
Organization Information

Organization Name *

Address *

Main Phone *

E-mail Address *

Organizational Type *

Select one

- ☐ [A] Independent Non-Profit
- ☐ [B] Program under an umbrella organization that is a 501(c)3
- ☐ [C] Hospital-Based program
- ☐ [D] Child Protective Services based program
- ☐ [E] Law Enforcement based program
- ☐ [F] Prosecution based program
- ☐ [G] Other Government based

Membership Status with NCA *

Select one

- ☐ Accredited Member
- ☐ Affiliate Member
- ☐ Associate/Developing Member
- ☐ Chapter
- ☐ Non-Member Multidisciplinary Team in area without CAC
- ☐ Other
- ☐ Satellite Member
- ☐ Tribal Multidisciplinary Team

EIN *

The EIN must be 9 digits and in this format xx-xxxxxxx.

Unique Entity ID (UEI) *

The UEI must be a 12 character alphanumeric value.
 [For more information, visit SAM.gov](https://sam.gov/content/entity-registration)

Fund

Select multiple

(Displaying first 25 options)

- ☐ AIAN
- ☐ AIAN/Alaska
- ☐ AIAN/Lower 48
- ☐ AIAN-Stipends
- ☐ DTVF
- ☐ DTVF/RESOURCES
- ☐ DTVF/SERVICE PROVISION
- ☐ DTVF/STIPENDS
- ☐ DTVF/TRAINING AND SERVICE
- ☐ DTVF/TRAINING
- ☐ MIL
- ☐ MIL/CAC SERVICES MILITARY INSTALLATIONS
- ☐ MIL/CHAPTER SERVICES MILITARY INSTALLATIONS
- ☐ MIL/STIPENDS
- ☐ NSP - CAC
- ☐ NSP - CAC/CAC RESP DC AND US TERR
- ☐ NSP - CAC/CAC RESP TO CHILDREN WITH SBP
- ☐ NSP - CAC/CAC RESP TO PHYSICAL ABUSE
- ☐ NSP - CAC/CH CASE TRACKING SYSTEM IMPROVEMENTS
- ☐ NSP - CAC/CH MENTAL HEALTH SERVICES
- ☐ NSP - CAC/CORE SERVICES
- ☐ NSP - CAC/EQUIPMENT
- ☐ NSP - CAC/PROGRAM DEVELOPMENT
- ☐ NSP - CAC/PROGRAM EXPANSION
- ☐ NSP - CAC/PROGRAM IMPROVEMENT

Authorized Agency Representative

Allowed to enter into binding agreements

Is Primary	First name	Last name	Title	Email address	Office telephone	Contact Role
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Pre Award Checklist

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>

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

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/> for more information.

Select one

- ☐ False
☐ True

Employee Eligibility Verification

Please visit <https://www.nationalchildrensalliance.org/employment-eligibility-verification/> for more information.

Select one

- ☐ False
☐ True

Project Questions

Please indicate which Focus you are applying under. *

Applicants are permitted to apply under more than one focus up to a total application of \$50,000.

Timeline for purchase and implementation to determine the project period for award. *

Please describe the current CAC response/systems, why the CAC needs this equipment/technology, what it will be used for, and the timeline for completion/implementation to determine the project period for award. *

Describe the impact that this project would have on improving the medical care/forensic interviewing/peer review/ victim advocacy/ mental health/ general operations of the CAC. Please provide the number of children served and the anticipated caseload, if applicable. *

Budget

Equipment Amount *

Supplies

Other

Required Attachments

UPLOAD: Grant budget (using NCA provided template) *

File name should read: PROJECT BUDGET_ORG NAME

UPLOAD: Letters of Support

File name should read: LETTERS OF SUPPORT_ORG NAME

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

File name should read: SINGLEAUDIT_ORG NAME