

# 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

This grant cycle will focus on supporting organizations with existing bereavement programming that are expanding their work with schools, either by establishing school-based programming for the first time or by strengthening and expanding existing school partnerships and services.

This grant cycle includes two grant opportunities: one offered in partnership with Judi's House/JAG Institute's Childhood Bereavement Changemaker (CBC) Initiative and one without CBC support.

Organizations selected for the CBC-supported grant will first participate in a one-year CBC evaluation capacity-building cycle before beginning their grant-funded community expansion project. This opportunity is intended for organizations that have not previously participated in the Changemaker program and do not yet have a robust evaluation process in place.

The Community Expansion-only opportunity is intended for organizations that have previously participated in the Changemaker program or already have a robust evaluation process in place and are ready to focus directly on expanding their reach and impact within their community.

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 \***

First

Last

**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 \*

Executive Director Name \*

First

Last

Executive Director Email \*

Executive Director Phone Number

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Organization Address \*

Street Address

Address Line 2

City

State / Province / Region

Postal / Zip Code

Country

Organizational Website \*

We are applying for: \*

Are you applying for the Changemaker supported option? \*

☒ Yes

☐ No

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## Organization Information

Please tell us a little more about your organization currently.

Please include the mission statement and purpose of your organization \*

Current number of staff at the 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)? \*

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

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## Proposed Project Information

Please tell us more about your proposed project

Name of Proposed Program \*

Provide a 2 –3 sentence description pf your proposed project \*

Maximum of 75 words. *Currently Used: 0 words.*

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. \*

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

- ☒ New program
- ☐ Expansion of a current program

Do you currently have a relationship with the school district you will be providing services for through this grant?

- ☒ Yes
- ☐ No

If yes, what is the nature of the relationship? If no, what is your plan to engage the district?

What evaluation tools are you currently using in your organization?

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.

Do you currently participate in the Grief Sensitive Schools Initiative?

- ☒ Yes
- ☐ No

If yes, please describe your participation.

I am a current member of the NACG. (Not a requirement to receive a grant). \*

- ☒ Yes
- ☐ No

If you are not selected for funding, would you be interested in being  
considered for the CBC–Only portion of the cohort. (note this comes with no  
funding) \*

- ☒ 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 \*

Choose File

No file chosen

Please upload a copy of your most recent audited financials

Choose File

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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