

Capacity Building Grant Cycle 2026

The New York Life Foundation, in collaboration with the National Alliance for Children's Grief, is accepting applications for Grief Reach Grants. This cycle is focused specifically on capacity building—strengthening the internal operations, infrastructure, and sustainability of organizations that serve children who are grieving.

Each awarded grant will be \$15,000 for a one-year period. Only one application per organization is allowed during this cycle. We would like to invite any organization that currently serves young people who are grieving to apply for this competitive grant opportunity.

To download the required GANTT 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.

[Download a sample application here.](#)

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

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Type of Organization *

Children's Bereavement Center

Hospital/Health Systems

- Hospice/Palliative Care
- Camps
- Community Based Youth Serving Nonprofits
- Faith Communities/Religious
- School
- Other

Executive Director/CEO *

Executive Director/CEO Email *

Executive Director/CEO Phone Number *

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Website *

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? *

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 *

SAMPLE APPLICATION

% Other *

% Unknown *

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
- Strategic relationships/collaboration

Define the gap you are seeking to address, the proposed capacity solution this grant would fund and how this solution will address this gap. (350 words or less) *

Maximum of 350 words. *Currently Used: 0 words.*

What key activities will you carry out with this funding, and what is your timeline for completing them? (250 words or less) *

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

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. (250 words or less) *

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

What risk factors could affect your ability to complete this project, and how do you plan to mitigate them? (250 words or less) *

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

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. (250 words or less) *

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

How will this investment improve your organization's long-term effectiveness or sustainability in pursuing your mission? (250 words or less) *

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

SAMPLE APPLICATION

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.

SAMPLE APPLICATION

Required Documentation

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

Please upload a copy of your completed GANTT chart *

Choose File

 No file chosen

Please upload a copy of your most recent audited financials *

- I am not required to file an audit based on my organization size
- I am attaching the audit below and attest this is the most recent audit my organization has completed

Choose File

 No file chosen

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

Choose File

 No file chosen

Please upload your most recent balance sheet *

Choose File

 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

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SAMPLE APPLICATION