% Other*
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

Deliverables

Required Meetings and Reports*

If awarded funds, you must agree to the following:

- Participate in a mid-year check-in meeting.

- Submit a final report, due two weeks after the grant period ends.

- 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

Please note: The question group below will appear only for applicants that have selected "Fiscally sponsored organization" as their Organization's Tax Status.

Fiscal Sponsor Information

Fiscal Sponsor Information

- The Fiscal Sponsor is a non-profit organization offering its legal and tax-exempt status to the project; it acts as an umbrella organization for the project, accepting and administering funds on its behalf. The Fiscal Sponsor ensures that sponsoring the project will further the exempted charitable purposes of the Fiscal Sponsor organization. The Fiscal Sponsor is legally responsible for the funds received on behalf of the project; as such, the Fiscal Sponsor must ensure that the funds are used for charitable purposes, and that RCHF's reporting requirements are met.

- The Applicant Organization recognizes that its project will be under the control of its Fiscal Sponsor, who is legally responsible for the operations and activities of the project

Fiscal Sponsor Organization Name*

Provide the name of the Fiscal Sponsor organization.

Character Limit: 250

Organization's Tax Status - FS*

Indicate the tax status of the Fiscal Sponsor Organization.

Choices

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

Tax ID Number - FS*

Indicate the tax identification number of the Fiscal Sponsor organization.

Character Limit: 30

Fiscal Year Start - FS*

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

Choices

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

Address - FS*

Provide the address of the Fiscal Sponsor organization.

Character Limit: 250

City - FS*

Provide the city of the Fiscal Sponsor organization.

Character Limit: 250

Zip Code - FS*

Provide the zip code of the Fiscal Sponsor organization.

Character Limit: 11

Phone - FS*

Provide the organizational phone number of the Fiscal Sponsor organization.

Character Limit: 30

Website - FS*

Provide the website of the Fiscal Sponsor organization.

Character Limit: 2000

Year Founded - FS*

Specify the year in which the Fiscal Sponsor organization was founded.

Character Limit: 10

Organization Operating Budget - FS*

Specify the organization operating budget of the Fiscal Sponsor organization.

Character Limit: 20

Fiscal Sponsor Primary Contact Name*

List the Fiscal Sponsor Organization's President/Executive Director.

Character Limit: 100

Position Title - Primary Contact - FS*

Character Limit: 100

Phone - Primary Contact - FS*

Character Limit: 30

Email - Primary Contact - FS*

Character Limit: 254

Fiscal Sponsorship Agreement*

Upload the Fiscal Sponsorship Agreement between the Applicant Organization and Fiscal Sponsor Organization. At a minimum, the agreement should include:

- Description of how the Applicant Organization's project aligns with the Fiscal Sponsor's mission.

- Description of any fees/monetary obligations that may be arranged between the Applicant Organization and the Fiscal Sponsor, if applicable.

- Specific responsibilities of each entity.

- Description of the processes for administering the grant, managing financials, record-keeping, and reporting.
- Effective date of the agreement.

File Type: PDF

File Size Limit: 3 MB

Description of Fiscal Sponsor Relationship*

Provide a brief explanation of the relationship between the Applicant Organization and the Fiscal Sponsor Organization. *300 words max.*

Character Limit: 2100

Cover Letter - FS*

Upload a cover letter from the Fiscal Sponsor organization to RCHF. The letter must be on the Fiscal Sponsor organization's letterhead.

File Size Limit: 3 MB

Tax Exemption Documentation - FS*

Please upload the Fiscal Sponsor organization's tax determination letter. File type: PDF

File Size Limit: 1 MB

List of Officers and Directors*

Please upload a current list of the Fiscal Sponsor organization's 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 - FS*

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

File Size Limit: 1 MB

IRS Form 990 - FS*

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

File Size Limit: 4 MB

Audited Financial Statement - FS*

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

File Size Limit: 4 MB