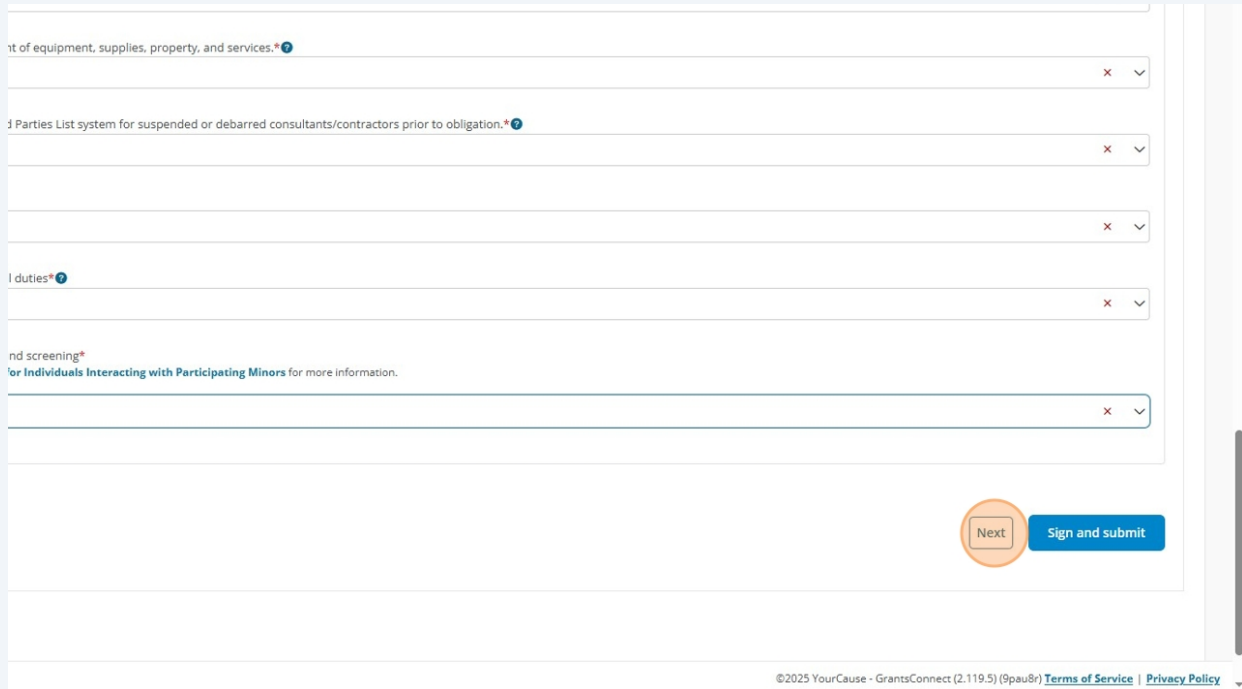


Completing Remaining Equipment & Technology Support Grant Application Sections

1

Once you have completed the General Sections covered in the General Application Sections training video, click "Next" or click the Project Questions tab to proceed to Project Questions section



The screenshot displays a web-based form for completing the remaining sections of a grant application. The form is organized into several sections, each with a title and a description, followed by a text input field and a dropdown menu. The sections are:

- Equipment, supplies, property, and services.*** (with a help icon)
- Parties List system for suspended or debarred consultants/contractors prior to obligation.*** (with a help icon)
- Duties.*** (with a help icon)
- Screening*** (with a help icon) and a link to [for Individuals Interacting with Participating Minors](#) for more information.

At the bottom right of the form, there are two buttons: a circular orange "Next" button and a blue "Sign and submit" button. The footer of the page contains the copyright notice: ©2025 YourCause - GrantsConnect (2.119.5) (9pau8r) and links to [Terms of Service](#) and [Privacy Policy](#).

2 Respond to: "Please indicate which Focus you are applying under."

FORM QUESTIONS

Complete the required fields below.
Accepting applications until Jun 30, 2025 11:59 PM

Organization InformationPre Award ChecklistProject QuestionsBudgetRequired Attachments

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/imple

Describe the impact that this project would have on improving the medical care/forensic interviewing/peer review/ victim advocacy/ mental health/ general opera
the anticipated caseload, if applicable.*

✓ Saved

3 Respond to: "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."

FORM QUESTIONS

Complete the required fields below.
Accepting applications until Jun 30, 2025 11:59 PM

Organization InformationPre Award ChecklistProject QuestionsBudgetRequired Attachments

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.

Forensic Interview Equipment and HIPPA equipment

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/imple

Describe the impact that this project would have on improving the medical care/forensic interviewing/peer review/ victim advocacy/ mental health/ general opera
the anticipated caseload, if applicable.*

✓ Saved

4

Respond to: "Describe the impact that this project would have on improving the (focus area or areas) of the CAC. Please provide the number of children served and the anticipated caseload, if applicable."

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.

Forensic Interview Equipment and HIPPA equipment.

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

HIPAA Compliance and Tele-Forensic Interviews

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 anticipated caseload, if applicable.*

[Previous](#)

5

Click "Next" to proceed to Budget section, which is limited to Equipment/Technology & Supplies

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.

Equipment and HIPPA equipment.

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.*
HIPAA Compliance and Tele-Forensic Interviews

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.*

Accessibility

[Next](#)

[Sign and submit](#)

6 Enter requested amount in "Equipment/Technology" field.

Organization Information

Pre Award Checklist

Project Questions

Budget

Required Attachments

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 for 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: Please use ONLY numbers and decimal points.

***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 ***

Equipment/Technology

\$

Supplies Amount

\$

Total Grant Amount Requested*

Must not exceed maximum allowable for the grant category.

\$ 0.00

Minimum or maximum not correct.

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

Previous

7 Enter requested amount in "Supplies Amount" field, if applicable.

Organization Information

Pre Award Checklist

Project Questions

Budget

Required Attachments

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 for 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.

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***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 ***

Equipment/Technology

\$ 45,000

Supplies Amount

\$

Total Grant Amount Requested*

Must not exceed maximum allowable for the grant category.

\$ 45,000.00

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

Previous

8

Click the "I certify that no grant funds will be used for Fundraising or Lobbying Activities." field.

Important: Please use ONLY numbers and decimal points.
***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.

Equipment/Technology
\$ 45,000.00

Supplies Amount
\$ 5,000

Total Grant Amount Requested*
Must not exceed maximum allowable for the grant category.
\$ 50,000.00

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

Previous

✓ Saved

9

Click "Next" to proceed to Required Attachments section

Important: Please use ONLY numbers and decimal points.
***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.

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USD

USD

requested*
um allowable for the grant category.
USD

ds will be used for Fundraising or Lobbying Activities.*

Next Sign and submit


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10 Upload Budget using NCA template here

te the required fields below.
ng applications until Jun 30, 2025 11:59 PM


ization Information Pre Award Checklist Project Questions Budget Required Attachments

.OAD: Grant budget (using NCA provided template)* ⓘ
name should read: PROJECT BUDGET_ORG NAME


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


ected file types include: xls, xlsx

.OAD: Your most recently completed audit (including Management Letter, if applicable) ⓘ
name should read: SINGLEAUDIT_ORG NAME


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

ected file types include: pdf

ers of Support
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
inated and in compliance with the state Chapter growth and development plan


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Maximum file size: 29MB


ected file types include: pdf

11 Upload Single Audit as PDF here, if applicable

; applications until Jun 30, 2025 11:59 PM


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.AD: Grant budget (using NCA provided template)* ⓘ
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Click or drop files here to upload
Maximum file size: 29MB


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.AD: Your most recently completed audit (including Management Letter, if applicable) ⓘ
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ted file types include: pdf

12 Upload letter(s) of support as PDF here, if applicable

D: Grant budget (using NCA provided template)*
ne should read: PROJECT BUDGET_ORG NAME

Click or drop files here to upload
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ed file types include: xls, xlsx

D: Your most recently completed audit (including Management Letter, if applicable)
ne should read: SINGLEAUDIT_ORG NAME

Click or drop files here to upload
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ous

Sign and submit

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13 When ready, click "Sign and submit"

Click or drop files here to upload
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Je: xls, xlsx

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GLEAUDIT_ORG NAME

Click or drop files here to upload
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Je: pdf

Sign and submit

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14

Review certification prior to signing and submitting. Please remember if not ready to sign/submit, this application has been saved as a draft.

FORM QUESTIONNAIRE

Complete the required information by clicking on the "Next" button. If you are not ready to sign/submit, this application has been saved as a draft.

Organization Information

UPLOAD: Grant Application
File name should be: [YUMA G...]

Accepted file types: [YUMA G...]

UPLOAD: Your Signature
File name should be: [YUMA G...]

Accepted file types: [YUMA G...]

Letters of Support
Non-Member Information
and in compliance with the RFP.

Sign and Submit

By signing this application, I certify that this organization is eligible to apply under the conditions published, to the statements contained in the list of certifications, and to the best of my knowledge and belief that the information provided herein is true, complete, and accurate. I am aware that the provision of false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil, or administrative consequences including not limited to violations of U.S. Code Title 18, Sections 2, 1001, 1343 and Title 31, Sections 3729-3730 and 3801-3812.

The list of certification and assurances, or an internet site where you may obtain this list is contained in the RFP.

Saved

Type

Upload

Draw

Draw your signature using your mouse or trackpad

Clear

Cancel

Sign and submit