

## Chapters

Goal: To provide assistance to local CACs in developing and improving a coordinated response to child abuse across the state in accordance with the National Standards set for both CACs and the Chapters.

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## Organization Information

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

The Chapter 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 \*

- United States
- American Samo
- 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.

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 the 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

## 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 should briefly describe the current CAC response in their state and the need to develop/improve said response. This must include a description of current technical assistance the chapter provides to CACs in the state and the need to support/expand said assistance. \***

The applicant should use data from state-wide assessments that indicate the need for training and projects, demonstrate the size and scope of the problem, and document the effects of the problem on the target population and the larger community. Applicants should describe the impact this grant project will have on developing the coordinated response to child abuse in their state and ultimately improve the provision of services among state CACs and statewide.

## Project Design & Implementation

**Please select only those activities and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those activities and outcomes that can be fully completed during the award period. Please keep in mind that activities and outcomes should be specific, measurable, achievable, relevant, and time-bound.**

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### Growth & Development

**6 - Improve access to medical care by coordinating medical preceptorships, coordinating medical service coverage, and partnering with academic programs to create a pipeline of medical professionals prepared to serve abused children.**

Select one

- ☐ False  
☐ True

**Describe the anticipated improvement(s) in access to medical care. \***

**7 - Improve access to mental healthcare by partnering with academic programs to develop a pipeline of trained professionals, implementing tele-mental health where needed, and identifying and deploying mental health consultants, as necessary to address rural issues.**

Select one

- ☐ False  
☐ True

**Describe the anticipated improvement(s) in access to mental healthcare. \***

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**12 - Provide technical assistance to local communities interested in developing a CAC.**

Select one

- ☐ False  
☐ True

**Describe the anticipated technical assistance that will be provided to local communities interested in developing a CAC. \***

**13 - Provide individualized consultation to CACs in their state interested in improving their services in a specific area.**

Select one

- ☐ False  
☐ True

**Describe the anticipated individualized consultation to CACs interested in improving their services. \***

**15 - Implement statewide database, analyze state data collection, and consult with CACs on case management to improve case and child outcomes.**

Select one

- ☐ False  
☐ True

**Describe the anticipated implementation and/or consultation of data systems, processes, equipment, and training. \***

**20 - Analyzes child abuse data within a state, and existing resources, to locate areas in which more MDT/CAC development or deployment of satellite services may be needed and coordinates this with existing CACs within the state.**

Select one

- ☐ False  
☐ True

**Describe the anticipated process for analyzing data to locate areas for MDT/CAC development or satellite services that may be needed. \***

**21 - Develop new CACs in underserved areas of the state in partnership with local communities.**

Select one

- ☐ False  
☐ True

**Describe the anticipated development of new CACs in underserved areas. \***

**Training & Technical Assistance**

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**1 - Coordinate/conduct annual pre-service training for forensic interviewers, victim advocates, and medical professionals providing forensic medical evaluations, and mental health clinicians in evidence-based assessments and treatment.**

Select one

- ☐ False  
☐ True

**Describe the anticipated pre-service training that will be coordinated/conducted. \***

**5 - Coordinate/conduct training for forensic interviewers regarding their role as expert witnesses at trial.**

Select one

- ☐ False  
☐ True

**Describe the anticipated training that will be coordinated/conducted regarding the FI role as expert witness. \***

**14 - Provide education and consultation on serving children with special needs.**

Select one

- ☐ False  
☐ True

**Describe the anticipated education and consultation that will serve children with special needs. \***

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**2 - Coordinate/conduct continuing education for forensic interviewers, victim advocates, and medical professionals providing forensic medical evaluations, and mental health clinicians.**

Select one

- ☐ False  
☐ True

**Describe the anticipated continuing education that will be coordinated/conducted. \***

**3 - Conduct/coordinate statewide medical peer review, forensic interviewer peer review, victim advocacy consultation, and mental health clinical supervision.**

Select one

- ☐ False  
☐ True

**Describe the anticipated statewide peer review(s), consultation, and supervision that will be coordinated/conducted. \***

**4 - Coordinate/conduct annual continuing education required for MDT professionals tailored to the unique needs, laws, and regulatory environment of a state (including through statewide conferences and stipends to state and national conferences).**

Select one

- ☐ False  
☐ True

**Describe the anticipated annual continuing education for MDT that will be coordinated/conducted. \***

**8 - Coordinate/conduct pre-service and continuing education for CAC leadership and staff on issues that impact direct service provision to children.**

Select one

- ☐ False  
☐ True

**Describe the anticipated pre-service training and continuing education that will be coordinated/conducted for CAC leadership and staff. \***

**9 - Coordinate/conduct pre-service and ongoing training, support, and consultation with CAC leaders and Boards to ensure fidelity to the CAC model and improve CAC operations.**

Select one

- ☐ False  
☐ True

**Describe the anticipated pre-service and ongoing training that will be coordinated/conducted for CAC Leaders and Boards. \***

**11 - Coordinate/conduct training, consultation, and support to improve the multidisciplinary response through: team facilitator training and support; protocol development, conflict resolution, case review, and cross-discipline training.**

Select one

- ☐ False  
☐ True

**Describe the anticipated training, consultation and support for team facilitator training and support. \***

**16 - Educating CACs and MDTs about ever-evolving child abuse trends and needs (i.e. CSEC, trafficking, CSAM, etc.).**

Select one

- ☐ False  
☐ True

**Describe the anticipated education provided to CACs & MDTs about evolving child abuse trends. \***

**17 - Broker services for CACs within the state and collaborate with NCA, RCACs, and VOCAA Partners to coordinate needed support.**

Select one

- ☐ False  
☐ True

**Describe the anticipated broker services that will be provided to CACs to collaborate with partners. \***

**18 - Responsibly sourcing and group purchasing operations equipment (recording equipment for forensic interviews, medical equipment, and tele-mental health equipment) for CACs.**

Select one

- ☐ False  
☐ True

**Describe the anticipated group purchasing operations equipment that will be completed. \***

## Awareness & Education

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**19 - Conducts/coordinates victim education and outreach re: the availability of CAC services and mandatory reporter training to recognize signs of abuse and how to report it.**

Select one

- ☐ False  
☐ True

**Describe the anticipated victim education and outreach that will be conducted/coordinated. \***

**22 - Develop and maintain strategic partnerships with state-level MDT partner organizations to educate partner agencies about the benefits of the CAC model, improve CAC services, address emerging issues, and create innovative responses to child abuse.**

Select one

- ☐ False  
☐ True

**Describe how you anticipate to develop/maintain strategic partnerships with state-level MDT partner organizations. \***

**23 - Developing/improving data-sharing systems between MDT partner agencies at the State level and the Chapter (and CACs and local partner agencies).**

Select one

- ☐ False  
☐ True

**Describe how you will develop/improve data-sharing systems. \***

## Capabilities and Competencies

**Applicants must describe their organizational and programmatic capacity required to deliver the identified Chapter Core Services. \***

### **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.

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## Budget

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. # TA provided; # of trainings; # of professionals trained; etc.).

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

## **Other Required Attachments**

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

File name should read: PROJECT BUDGET\_ORG NAME

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

File name should read: SINGLEAUDIT\_ORG NAME

**Job Descriptions/Resumes**

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

**Federally Approved Indirect Cost Rate Agreement**