

Capacity Building Grant

Grief Reach Grant 2024 Cycle 2

According to the 2023 Childhood Bereavement Estimation Model (CBEM) published by the JAG Institute, 1 in 12 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 to apply for this competitive grant opportunity to enhance access to and increase grief support for youth and their families.

This cycle is specifically focused on capacity building: development of an organization's infrastructure, capabilities, and overall effectiveness. These grants should focus on strengthening the core capacities of the organization, rather than funding specific programs or services.

To download the required GAANT chart or to access additional information please visit: <https://nacg.org/grants/grief-reach/>.

The application must be completed in a single session. We strongly encourage you to prepare your answers on a separate document and complete this form once you are ready to submit.

Contact Information

Please include the best contact information for your organization

Name *

First

Last

Title

Best Contact Number *

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Email *

Name of Organization *

Please enter your organization's EIN/Tax ID number *

Organization Address *

Street Address

Note: All questions with character counts are listed in the box below the questions. Please pay attention to these as you prepare your answers.

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Executive Director/CEO

Executive Director/CEO Email

Executive Director/CEO Phone Number

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Website

These are all capacity building grants. Please indicate the level you 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 *

Maximum of 1000 characters. *Currently Used: 0 characters.*

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

- Support Groups
- Individual Counseling
- School-based Support
- Community-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 Demographics for the Current Program Participants

% Male

% Female

% Transgender

% Non-binary/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

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?

- Organization development/planning activities
- Staff/board development
- Strategic relationships/collaboration
- Internal operations
- Technology and infrastructure
- Evaluation assessment

What specific needs in your organization are you seeking to address with this funding? *

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. *

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

How does this request align with your mission and work?

How will you implement the capacity building activities?

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

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

How will you measure the success of the capacity building efforts. Define the metrics, evaluation methods, and tools you will use to assess progress and impact.

What are the long-term benefits you anticipate from these capacity building efforts?

NACG will have dedicated support available to grantees this cycle. Do you expect to avail of this support in delivering your grant outcomes?

- Yes
- No

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.

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 chosen

Please upload a copy of your most recent audited financials

No file chosen

Please upload your most recent 12-month P&L *

No file chosen

Please upload your most recent balance sheet *

No file chosen

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

No file chosen

Any other supporting documentation

No file chosen

Any other supporting documentation

No file chosen

Any other supporting documentation

No file chosen

Any other supporting documentation

No file chosen