

## NSP Core Services

Goal: To provide necessary support to developed CACs to ensure capacity to deliver core CAC services is maintained to meet demonstrated financial needs.

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## Organization Information

**Is the CAC address for this application the same as the address listed in the Applicant Information above? \***

The CAC address refers to the place of performance of the grant award.

Select one

- ☐ No  
☐ Yes

## Organization Details

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**Organization Name \***

**Street Address \***

The address entered must equal the place of performance of the grant award.

**City \***

State \*

Select one

Postal Code \*

Country \*

Select one

- United States
- American Samoa Canada
- Guam
- Northern Mariana Islands
- Puerto Rico

According to <https://www.ruralhealthinfo.org/am-i-rural> Rural Health Information Hub is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program? \*

Select one

- ☐ No
- ☐ Yes

Contacts

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Primary Grant Contact

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Authorized Agency Representative

Authorized Agent must be a person in your organization authorized to enter into legally binding contracts on behalf of the entire organization.

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Board President\ED Supervisor

If your organization is hospital- or government-based, please indicate the name of the person who supervises the Program Director.

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Grant Fiscal Agent Contact

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Pre Award Checklist

Audit/General Information

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**Please indicate what type of audit the applicant has had performed \***

Select one

- ☐ Audited Financial Statements
- ☐ None of the Above
- ☐ Single Audit

**Date of Most Recent Single Audit or Audited Financial Statements**

Date should be fiscal year end and not date audit was conducted.

**On the most recent audit, what was the auditor's opinion? \***

Select one

- ☐ Disclaimer-Going Concern-Adverse Opinions
- ☐ N/A: No audits as described above
- ☐ Qualified Opinion
- ☐ Unqualified Opinion

**In the past three fiscal years, no "Materials Weakness" was disclosed.**

Select one

- ☐ False
- ☐ True

**Has the applicant organization been involved in any other financial or programmatic audits in the last three years? \***

Select one

- ☐ No
- ☐ Yes

**If yes, please list the agencies that conducted the audit and when the audit was completed.**

**Has your organization managed Federal grants or cooperative agreements within the last 36 months? \***

Select one

- ☐ No
- ☐ Yes

### Organization's Annual Budget \*

If you are part of an umbrella organization, please specify the budget for your organization only. <p></p>

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The responses to this assessment are used to assist in the National Children's Alliance's (NCA) evaluation of your accounting system to ensure the adequate, appropriate, and transparent use of Federal funds.

**I certify that the following statements are true:**

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#### The applicant organization utilizes accounting software. \*

Applicant will be able to provide the necessary reports and ledgers upon request.

Select one

- ☐ False  
☐ True

#### The applicant organization's accounting system separately identifies receipt and expenditure of program funds for each grant. \*

Expenses must be identified as expenses for the individual NCA grant award in the accounting system.

Select one

- ☐ False  
☐ True

#### The applicant organization's accounting system provides control and accountability of federal funds. \*

Including prevention of expenditures in excess of approved budget and in compliance with federal guidelines.

Select one

- ☐ False  
☐ True

#### The financial management system is capable of producing a detailed activity ledger (GL) for each grant. \*

Select one

- ☐ False  
☐ True

**The applicant has a system in place to track and accurately allocate employees actual time spent performing work for each federal award. \***

Records are maintained for each employee that track actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award and maintain records to support actual time spent and specific allocation of charges associated with each employee.

Select one

- ☐ False
- ☐ True

**The following polices are board adopted/agency approved and currently in place and meet the requirements of 2 CFR 200 and/or the DOJ Financial Guide:**

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**Pay rates and benefits, time and attendance, and payment methods. \***

Select one

- ☐ False
- ☐ True

**Management of equipment, supplies and property. \***

Select one

- ☐ False
- ☐ True

**Purchase/procurement of equipment, supplies, property, and services. \***

Select one

- ☐ False
- ☐ True

**Checking the Excluded Parties List system for suspended or debarred consultants/contractors prior to obligation. \***

Select one

- ☐ False
- ☐ True

**Record retention \***

Select one

- ☐ False  
☐ True

**Travel Policies \***

Select one

- ☐ False  
☐ True

**Separation of financial duties \***

Select one

- ☐ False  
☐ True

**Appropriate background screening \***

Please visit <https://www.nationalchildrensalliance.org/suitability-for-individuals-interacting-with-participating-minors/> Suitability for Individuals Interacting with Participating Minors for more information.

Select one

- ☐ False  
☐ True

**Employee Eligibility Verification \***

Please visit <https://www.nationalchildrensalliance.org/Employment-Eligibility-Verification/> Employment Eligibility Verification for more information.

Select one

- ☐ False  
☐ True

## Needs Statement





**ABSTRACT**

Applicants must provide a project abstract, which should include the following information (400 word max):

- Purpose of the proposed project
- Project activities to be performed
- Expected outcomes, deliverables, or milestones of the proposed project
- Service Area
- Intended beneficiary(ies) of the proposed project

**Abstract \***

Example Proposal Abstract Template: The [insert Entity name] proposes to implement the [insert project name]. The purpose is to \_\_\_\_\_ in the [insert service area]. Project activities include \_\_\_\_\_. Expected outcomes include: \_\_\_\_\_. \_\_\_\_\_ are the intended beneficiaries of the project.

## Description of Issue/Needs Statement

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Applicants must describe the current core service need that the scope of work will address and how this need will be met with grant funds. Applicants must also adequately describe how funding loss threatens the ability to maintain and thus meet the current core service need described. \*

### Funding Loss Documentation \*

Describe how the submitted documentation demonstrates funding loss. \*

## Project Design & Implementation

Please select only those objectives and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those objectives that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

### Core Service 1 \*

Select one

- ☐ Forensic Interview
- ☐ Medical Services
- ☐ Mental Health
- ☐ Multi-disciplinary Team
- ☐ Victim Advocacy

### Core Service 2

Select one

- ☐ Forensic Interview
- ☐ Medical Services
- ☐ Mental Health
- ☐ Multi-disciplinary Team
- ☐ Victim Advocacy

## Forensic Interview Objectives & Outcomes

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To retain a forensic interviewer position to provide forensic services to child victims.

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Enter the estimated total number of forensic services to be conducted. \*

To train a forensic interviewer in approved initial FI training and/or ongoing training in the field of child maltreatment and/or FI.

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Enter the projected total number of forensic interview trainings to be completed.

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

### Other Forensic Services Objective

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#### Other Forensic Services Objective

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

### Medical Services Objectives & Outcomes

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To retain a trained medical provider (as defined in the Accreditation Standards) to provide medical services.

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Enter the estimated total medical exams/evaluations to be conducted. \*

To provide ongoing training/education for medical professionals to meet the continuous improvement standard and/or to qualify as an advanced medical consultant.

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Enter the projected total number of medical trainings to be completed.

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

### Other Medical Services Objective

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#### Other Medical Services Objective

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

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## Mental Health Objectives & Outcomes

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To retain a mental health therapist to maintain mental health evidence-based treatments (EBTs).

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Enter the estimated total number of evidence-based treatments to be conducted. \*

Enter the estimated total number of pre-screening assessments to be completed.

Enter the estimated total number of post-screening assessments to be completed.

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).

To train mental health providers in evidence-based mental health treatments to children experiencing trauma from abuse.

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Enter the projected total number of evidence-based trainings to be completed.

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

## Other Mental Health Objective

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### Other Mental Health Objective

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

## Multi-Disciplinary Team Objectives & Outcomes

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To retain an MDT Coordinator position to maintain MDT engagement.

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Enter a description of the anticipated MDT participation in both frequency and members in any of the following areas: case reviews; live forensic interviews; de-briefings; information-sharing.

To train the MDT Coordinator and/or MDT members in approved training in the field of child maltreatment.

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Enter the projected total number of MDT trainings to be completed.

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Other MDT Objective

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Other MDT Objective

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

## Victim Advocacy Objectives & Outcomes

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To retain a victim advocate position to provide victim advocate services as described in the Accreditation Standards.

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Enter the estimated total number of victim advocacy services to be provided. \*

Enter the projected total number of referrals to other victim service providers and support services. \*

To train a victim advocate in approved initial training and/or ongoing training in the field of child maltreatment.

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Enter the projected total number of victim advocacy trainings to be completed.

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Other Victim Advocacy Objective

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## Other Victim Advocacy Objective

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

### Enter the estimated total number of children ages 0-10 that will be served with grant funds. \*

To be “served” means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

### Enter the estimated total number of children ages 11-17 that will be served with grant funds. \*

To be “served” means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

### Enter the projected total number of unique professionals trained with grant funds.

Total number of individuals trained with NCA-grant funds. This number should be UNDUPLICATED - if one individual attended multiple training events they would only count as one individual.

**Applicants must discuss plans for sustainability beyond the grant period. \***

## Capabilities and Competencies

**Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability. \***

**Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations. \***

### **Organizational Chart \***

Please include a copy of an organizational chart showing how your organization operates, including who manages the finances and the management of the project proposed for funding.

## Data Collection

**Describe the process for measuring project performance. Identify who will collect the data, who is responsible for performance measurements, and how the information will be used to guide and evaluate the impact of the project. Describe the process that will be used to accurately report data. \***

Applicants that receive funding must provide regular performance data as defined by OJJDP that measures the results of the work carried out under the award. Note: Applicants are not required to submit performance data with the application.

## Budget

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The applicant must include allowable costs in accordance with federal requirements and NCA guidelines. All proposed costs must occur within the grant period, are allowable, reasonable, and allocable to the specific goals and objectives of the proposed project. All requested expenditures must adhere to the latest edition of the DOJ Grants Financial Guide and 2 C.F.R Part 200.

Important:

\*\*\*The cost of existing, ongoing or renewal software licenses/maintenance agreements is not an allowable cost. Only the cost associated with upgrades will be considered.\*\*\*

\*\*\*Extended warranties that go beyond the grant year will not be approved.\*\*\*

**Personnel Amount**

**Fringe Benefits Amount**

**Travel Amount**

**Equipment/Technology**

**Consultant Amount**

**Supplies Amount**

**Other Amount**

**Indirect Costs**

**Total Grant Amount Requested \***

Must not exceed maximum allowable for the grant category.

**Personnel Outcomes/Workload/Output for time charged to NCA Award \***

For each staff member included in Personnel, please describe a projected output, product or unit of service based on specific discipline (ex. # of children served; reduction in days on a waitlist; # of sessions conducted per week; # of FI interviews; # of MH assessments; # of professionals trained; etc.). Enter NA if no personnel requested.

**I certify that no grant funds will be used for Fundraising or Lobbying Activities. \***

Select one

☐ False

☐ True

## Other Required Attachments

**UPLOAD: Grant budget and Timeline (using NCA provided template) \***

File name should read: PROJECT BUDGET\_ORG NAME

**UPLOAD: Your most recently completed audit (including Management Letter, if applicable)**

File name should read: SINGLEAUDIT\_ORG NAME

**Job Descriptions/Resumes**

**NCA's Certification of De Minimis Indirect Cost Rate Form**

**Federally Approved Indirect Cost Rate Agreement**