|  |
| --- |
| This form is for **planning purposes only**. All applications must be submitted online at: <https://nacg.wufoo.com/forms/pls6bur1lvb2ed/>  |

**Capacity Building Grant**

Grief Reach Grant 2022 Cycle 2

According to the 2022 Childhood Bereavement Estimation Model (CBEM) published by the JAG Institute, 1 in 13 children will experience the death of a parent or sibling by 18, doubling by 25, yet this issue is underfunded. Due to the pandemic, more attention, increased access, and additional resources are needed to support bereaved young people and their families.

The New York Life Foundation, one of the largest corporate funders in the field of childhood bereavement, has partnered with the National Alliance for Children’s Grief, a national professional alliance dedicated to education, advocacy, and raising awareness about childhood bereavement to create Grief Reach, a competitive funding opportunity which is offered twice a year with the following goals:

- Increase access to bereavement support services in local communities, especially diverse communities

- Enhance the capacity of organizations providing bereavement support service

- Expand bereavement support services to address unmet needs

- Support communities dealing with grief and loss with tangible resources

We would like to invite any organization that currently serves young people who have experienced a death of a loved one to apply for this competitive grant opportunity to enhance access to and increase grief support for youth and their families.

The New York Life Foundation and NACG look forward to partnering with you.

**Contact Information**

Name

Best Contact Number

Email

Name of Organization

Name of Parent Organization (if applicable)

Please enter your organization's EIN/Tax ID number

Organization Address

Website

**Requirements**

This application is on behalf of a nonprofit organization currently providing childhood bereavement services. (Yes/No)

The organization is NOT in a current Grief Reach funding cycle. (Yes/No)

If you have previously received a Grief Reach Grant, when was your last grant awarded?

All grantees agree to participate in a NACG work group that best fits their strengths. Do you agree to be part of a NACG work group? (Yes/No)

Please confirm the following: you warrant that your organization does not discriminate on the basis of age, citizenship, color, ethnicity, gender, gender identity, genetic information, marital status, national origin, physical or mental disability, political affiliation, race, religion, sex, sexual orientation, veteran, or other protected status. Confirmed by (type your name in the box below):

We are applying for: ($10,000 /$20,000)

**Organization Information**

Please include the mission statement and purpose of your organization (1,000 characters max)

Services currently provided by your organization (check all that apply)

* Support Groups
* Individual Counseling
* School-based Support
* Community-based Support

Other

How many unduplicated children that are bereaved are you currently serving (not including who you hope to serve with this grant application)?

Gender Demographics for the Current Program participants

% male

% female

% transgender

% non-binary/non-conforming

% prefer not to respond

Demographics of Current Program Participants

% African American

% Asian

% Biracial

% Caucasian

% Indian Asian

% Latino

% Multi-Racial

% Native American/ Eskimo

% Native Hawaiian or pacific islander

% Other

% Unknown

Does the current program open to and supportive of LGBTQ participants? (Yes/No)

Age Groups currently served by your organization (check all that apply)

* 0 – 8 years
* 9 – 13 years
* 14 – 18 years
* 19 – 25 years
* Families

Do you currently charge for services? (Yes/No/Some but not all)

Please provide background information related to the focus of this RFP. Explain how the proposed focus of this RFP aligns with your current organizational strategy.

**Proposed Project Information**

Name of Proposed Program

What category does your proposed grant fall into?

* Planning activities
* Staff/board development
* Strategic relationships/collaboration
* Internal operations
* Technology improvements
* New organization

Description of the proposed capacity building project: Provide a clear and concise description of the proposed project and how it will build capacity in your organization. (2,000 characters)

What are the needs you are seeing in your organization, and how will this project address those needs? (2,000 characters)

Potential barriers that could impact this proposed project: Please discuss potential barriers and how they will be addressed. (2,000 characters)

Goals and Outcomes: List the top 3 to 5 goals with SMART outcomes Please make sure to use SMART goals. Goals should be Specific, Measurable, Attainable, Realistic, and Timebound. (2,000 characters)

How will you ensure that proposed project deliverables are met? (2,000 characters)

Do you have other sources of funding for this program? If so, list below along with the funding level:

If you are applying for salaries with this grant, please include a sustainability plan for the staff position beyond the grant period.

Do you currently have a relationship with a New York Life office in your area? (Yes/No)

Describe the organization's relationship with New York Life workforce, if any, and the potential workforce engagement opportunities.

Describe your vetting process (criminal background and reference checks) to ensure that staff and volunteers are cleared to work with children. Is a background check completed for all staff and volunteers?

I am a current member of the NACG. (Not a requirement to receive a grant). (Yes/No)

Any other comments you would like to add? (2,000 characters)

**Required Documents**

Please upload a copy of your completed GAANT chart

Please Upload a copy of your most recent 990

Please upload a copy of your most recent audited financials

Please upload your most recent 12-month P&L

Please upload your most recent balance sheet

If the documents you uploaded above are for a larger parent organization, please upload your current budget for your bereavement program. (If you do not upload this document, we will not be in a position to review your grant).

Any other supporting documentation (You may use this upload to attach your MOU, letters of support, or any other documentation of your partnership.)

Please upload any references or citations used in your grief reach narrative.