

Community Expansion Grant

“1 in 12 U.S. children, or 6 million, will experience the death of a parent or sibling by age 18 based on 2023 Childhood Bereavement Estimation Model results. By age 25, that number more than doubles to 14.7 million.” (CBEM, 2023) In 2011, understanding the critical need for bereavement support for these children the New York Life Foundation one of the largest corporate funders in the Childhood bereavement space, 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 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

This funding opportunity is offered twice a year. This is the second and final cycle for 2023.

We would like to invite any organization that currently serves young people who have experienced the death of someone close to them 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

Please include the best contact information for your organization

Name *

First

Last

Best Contact Number *

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Email *

Name of Organization *

Name of Parent Organization (if applicable)

Please enter your organizations EIN/Tax ID number *

Organization Address *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Website *

Requirements

All eligible applicants must be able to answer YES to all the following requirements.

This application is on behalf of a nonprofit organization which is 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?

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: *

Organization Information

Please tell us a little more about your organization currently.

Please include the mission statement and purpose of your organization

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

- Support Groups
- Individual Counseling
- School-based Support
- Community-based Support
- Family based Support
- Camps
- Parent based Support

Other

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

- Time-limited
- Open
- Closed
- Camps

Other

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

Gender Demographicis for the Current Program Participants

% Male

% Female

% Gender non-conforming

% Prefer not to respond

Demographics of Current Program Participants

Please make sure % add up to 100

% 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
- Unsure

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

*

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

In addition to the demographical information, what other data-points does your organization track to measure reach, impact and/or success of your program? *

Do you currently charge for services?

- Yes
- No
- Some but not all

Proposed Project Information

Please tell us more about your proposed project

Name of Proposed Program

What Category does your proposed grant fall into?

- Geographic Expansion
- Number Expansion
- Population Expansion
- Program/Service Expansion

Gender Demographicis for the Proposed Project

If you don't have a %, please enter 0.

% Male *

% Female *

% Gender non-conforming *

% Prefer not to respond *

Demographics of Proposed Program Participants

Please make sure % add up to 100, If you don't have a %, please enter 0.

% African American *

% Asian *

% Biracial *

% Caucasian *

% Indian Asian *

% Latino *

% Multi-Racial *

% Native American / Eskimo *

% Native Hawaiian or Pacific Islander *

% Other *

% Unknown *

What are the current gaps in your grief support for your community and how have you identified these gaps? *

Maximum of 2000 characters. *Currently Used: 0 characters.*

Do you have an existing strategic plan in place? (If applicable please attach your strategic plan below in the attachment section

- Yes
- No

Is this proposed project in line with your broader organizational strategy?

- Yes
- No

Description of the proposed project: Provide a clear and concise description of the proposed expansion and its purpose. (What you plan to do, who you plan to serve, who will be responsible, and how you plan to accomplish this etc.) *

Maximum of 3000 characters. *Currently Used: 0 characters.*

Is a new program or an expansion of an already established program. *

-

- Yes
- No

Indicate the number of unduplicated children/youth you plan on serving with this proposed project. Please ensure do not report on existing children served here. *

We value collaborations with community partners. Will you partner with to deliver this program? Some examples could be schools, after-school clubs, churches, or other organizations in your community. Please include any letters of support of MOUs in the attachment section. *

If applicable, status of partnership between your organization and the above-listed partner(s).

- We have documentation signed and in place
- We are currently working on documentation currently
- We have not yet reached out to the above partner(s)

Is the proposed project open and supportive to the LGBTQ community?

- Yes
- No
- Unsure

Explain your evaluation plan; how do and/or will you evaluate the effectiveness of your program? What do you measure specifically for this program? *

Maximum of 2000 characters. *Currently Used: 0 characters.*

Potential barriers that could impact this proposed program: Please discuss potential barriers and how they will be addressed. *

Please provide three measurable KPIs for this program and how you will measure these KPIs -- be specific on which measurement tools your organization will use. *

if you don't have standard KPIs and/or measure, are you willing to be trained in best practices and add to your organizations evaluation strategy? *

- Yes
- No
- Not Applicable

Sustainability: What are the plans to ensure the future sustainability of this program after the grant ends? *

Maximum of 2000 characters. *Currently Used: 0 characters.*

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

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.

Did someone from your organization participate in the Equity Project training with the NACG in the Spring of 2023? *

- Yes
- No

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?

Maximum of 2000 characters. *Currently Used: 0 characters.*

Required Documentation

Please upload all required documentation or your grant will not be reviewed by the committee

Please upload a copy of your completed GAANT chart *

no file selected

Please Upload a copy of your most recent 990 *

no file selected

Please upload a copy of your most recent audited financials

no file selected

Please upload a copy of the form you will use to evaluate the proposed program

no file selected

Please upload your most recent 12 month P&L *

no file selected

Please upload your most recent balance sheet *

no file selected

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).

no file selected

Any Other supporting Documentation

no file selected

Any Other supporting Documentation

no file selected

Any Other supporting Documentation

no file selected

Any Other supporting Documentation

no file selected

Please upload any reference or citations that you have for your grief reach narrative.

no file selected

If you are successful in being funded who will the primary contact for this project be? *

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| First | Last |

Phone Number *

| | | | | |
|----------------------|---|----------------------|---|----------------------|
| <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> |
| ### | | ### | | #### |