

2026 Cycle 2 Grief Reach Community Education

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 \$5,000 or \$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 from their most recent 990 of \$50,000 or more are qualified to apply for the \$5,000 grant opportunity.

Organizations with a total revenue of \$100,000 or more are qualified to apply for the \$10,000 grant opportunity.

Cycle Information:

Open for Application: June 1st, 2026

Application Closes: July 13th, 2026

Award Decisions Expected: October 2026

Events to take place: 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): *

SAMPLE APPLICATION

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 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 attest that I have not received an educational event grant from NYLF in the past year. *

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

SAMPLE
APPLICATION

Event Proposal

Title of the Proposed Event: (255 characters or less) *

Please indicate the amount of funding you are requesting for this proposal: *

- \$5,000
- \$10,000

Date(s) and Location(s) of the Event: (255 characters or less) *

Maximum of 255 characters. *Currently Used: 0 characters.*

Who is the target audience for this event (e.g., teachers, counselors, social workers, funeral home staff)? (255 characters or less) *

Maximum of 255 characters. *Currently Used: 0 characters.*

Describe the event's purpose and how it will support professionals working with bereaved children (200 words or less): *

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

What topics or training modules will be covered during the event? (200 words or less) *

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

Expected number of attendees: *

How will you market the event to your target audience? (200 words or less) *

Maximum of 200 words. *Currently Used: 0 words.*



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

- Yes
- No
- Undecided

Budget and Funding Use

Total event budget: *

Do you plan to charge people to attend? *

- Yes
- No
- Undecided

If charging, what are you charging for? (e.g.: lunch, CEs) (255 characters or less)

Maximum of 200 characters. *Currently Used: 0 characters.*

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): (200 words or less) *

Maximum of 200 words. *Currently Used: 0 words.*

Are there additional sources of funding for this event? If yes, please list. (255 characters or less): *

Maximum of 255 characters. *Currently Used: 0 characters.*

Measuring Impact

What outcomes do you expect for participants of this event (e.g., increased knowledge, skills, or resources)? (200 words or less) *

Maximum of 200 words. *Currently Used: 0 words.*

How will you evaluate the success of the event (e.g., surveys, feedback forms,

follow-up communications)? (200 words or less) *

Maximum of 200 words. *Currently Used: 0 words.*

How will this event impact your community's capacity to support bereaved children? (200 words or less) *

Maximum of 200 words. *Currently Used: 0 words.*

Additional Information

What is your financial calendar year? *

Is there anything else we should know about your organization or proposed event? (255 characters or less) *

Maximum of 255 characters. *Currently Used: 0 characters.*

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.) *

No file chosen

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**This document is for the drafting of your application only.
To complete your online application, please visit:
<https://nacg.wufoo.com/forms/2026-cycle-2-grief-reach-community-education>**