Riverside Community Health Foundation

Pathways to Health 2027: Promoting Access, Wellness, and Chronic Disease Management in Our Communities

Round 1 – LOI Application Guidelines

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 2027 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 2027 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
Access to Healthcare	**Description:** Expansion of low-cost healthcare services (especially dental and mental health); mobile clinics; and transportation assistance. • Initiatives to reduce/remove barriers to access (e.g., transportation, cost, fear) and increase knowledge of healthcare navigation and resources • Increased availability and accessibility of preventive health services, including routine check-up and screenings • Increase awareness and knowledge of preventive services
Mental Health and Behavioral Wellness	**Description:** Culturally competent mental health services; expanded counseling opportunities; and community-wide education to reduce stigma. • Programs addressing coping with trauma, stress, and substance use • Counseling and support groups • Awareness of available services
Chronic Disease and Preventive Care	**Description:** Comprehensive chronic disease management and wellness programs that promote preventive care through outreach and education. • Promote programs that encourage healthy lifestyles through increased physical activity, nutrition education, and wellness activities.

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, 2027 to December 31, 2027.

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

In addition, organizations with an active RCHF Pathways to Health grant are not eligible to apply for this funding opportunity.

How to Apply

Eligible organizations should submit a brief Round 1 - LOI Application introducing their work, alignment with the funding priorities (as set forth in the Priorities for This Funding Opportunity section), and anticipated impact. This Round 1 - LOI application is available now on the following webpage: www.rchf.org/grants.

All Round 1 applicants will receive a status update by September 7, 2026, and select applicants will be invited to submit a more detailed Round 2 - Full Proposal Application requiring additional information and documentation. *Note: An invitation to submit a Round 2 - Full Proposal Application does not signify or guarantee an award; rather, it informs you that Riverside Community Health Foundation is interested in receiving information about your project for consideration. Grant awards are assured only after the application review process has been completed, meaning the Riverside Community Health Foundation Board of Directors has made final determinations regarding awards and an award letter has been finalized.*

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.

Key Action Dates

Round 1 – LOI Application

Event	Date
Round 1 - LOI Application Deadline Applicants must submit their Round 1 – LOI applications by this due date.	August 12, 2026 (Wed.), 5:00 PM
Round 1 – Status Notification RCHF will announce the status for Round 1 applicants.	September 7, 2026 (Mon.)

Round 2 – Full Proposal Application

Event	Date
Round 2 – Full Proposal Application Deadline	October 7, 2026 (Wed.), 5:00 PM
Round 2 – Full Proposal Application Status Notification RCHF will email status notifications to applicants.	Within the first two weeks of December 2026.

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).
    - Skip to Step 3 below.

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 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 Wednesday, August 12, 2026**.

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:
☐	Tax Exemption Documentation	PDF
☐	List of Officers and Directors	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

If you encounter any problems using the system, please contact Desirée Santos-Kho, Director of Grants, 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.

Pathways to Health 2027

Riverside Community Health Foundation

Organization Information

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

Total Annual Budget*

Please enter your organization's annual budget.

Character Limit: 20

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

Project Information

Need Statement (LOI)*

What particular health problem or need does your program or project seek to address? *200 words max.*

Note: If you are invited to submit a Round 2 - Full Proposal Application, you will be asked to expand on this need statement in more detail.

Character Limit: 1750

Project Title*

Please enter your Project Title.

Character Limit: 150

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

Amount Requested*

Character Limit: 20

Project Start Date*

Enter January 1, 2027 as the Project Start Date.

Character Limit: 10

Project End Date*

Enter December 31, 2027 as the Project End Date.

Character Limit: 10

Focus Area*

Specify the Focus Area of this project.

Choices

Access to Healthcare
Mental Health and Behavioral Wellness
Chronic Disease and Preventive Care

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

Target Population

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

Geographic Area Served

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

Evaluation

Success, Outcomes, and Evaluation*

In terms of outcomes, what constitutes success for this program or project? Include any proposed ideas for how you intend to evaluate success.

Character Limit: 3500

Organizational Policies

Non-Discrimination Policy*

Does the applicant organization have a documented policy which prohibits discrimination in its programs, services, policies, hiring practices, and administration on the basis of race, color, ethnicity, ancestry, national origin, age, gender, gender identity or expression, sexual orientation, marital status, or physical or mental disability?

Choices

Yes

No

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