Grief Reach Eligibility Form

Thank you for your interest in applying for the New York Life Foundation Grief Reach Changemaker grant. The first stage of the application is below, please review and complete the eligibility section below. This information ensures that all applicants meet the minimum requirements necessary to be considered for funding. Your responses will help us determine whether your organization is selected to complete the second phase of the application..

All eligibility forms must be completed by November 20th. Please allow at least 4 business days for this form to be reviewed.

Please note, incomplete applications or incorrect attachments will result in your grant being ineligible for review.

By submitting the completed Childhood Bereavement Changemaker Application, the organization agrees, meet all requirements, and abide by all timelines outlined in the Childhood Bereavement Changemaker Request for Proposal.

1 General Information | 2 Financial Information | 3 Previous Changemaker | 4 Changemaker Information

Main Contact Name *

First Last

Main Contact Title *

Main Contact Email *

Main Contact Phone Number *

– ### –

Organization *

Year Organization Started *

Organizations Website *

Organizational Address *

Please confirm the following:
* The organization applying for funding is a 501(c) 3.
* The organization is not currently in a Grief Reach funding cycle
* The Organization applying for funding currently serves children who are bereaved due to death.
* The funds that we are applying for will go to serve children (ages 0-25) who are bereaved due to death of a person.
* The organization has paid staff.
* We have completed a background check for everyone who works directly with children in our organization.
* You warrant that your organization does not discriminate on the basis of age, citizenship, color, ethnicity, gender identity, genetic informaiton, marital status, national origin, physical affiliation, race, religion, sex, sexual orientation, veteran, or other protected status. Confirmed by (type your name in the box below): *

How often are background checks completed for staff and volunteers working directly with children?

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To view the sample application, click here.

1 General Information | 2 **Financial Information** | 3 Previous Changemaker | 4 Changemaker Information

My most recently submitted 990 Year. *

Please enter your answer for total revenue for the current year on your most recent 990. *

Please upload your most recent 990 *

Choose File No file chosen

Please upload your most recent completed month P&L *

Choose File No file chosen

Please upload your most recent Balance Sheet *

Choose File No file chosen

Is your proposed project related to school programming?

- (●) yes
- ( ) no

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1 General Information | 2 Financial Information | 3 **Previous Changemaker** | 4 Changemaker Information

Have you previously participated in the Changemaker Program? *

- (●) Yes
- ( ) No

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1 General Information | 2 Financial Information | 3 Previous Changemaker | 4 **Changemaker Information**

Number of Full Time Staff *

Provide name, role, and contact information for the primary staff member who will participate in the initiative *

# of locations where organization provides service *

Counties organization serves *

Current Grief Services/Programs offered (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 SERVICES/PROGRAMS OFFERED not listed above

Please describe, in one sentence, the one grief service/program you are most interested in examining and evaluating through the CBC Initiative. *

How will the evaluation resources and learnings from the CBC Initiative enhance your work? *

What are your organization's biggest challenges in gathering and using data and/or implementing evaluation processes? *

Does your organization have the capacity to participate in the CBC Initiative? (8-12 hours/month)? Yes/No *

- (●) Yes
- ( ) No

Please describe how your team will reserve adequate time to dedicate to building evaluation capacity and completing learning exercises during the CBC Initiative. *

What would your organization consider to be the most successful outcome of this collaboration in the CBC Initiative? *

How many total people did your organization serve last year? *

How many total children did your organization serve last year? *

Age groups served by your organization last year (check all that apply) *

- [ ] 0-4
- [ ] 5-8
- [ ] 9-13
- [ ] 14-18
- [ ] 19-25

Additional information about the populations/ subpopulations your organization serves that you would like to share:

Please indicate what data you currently collect (check all that apply). *

- [ ] Informed consent
- [ ] Demographics (age, gender, race, etc.)
- [ ] Income
- [ ] Cause of death
- [ ] Attendance at the individual and/or group level
- [ ] Scientifically validated measures
- [ ] Pre-test impact
- [ ] Post-test impact
- [ ] Process
- [ ] Satisfaction

Other not listed above

Please indicate the current data storage system(s) you use to evaluate process and/or impact (check all that apply). *

- [ ] Excel
- [ ] SQL database
- [ ] Electronic Health Record (EHR) system
- [ ] Customer Relations Management (CRM) system

Other not listed above

Please upload your organization's most recent Annual Report (if applicable):

Choose File No file chosen

EVALUATION READINESS

To help assess your readiness for evaluation, rate your organization to the best of your ability using the scale below. The assessment results will help the Judi's House/JAG Institute Team understand your organization's current needs in evaluation capacity building. *

	Not True At All	Somewhat True	Very True
Organization has program goals and objectives.	◉	○	○
Program descriptions are consistent and clear.	◉	○	○
Program activities align to the organization's mission.	◉	○	○
Organization has documentation that outlines program model, which may be a logic model, work plan and/or program planning and evaluation model.	◉	○	○
Organization has clear measurable outcomes that align to the mission statement.	◉	○	○
All staff are aware of these measurable outcomes.	◉	○	○
These outcomes identify what change is expected to occur, in what way, and with what group(s). Example: More than half of program participants show improvements in grief-related symptoms.	◉	○	○
Organization has data collection tools that measure the outcomes. This may include intake forms, surveys, focus group question guides, and other methodologies.	◉	○	○
Organization has at least one staff member charged with overseeing all data collection efforts. A third-party evaluator may also be involved.	◉	○	○
Data collection protocol is established.	◉	○	○
Data collectors are trained.	◉	○	○
Written documentation about data collection process, confidentiality, and data security is in place.	◉	○	○
Organization has a data management system in place.	◉	○	○
There is a process to enter data (if collected on paper).	◉	○	○

	Not True At All	Somewhat True	Very True
There is a database that can be managed internally or externally.	◉	○	○
There is a codebook to ensure data are managed in a consistent manner.	◉	○	○
There is a data management training for staff and/or volunteers.	◉	○	○
Organization has identified parties that have the time and skills to analyze data and synthesize into a meaningful report.	◉	○	○
There is a clear communications plan of how evaluation reports will be shared with different groups, such as funders, participants, staff, board members, and the community at large (if applicable).	◉	○	○
Organization uses data for continuous program improvement as well as accountability to key stakeholders.	◉	○	○
There is a culture of evaluative thinking, where data-based decision making is integrated into the organization's culture.	◉	○	○

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