

## Equipment & Technology Support - 2027

Application for Equipment/Technology Support funding opportunity.

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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. P.O. Boxes do not qualify as a "place of performance". If your organization address listed above is a P.O. Box, select "NO" and complete below.

- No
- Yes

### Organization Details

Organization Name\*

Street Address\*

The address entered must equal the place of performance of the grant award. P.O. Boxes do not qualify as a place of performance.

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 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:**

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

Separation of financial duties\*

- False
- True

Appropriate background screening\*

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

- False
- True

## Project Questions

Request Fund\*

NSP - CAC/EQUIPMENT

### Description of Issue/Needs Statement

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.

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

### 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.\*\*\*

PLEASE ENTER A SUMMARY OF REQUESTED EQUIPMENT AND SUPPLIES (if applicable) INCLUDED IN THE ATTACHED BUDGET THAT INCLUDES: ITEM, QUANTITY, & TOTAL AMOUNT: \*

EXAMPLE FOR ABOVE SUMMARY:

Recording Equipment "X"- 1 unit - \$20,000 total

Software "Y" - 2 units - \$4,000 total

Laptops - 6 units - \$6,000 total

Equipment/Technology

 USD

Supplies Amount

 USD

Total Grant Amount Requested\*

Must not exceed maximum allowable for the grant category.

\$

USD

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

- False
- True

## Required Attachments

UPLOAD: Grant budget using **NCA BUDGET 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

### Letters of Support

Non-Member Multidisciplinary Teams (multidisciplinary teams in areas in which there are no existing CACs) or entities in the process of establishing a CAC must provide a Letter of Support from the State Chapter to document that the application is coordinated and in compliance with the state Chapter growth and development plan

Click or drop files here to upload

Maximum file size: 29MB