

# Community Expansion Grant

According to the 2025 Childhood Bereavement Estimation Model (CBEM) published by the JAG Institute, 1 in 11 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 community expansion in partnership with Judi's House/JAG Institute's Childhood Bereavement Changemaker (CBC) Initiative. Grantees will engage in a one-year evaluation capacity building CBC cycle before entering into their grant cycle.

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. Applications that are missing information or required documentation will not be considered for funding.

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.

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## Contact Information

Please include the best contact information for your organization

**Name \***

FirstLast

**Email \***

**Best Contact Number \***

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####      ####      #####

**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

We are applying for: \*

Please select one

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) \*

- ☐ Advocacy
- ☐ Camp
- ☐ Grief Education
- ☐ Group Therapy
- ☐ Individual/Family Therapy
- ☐ Parent Education
- ☐ Peer Support Groups
- ☐ Professional Training
- ☐ Social Activities for Bereaved Youth

Other

How many unduplicated children did you serve in the last year with your bereavement program (not including who you hope to serve with this grant application)? \*

Gender Demographcis 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

Is the current program open to and supportive of LGBTQIA+ 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?

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

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. \*

### Gender Demographcis 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 \*

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

- ☒ New program
- ☐ Expansion of a current program

Is the proposed project open and supportive to the LGBTQIA+ community?

- ☒ Yes
- ☐ No
- ☐ Unsure

Do you currently have a relationship with a New York Life office in your area?  
(Not a requirement to receive a grant). \*

- ☒ 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

Required Documentation

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

Please upload your grant narrative \*

Choose File

No file chosen

Please upload a copy of your completed GANTT chart \*

No file chosen

**Please upload a copy of your most recent audited financials**

No file chosen

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

No file chosen

**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 chosen

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

No file chosen

**Any Other supporting Documentation**

No file chosen

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