



# **Request for Proposals**

## **Pathways to Health 2026:**

### **Promoting Access, Wellness, and Chronic Disease Management in Our Communities**

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#### **About RCHF**

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.

#### **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.

#### **Grant Program Guidelines**

##### **Purpose of Funding**

Riverside Community Health Foundation is pleased to announce the Pathways to Health 2026 Request for Proposals. RCHF actively supports and funds programs that address the complex interplay of social determinants of health, chronic disease prevalence, healthcare access, and community priorities of RCHF's service area of 21 zip codes, which includes diverse cities such as Riverside, Jurupa Valley, Moreno Valley, Perris, and Corona-Norco.

## Focus Areas

For this Pathways to Health 2026 RFP, RCHF invites proposals that aim to reduce health disparities and implement sustainable, equity-focused solutions within the following focus areas:

1. Access to Healthcare
2. Mental Health and Behavioral Wellness
3. Chronic Disease and Preventive Care

Applicants must choose only one Focus Area in their application. Examples are listed as bullet points in the table below.

Focus Area	Description
<b>Access to Healthcare</b>	<b>Description:</b> Expansion of low-cost healthcare services (especially dental and mental health); mobile clinics; and transportation assistance. <ul style="list-style-type: none"><li>• Initiatives to reduce/remove barriers to access (e.g., transportation, cost, fear) and increase knowledge of healthcare navigation and resources</li><li>• Increased availability and accessibility of preventive health services, including routine check-up and screenings</li><li>• Increase awareness and knowledge of preventive services</li></ul>
<b>Mental Health and Behavioral Wellness</b>	<b>Description:</b> Culturally competent mental health services; expanded counseling opportunities; and community-wide education to reduce stigma. <ul style="list-style-type: none"><li>• Programs addressing coping with trauma, stress, and substance use</li><li>• Counseling and support groups</li><li>• Awareness of available services</li></ul>
<b>Chronic Disease and Preventive Care</b>	<b>Description:</b> Comprehensive chronic disease management and wellness programs that promote preventive care through outreach and education. <ul style="list-style-type: none"><li>• Promote programs that encourage healthy lifestyles through increased physical activity, nutrition education, and wellness activities.</li></ul>

## **Grant Award Range and Period**

Applicants may apply for up to \$40,000 for this funding opportunity. RCHF can adjust the award amount above the maximum as deemed appropriate. The grant period for awarded projects will be January 1, 2026 to December 31, 2026.

## **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 Criteria

All applications will be reviewed by the RCHF Grants Team. Priority will be given to proposals that meet the following criteria:

- Proposal adheres to the funding guidelines, including Focus Area and zip codes.
- Proposed activities are reasonable for budget allocations.
- Proposal establishes criteria for effectively evaluating strategies, timetables, and measurable objectives.
- Proposal demonstrates organizational capacity to implement the proposed project.

## Frequently Asked Questions

A Frequently Asked Questions document may be accessed at [www.rchf.org/grants](http://www.rchf.org/grants).

## Key Action Dates

Event	Date
<b>RFP Release</b>	September 5, 2025 (Fri.)
<b>Proposal Application Deadline</b>	October 6, 2025 (Mon.), 5:00 PM
<b>Proposal Application Status Notification</b> RCHF will email status notifications to applicants.	Within the first two weeks of December 2025.

## Application Submission Process

### STEP 1. Apply using the RCHF Online Grants Portal

Follow the steps below to apply using RCHF’s Online Grants Portal. *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. If you have an existing User Account:

- Visit <https://www.grantinterface.com/Home/Logon?urlkey=rchf>.
- Log in with your existing email address and password (or select the “Forgot your password?” hyperlink to re-set your password).

2. **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>. Expand the “GLM Applicant Tutorial (New Dashboard)” group. Then, select the “GLM Applicant Tutorial Video” (this video is 4:54 minutes long).
- 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](http://www.rchf.org/grants) and clicking the “Log In” button under the Returning User? section of the page.
- 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.

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

4. **Apply Page:** Complete the Eligibility Quiz – Pathways to Health 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 Monday, October 6, 2025**.

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:

	Attachment Name	Upload the file as:
<input type="checkbox"/>	Tax Exemption Documentation	PDF
<input type="checkbox"/>	List of Officers and Directors	PDF
<input type="checkbox"/>	Organization Budget	PDF
<input type="checkbox"/>	IRS Form 990 (most recent)	PDF
<input type="checkbox"/>	Audited Financial Statement	PDF
<input type="checkbox"/>	Non-Discrimination Affirmation (use the RCHF document titled <i>Application Acknowledgement and Non-Discrimination Affirmation</i> that can be downloaded <a href="#">here</a> or within the online application.)	PDF
<input type="checkbox"/>	Project Budget (use the RCHF Project Budget Template that can be downloaded <a href="#">here</a> 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](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.

# Pathways to Health 2026

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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



## 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*

## 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: 7 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*

## Need Statement

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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 your proposed geographic area of service? *400 words max.*

*Character Limit: 3500*

## Project Information

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### Project Title\*

Please enter your Project Title.

*Character Limit: 150*

### Funding Request Type\*

Specify whether your organization is requesting funds to sustain a current program, grow or expand a current program, or launch a new program.

#### Choices

Sustain current program

Grow/Expand current program

Launch new program

### Focus Area\*

Specify the Focus Area of this project.

#### Choices

Access to Healthcare

Mental Health and Behavioral Wellness

Chronic Disease and Preventive Care

### Project Start Date\*

Enter January 1, 2026 as the Project Start Date.

*Character Limit: 10*

### Project End Date\*

Enter December 31, 2026 as the Project End Date.

*Character Limit: 10*

### Program Summary\*

Please give a high-level overview of the Project/Program, including how you intend to use grant funds. *200 words max.*

*Character Limit: 1750*

### **Project Goal\***

Provide one goal that captures the intent of the project. *(1 sentence max).*

*Character Limit: 350*

### **Project Objectives**

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

### **Goal 1 / Objective 1\***

*50 words max.*

*Character Limit: 350*

### **Goal 1 / Objective 2**

If you have a second objective for Goal 1, please enter it here. *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*

### **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.

In listing, please include the name of the city(ies) paired with the respective zip code(s), as applicable.

*For example:*

*The project will be delivered in:*

- *Riverside (92501, 92503, and 92507)*
- *Moreno Valley (92551, 92553, and 92557)*

*Character Limit: 1750*

## Project Implementation

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### Activities

In this section, please refer to your stated Project Goal and its corresponding objectives.

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#### Goal 1 / Objective 1 / Activities\*

Describe your activities for Objective 1. In addition, please briefly state where these activities will take place and for whom. *350 words max.*

*Character Limit: 2900*

#### Goal 1 / Objective 2 / Activities\*

Describe your activities for this Objective 2. In addition, please briefly state where these activities will take place and for whom. *350 words max.*

*If you do not have an Objective 2, enter "N/A".*

*Character Limit: 2900*

#### Goal 1 / Objective 3 / Activities\*

Describe your activities for Objective 3. In addition, please briefly state where these activities will take place and for whom. *350 words max.*

*If you do not have an Objective 3, enter "N/A".*

*Character Limit: 2900*

#### Key Staff and Responsibilities\*

List key project staff members and/or volunteers on this project and describe their qualifications and responsibilities. *500 words max.*

*Character Limit: 4200*

#### Key Partners\*

List key partners who have a significant role in this project. If your project does not involve key partners, please enter "N/A". Please do not list partners who only provide funding. *300 words max.*

*Character Limit: 2475*

## 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*

### % 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*

## **Evaluation**

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**Expected Outcomes\***

Identify the expected outcomes to be achieved by successfully accomplishing your objectives. Expected outcomes should describe the intended impact of your program activities on the individuals served. *400 words max.*

*Character Limit: 3300*

## *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 2026 Project Budget Template](#). The hyperlink opens a file in Dropbox. In the upper right hand corner of the screen, select the "Download" icon to download the template. *To complete the Project Budget template, refer to the "Instructions" tab of the Project Budget template.*

File Type: Excel

*File Size Limit: 10 MB*

### **Project 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.

*300 words max.*

*Character Limit: 2900*

### **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)*

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### **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

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### Required Meetings and Reports\*

If awarded funds, you must agree to the following:

- Participate in a mid-year check-in meeting, if applicable.
- 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

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### 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: 3 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

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

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### 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*

**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*

### **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*

### **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*

### **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*

### **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*