

2026 Grief Reach Community Education Cycle

The New York Life Foundation is excited to announce a funding opportunity for organizations in partnership with the National Alliance for Children’s Grief. This grant will award \$10,000 grants to fund local education events that equip professionals, such as teachers, counselors, and social workers, with the skills and knowledge they need to better support bereaved children in their communities. These funds are designed to enhance access to free or low-cost, high-quality training and foster collaboration in community settings. If you are planning an education event this year that you believe will broadly impact professionals serving bereaved children in your community, we encourage you to apply. Those awarded grants will be required to complete a post-event report.

Organizations with a total revenue of \$100,000 or greater based on their most recent 990 are eligible to apply for this competitive grant opportunity.

- Cycle Information:
- Open for Application: November 3rd, 2025
 - Application Closes: December 1st, 2025
 - Award Decisions Expected: March 2026
 - Events to take place: June 1 2026 – June 1 2027

Notes:

This opportunity is for education for those supporting children who are grieving a death.

No late or incomplete applications will be reviewed. It is the responsibility of the person submitting the grant to ensure that all requirements are completed before submitting their application.

It is a requirement of this grant that all applicants submit their most recent 990 with their application to confirm eligibility.

Please note that this system does not allow you to save your progress and return later. We recommend preparing your answers in advance to complete the application in one session.

If your organization is chosen as a finalist, you will be asked to upload your application into New York Life Foundation's grant system. A copy of your grant is included in your confirmation email to assist you with this.

Organizational Information

Organization Name: *

Organization Address: *

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Contact Person's Name: *

First

Last

Contact Person's Title: *

Contact Person's Email: *

Name of person submitting this grant: *

First Last

Email: *

Organization’s Mission Statement: *

Tax Identification Number (EIN): *

Link to your organizational website: *

Board Member Listing:

Board President: *

First Last

Board President Email: *

Brief description of your organization and experience in supporting children who are grieving (200 words or less): *

Qualifying Information

If you answer no to any of the questions below, you are not eligible to apply for this grant opportunity.

I attest that I am a 501(c)3 organization. *

- ☐ Yes
- ☐ No

I attest that the organization has at least one paid staff member. *

- ☐ Yes
- ☐ No

I attest that this organization is not currently in a Grief Reach grant cycle, and if I received a grant previously, that my final report has been filed with the New York Life Foundation? *

- ☐ Yes
- ☐ No

I attest that my organization’s most recent 990 total revenue is \$100,000 or more. *

- ☐ Yes
- ☐ No

I attest that my organization or its activities are not limited to members of one religious or sectarian group. *

- ☐ Yes
- ☐ No

I attest that my organization does not discriminate on the basis of race, color, creed, gender, or national origin. *

- ☐ Yes
- ☐ No

I attest that my proposal is for an education event to equip professionals with the skills and knowledge they need to better support bereaved children in their communities. *

- ☐ Yes
- ☐ No

I agree to credit the New York Life Foundation and the National Alliance for Children’s Grief as sponsors for the event. *

- ☐ Yes
- ☐ No

I agree to share plans for the event and marketing collateral in advance of launch for review. I agree to not use the NACG or New York Life Foundation logo without approval. *

- ☐ Yes
- ☐ No

Event Proposal

Title of the Proposed Event: *

Date(s) and Location(s) of the Event: *



Who is the target audience for this event (e.g., teachers, counselors, social workers, funeral home staff)? *

Describe the event’s purpose and how it will support professionals working with bereaved children (250 words or less):



Maximum of 250 words. *Currently Used: 0 words.*

What topics or training modules will be covered during the event? *

Expected number of attendees: *

How will you market the event to your target audience? *

Do you plan to offer Continuing Education Credit for the event? *

Budget and Funding Use

Total event budget: *

Do you plan to charge people to attend? *

If charging, what are you charging for? (e.g.: lunch, CEs) *

How will the \$10,000 grant be used to support this event? Provide a breakdown of how the funds will be allocated (e.g., speaker fees, venue rental, materials): *

Are there additional sources of funding for this event? If yes, please list. (200 words or less): *

Measuring Impact

What outcomes do you expect for participants of this event (e.g., increased knowledge, skills, or resources)? *

How will you evaluate the success of the event (e.g., surveys, feedback forms, follow-up communications)? *

How will this event impact your community’s capacity to support bereaved children? *

Additional Information

What is your financial calendar year? *

Is there anything else we should know about your organization or proposed event? *

Please upload the 990 for your most recent fiscal year. (Please note: Organizations whose fiscal year ends by June 30 must submit their 2023 990. If your fiscal year ends after June 30, you may submit your 2022 or 2023 990 if available.) *

Choose File

No file chosen