

## Chapters - 2027

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.

- No
- Yes

#### Organization Details

Organization Name\*

Street Address\*

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

City\*

State\*

(Displaying first 5 options)

- AL
- AK
- AR
- AS
- AZ

Postal Code\*

Country\*

(Displaying first 5 options)

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

## Contacts

Primary Grant \*  
Contact First  
Name

Primary Grant \*  
Contact Last  
Name

Primary Grant \*  
Contact Phone  
Number

Primary Grant \*  
Contact Email

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

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

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

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

Grant Fiscal Agent First Name \*

Grant Fiscal Agent Last Name \*

Grant Fiscal Agent Phone Number \*

Grant Fiscal Agent Email \*

**Board President\ED Supervisor\***

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

Minimum number of responses: 1

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

### Audit/General Information

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

- 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.

MM/DD/YYYY

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

- 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.

- False
- True

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

- 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? \*

- No
- Yes

Organization's Annual Budget\*

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

Upload most recent annual budget.\*

If you are part of an umbrella organization, please upload the budget for your organization only.

Click or drop files here to upload  
Maximum file size: 29MB

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:**

The applicant organization utilizes accounting software.\*

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

- 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.

- 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.

- False
- True

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

- 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.

- 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:**

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

- False
- True

Management of equipment, supplies and property.\*

- False
- True

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

- False
- True

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

- False
- True

Record retention\*

- False
- True

Travel Policies\*

- False
- True

Separation of financial duties\*

- False
- True

Appropriate background screening\*

Please visit [Suitability for Individuals Interacting with Participating Minors](#) for more information.

- False
- True

Employee Eligibility Verification\*

Please visit [Employment Eligibility Verification](#) for more information.

- False
- True

## Needs Statement

Request Fund\*

NSP - Chapter

### 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

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

Applicants must include only data that is directly tied to activities funded under this RFP and supported by the proposed scope of work and budget.

**Do NOT include data in chosen objectives, outcomes/deliverables, or performance measures that reflect non-grant activities, prior funding, or other funding sources.**

**Select only those Eligible Objectives with their corresponding outcomes/deliverables 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.**

### Growth & Development Objectives & Activities

#### GROWTH & DEVELOPMENT ELIGIBLE OBJECTIVES/ACTIVITIES

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.

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

12 - Provide technical assistance 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.

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

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.

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

### Outcomes/Deliverables Tied to Growth & Development EOAs

Enter the estimated total number of Access Improvement Plans to be developed and implemented (mental health, medical care, etc.). \*

This aligns with Eligible Activity 6 and/or 7. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to local communities interested in developing a CAC. \*

This aligns with Eligible Activity 12. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area. \*

This aligns with Eligible Activity 13. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total number of Statewide Case Management Systems that will be acquired/implemented with Chapter assistance. \*

This aligns with Eligible Activity 15. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of Gap Analysis/Community Assessment Reports to be developed. \*

This aligns with Eligible Activity 20. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of New CACs and/or Satellites that will be established in partnership with local communities. \*

This aligns with Eligible Activity 21. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

## Other Growth & Development Outcome/Deliverable

Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

## Training & Technical Assistance Objectives & Activities

### TRAINING & TECHNICAL ASSISTANCE ELIGIBLE OBJECTIVES/ACTIVITIES

- 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.
- 2 - Coordinate/conduct continuing education for forensic interviewers, victim advocates, and medical professionals providing forensic medical evaluations, and mental health clinicians.
- 3 - Conduct/coordinate statewide medical peer review, forensic interviewer peer review, victim advocacy consultation, and mental health clinical supervision.
- 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).
- 5 - Coordinate/conduct training for forensic interviewers regarding their role as expert witnesses at trial.
- 8 - Coordinate/conduct pre-service and continuing education for CAC leadership and staff on issues that impact direct service provision to children.
- 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.
- 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.
- 14 - Provide education and consultation on serving children with special needs.
- 16 - Educating CACs and MDTs about ever-evolving child abuse trends and needs (i.e. CSEC, trafficking, CSAM, etc.).
- 17 - Broker services for CACs within the state and collaborate with NCA, RCACs, and VOCAA Partners to coordinate needed support.
- 18 - Responsibly sourcing and group purchasing operations equipment (recording equipment for forensic interviews, medical equipment, and tele-mental health equipment) for CACs.

## Outcomes/Deliverables Tied to Training & Technical Assistance EOAs

Enter the estimated total number of Peer Reviews/Consultations that will be facilitated with Chapter assistance.

This aligns with Eligible Activity 3. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of MDT Protocols & Quality Improvement action **\*** plans that will be developed with Chapter assistance.

This aligns with Eligible Activity 11. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of trainings that will be **held and/or attended**. **\*** This is a required performance measure; if not applicable, enter 0.

This aligns with Eligible Activities: 1, 2, 4, 5, 8, 9, and 16. If any selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total(s) in the proposed timeline and budget submitted.

Enter the estimated total number of unique professionals that will be trained. This **\*** is a required performance measure; if not applicable, enter 0.

Of the training events held & attended included above, how many unique (unduplicated) professionals will complete training.

### Other Training & Technical Assistance Outcome/Deliverable

Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget under the proposed Training & Technical Assistance Eligible Activities.

## Awareness & Education Objectives & Activities

### AWARENESS & EDUCATION ELIGIBLE OBJECTIVES/ACTIVITIES

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.

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.

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

## Outcomes/Deliverables Tied to Awareness & Education EOAs

Enter the estimated total number of Victim Education Trainings & Outreach that will be provided. \*

This aligns with Eligible Activity 19. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Describe the strategic partnerships with state-level MDT organizations that will be developed and maintained.

This aligns with Eligible Activity 22. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome/Deliverable in the proposed timeline and budget submitted.

Describe the Data Systems/Processes/Documentation that will be developed/implemented, upgraded, or supported with Chapter assistance. This aligns with Eligible Activity 23. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome/Deliverable in the proposed timeline and budget submitted.

**Other Awareness & Education Outcome/Deliverable**

Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above? \*

- True
- False

## 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.

Click or drop files here to upload

Maximum file size: 29MB

## 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

### 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:

Personnel Amount

 USD

Fringe Benefits Amount

 USD

Travel Amount

 USD

Equipment/Technology

 USD

Consultant Amount

 USD

Supplies Amount

 USD

Other Amount

 USD

Indirect Costs

USD

Total Grant Amount Requested\*

Must not exceed maximum allowable for the grant category.

USD

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.). Enter NA if no personnel requested. **Enter NA if you did not request any personnel funding.**

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

- False
- True

## Other Required Attachments

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

File name should read: PROJECT BUDGET\_ORG NAME

Click or drop files here to upload

Maximum file size: 29MB

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

File name should read: SINGLEAUDIT\_ORG NAME

Click or drop files here to upload

Maximum file size: 29MB

Job Descriptions/Resumes

Click or drop files here to upload

Maximum file size: 29MB

NCA Certification of De Minimis Indirect Cost Rate Form

Click or drop files here to upload

Maximum file size: 29MB

Federally Approved Indirect Cost Rate Agreement

Click or drop files here to upload

Maximum file size: 29MB