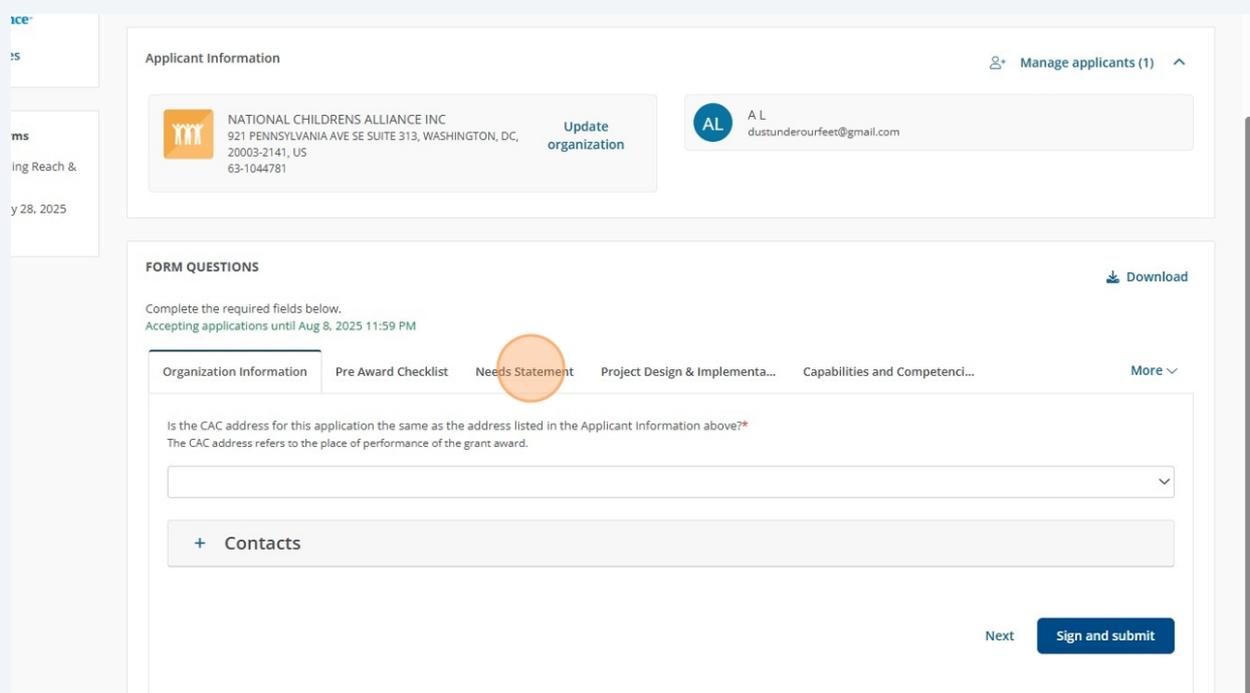


Completing Remaining Expanding Reach & Access Application Sections

This training video covers the remaining sections of the Expanding Reach & Access grant type not covered in the General Application Sections training video and includes the Needs Statement, Project Design & Implementation, and Other Required Attachments sections.

1 Click "Needs Statement"



The screenshot displays the application portal interface. At the top, there is a section for 'Applicant Information' for 'NATIONAL CHILDRENS ALLIANCE INC' with an 'Update organization' button. Below this is the 'FORM QUESTIONS' section, which includes a navigation menu with tabs for 'Organization Information', 'Pre Award Checklist', 'Needs Statement', 'Project Design & Implementa...', 'Capabilities and Competenci...', and 'More'. The 'Needs Statement' tab is highlighted with an orange circle. The main content area shows a question: 'Is the CAC address for this application the same as the address listed in the Applicant Information above?*' with a sub-note: 'The CAC address refers to the place of performance of the grant award.' Below the question is a dropdown menu and a '+ Contacts' button. At the bottom right, there are 'Next' and 'Sign and submit' buttons.

2 Respond to: "Abstract"

Organization Information Pre Award Checklist **Needs Statement** Project Design & Implementa... Capabilities and Competenci... More ▾

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 must describe the service area need and describe the current CAC response in their community, as well as explain how existing limitations impact the CAC's ability to provide services.*

Supporting Documentation*
Documentation may include service area maps and population data, current service statistics, and unmet needs data.

3 Respond to: "Applicants must describe the service area need and describe the current CAC response in their community, as well as explain how existing limitations impact the CAC's ability to provide services."

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 must describe the service area need and describe the current CAC response in their community, as well as explain how existing limitations impact the CAC's ability to provide services.*

Supporting Documentation*
Documentation may include service area maps and population data, current service statistics, and unmet needs data.

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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*

4 Upload Supporting Documentation here.

Description of Issue/Needs Statement

Applicants must describe the service area need and describe the current CAC response in their community, as well as explain how existing limitations impact the CAC's ability to provide services.*

Supporting Documentation*
Documentation may include service area maps and population data, current service statistics, and unmet needs data.


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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*

PreviousNext [Sign and submit](#)

5 Respond to: "Describe how the submitted documentation demonstrates need."

Description of Issue/Needs Statement

Applicants must describe the service area need and describe the current CAC response in their community, as well as explain how existing limitations impact the CAC's ability to provide services.*

Supporting Documentation*
Documentation may include service area maps and population data, current service statistics, and unmet needs data.


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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*

PreviousNext [Sign and submit](#)

6 Click "Project Design & Implementation"

Applicant Information Manage applicants (1)

 NATIONAL CHILDRENS ALLIANCE INC
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC,
20003-2141, US
63-1044781 Update organization

 A L
dustunderourfeet@gmail.com

FORM QUESTIONS Download

Complete the required fields below.
Accepting applications until Aug 8, 2025 11:59 PM

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competenci... More

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 Entry 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.

7 Select from the dropdown menu "Expanding Reach & Access Focus Areas"

FORM QUESTIONS Download

Complete the required fields below.
Accepting applications until Aug 8, 2025 11:59 PM

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competenci... More

Please select only those objectives and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those objectives that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

Expanding Reach & Access Focus Areas*

Enter the estimated total number of children ages 11-17 that will be served with grant funds.*
To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the projected total number of unique professionals trained with grant funds.
Total number of individuals trained with NCA-grant funds. This number should be UNDUPLICATED - if one individual attended multiple training events they would only count as one individual.

8

If Establish Satellite Center Focus Area is selected, respond to: "Anticipated Date for Satellite Membership Application"

Please select only those objectives and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those objectives that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives **does not** necessarily make for a stronger application.

Expanding Reach & Access Focus Areas*

Establish Satellite Center

— Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*

Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA.

MM/DD/YYYY

This input is required

Describe the anticipated steps, process, and timeline during this award period to establish a satellite center.*

Describe how success will be measured.*

Enter the estimated total number of children ages 0-10 that will be served with grant funds.*

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

9

If Establish Satellite Center is selected, respond to: "Describe the anticipated steps, process, and timeline during this award period to establish a satellite center."

Expanding Reach & Access Focus Areas*

Establish Satellite Center

— Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*

Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA.

MM/DD/YYYY

This input is required

Describe the anticipated steps, process, and timeline during this award period to establish a satellite center.*

Describe how success will be measured.*

Enter the estimated total number of children ages 0-10 that will be served with grant funds.*

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.*

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

10

If Establish Satellite Center is selected, respond to: "Describe how success will be measured."

Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*
Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA.

MM/DD/YYYY 

This input is required

Describe the anticipated steps, process, and timeline during this award period to establish a satellite center.*

Describe how success will be measured.*

Enter the estimated total number of children ages 0-10 that will be served with grant funds.*
To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.*
To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

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11

If Increase Core Service Capacity Focus Area is selected: select from optional objective "Staffing Increase in Service Area 1" (option to select a second service area in Staffing Increase in Service Area 2 field)

Please select only those objectives and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those objectives that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity  

Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1 

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. 

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. 

To implement more efficient delivery methods to increase service delivery/capacity.

12

If Forensic Interview is selected: "Enter the estimated total number of forensic services to be conducted."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

– Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Forensic Interview

Enter the estimated total number of forensic services to be conducted.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

To implement more efficient delivery methods to increase service delivery/capacity.

13

Respond to: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

– Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Forensic Interview

Enter the estimated total number of forensic services to be conducted.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

To implement more efficient delivery methods to increase service delivery/capacity.

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14

If Medical Services is selected: "Enter the estimated total medical exams/evaluations to be conducted."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

– Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Medical Services

Enter the estimated total medical exams/evaluations to be conducted.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

To implement more efficient delivery methods to increase service delivery/capacity.

15

Respond to: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

– Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Medical Services

Enter the estimated total medical exams/evaluations to be conducted.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

To implement more efficient delivery methods to increase service delivery/capacity.

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16

If Mental Health is selected: "Enter the estimated total number of pre-screening assessments to be conducted."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

— Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Mental Health

Enter the estimated total number of pre-screening assessments to be conducted.*

Enter the estimated total number of post-screening assessments to be conducted.*

Enter the estimated total number of evidence-based treatments to be completed.*

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

17

If Mental Health is selected: "Enter the estimated total number of post-screening assessments to be conducted."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

— Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Mental Health

Enter the estimated total number of pre-screening assessments to be conducted.*

Enter the estimated total number of post-screening assessments to be conducted.*

Enter the estimated total number of evidence-based treatments to be completed.*

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

Staffing Increase in Service Area 2

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18

If Mental Health is selected: "Enter the estimated total number of evidence-based treatments to be completed."

increase the core service capacity

– Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Mental Health

Enter the estimated total number of pre-screening assessments to be conducted.*

Enter the estimated total number of post-screening assessments to be conducted.*

Enter the estimated total number of evidence-based treatments to be completed.*

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

Staffing Increase in Service Area 2

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19

If Mental Health is selected: "Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s)."

increase the core service capacity

– Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Mental Health

Enter the estimated total number of pre-screening assessments to be conducted.*

Enter the estimated total number of post-screening assessments to be conducted.*

Enter the estimated total number of evidence-based treatments to be completed.*

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

Staffing Increase in Service Area 2

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20

If Mental Health is selected: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

The screenshot shows a web form titled "Increase Core Service Capacity Objectives & Outcomes". At the top, there is a dropdown menu with "Increase CAC Core Service Capacity" selected. Below this, the text reads: "To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:". Underneath, there is a dropdown menu for "Staffing Increase in Service Area 1" with "Mental Health" selected. Below this dropdown are four text input fields with the following prompts: "Enter the estimated total number of pre-screening assessments to be conducted.*", "Enter the estimated total number of post-screening assessments to be conducted.*", "Enter the estimated total number of evidence-based treatments to be completed.*", and "Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s)*". At the bottom of the form, there is a text input field with the prompt "Enter the estimated percentage increase in services selected above that will result from the increase in staffing." This field is highlighted with an orange circle. At the very bottom of the page, there is a footer with the text "©2025 YourCause - GrantsConnect (2.121.2) (rtixt5) Terms of Service | Privacy Policy".

21

If Multi-disciplinary Team is selected: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

The screenshot shows a web form titled "Increase Core Service Capacity Objectives & Outcomes". At the top, there is a dropdown menu with "Increase CAC Core Service Capacity" selected. Below this, the text reads: "To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:". Underneath, there is a dropdown menu for "Staffing Increase in Service Area 1" with "Multi-disciplinary Team" selected. Below this dropdown is a text input field with the prompt "Enter the estimated percentage increase in services selected above that will result from the increase in staffing." This field is highlighted with an orange circle. Below this field is another dropdown menu for "Staffing Increase in Service Area 2". Below that is another text input field with the prompt "Enter the estimated percentage increase in services selected above that will result from the increase in staffing.". At the bottom of the form, there is a section titled "To implement more efficient delivery methods to increase service delivery/capacity." followed by a text input field with the prompt "Describe the service delivery improvement to be implemented and the process and timeline for implementation.".

22

If Victim Advocacy is selected: "Enter the estimated total number of victim advocacy services to be provided."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

- Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Victim Advocacy

Enter the estimated total number of victim advocacy services to be provided.*

Enter the estimated total number of referrals to be provided.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

23

If Victim Advocacy is selected: "Enter the estimated total number of referrals to be provided."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

- Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Victim Advocacy

Enter the estimated total number of victim advocacy services to be provided.*

Enter the estimated total number of referrals to be provided.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing.

24

If Victim Advocacy is selected: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

— Increase Core Service Capacity Objectives & Outcomes

To increase staff and/or contractor time and effort in one or two of the following service areas to increase service delivery:

Staffing Increase in Service Area 1

Victim Advocacy

Enter the estimated total number of victim advocacy services to be provided.*

Enter the estimated total number of referrals to be provided.*

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

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25

If optional objective to implement more efficient delivery methods is selected, respond to: "Describe the service delivery improvement to be implemented and the process and timeline for implementation."

Staffing Increase in Service Area 2

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ?

To implement more efficient delivery methods to increase service delivery/capacity.

Describe the service delivery improvement to be implemented and the process and timeline for implementation.

Describe how the service delivery improvement will increase and/or improve services.

Optional Core Service Capacity Objective

Other Service Capacity Objective ?

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

26

If optional objective to implement more efficient delivery methods is selected, respond to: "Describe how the service delivery improvement will increase and/or improve services."

Enter the estimated percentage increase in services selected above that will result from the increase in staffing. ⓘ

To implement more efficient delivery methods to increase service delivery/capacity.

Describe the service delivery improvement to be implemented and the process and timeline for implementation.

Describe how the service delivery improvement will increase and/or improve services.

Optional Core Service Capacity Objective

Other Service Capacity Objective ⓘ

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

27

If optional objective is created, respond to: "Other Service Capacity Objective"

Describe how the service delivery improvement will increase and/or improve services.

Optional Core Service Capacity Objective

Other Service Capacity Objective ⓘ

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

Enter the estimated total number of children ages 0-10 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the projected total number of unique professionals trained with grant funds. ⓘ

Total number of individuals trained with NCA-grant funds. This number should be UNDUPLICATED - if one individual attended multiple training events they would only count as one individual.

28

If Mobile/Tele-Services Forensic Interview is selected, respond to: "Enter the estimated total number of forensic services to be conducted via mobile/tele-services."

Expanding Reach & Access Focus Areas*

Mobile/Teleservices Expansion

— Development Mobile/Tele-Services Objectives & Outcomes

Increase staffing and/or improve service delivery to provide mobile/tele-services for forensic interviews.

Enter the estimated total number of forensic services to be conducted via mobile/tele-services.

Increase staffing and/or improve service delivery to provide mobile/tele-health medical services.

Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services.

Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.

Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.

29

If Mobile/Tele-Services Medical Services is selected, respond to: "Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services."

— Development Mobile/Tele-Services Objectives & Outcomes

Increase staffing and/or improve service delivery to provide mobile/tele-services for forensic interviews.

Enter the estimated total number of forensic services to be conducted via mobile/tele-services.

Increase staffing and/or improve service delivery to provide mobile/tele-health medical services.

Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services.

Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.

Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services.

30

If Mobile/Tele-Services Mental Health is selected, respond to: "Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services."

Increase staffing and/or improve service delivery to provide mobile/tele-health medical services.

Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services.

Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.

Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services.

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).

Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.

Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.

31

If Mobile/Tele-Services Mental Health is selected, respond to: "Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services."

Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services.

Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.

Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services.

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).

Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.

Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.

32

If Mobile/Tele-Services Mental Health is selected, respond to: "Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services."

Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.

Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services.

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).

Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.

Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.

33

If Mobile/Tele-Services Mental Health selected, respond to: "Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s)."

Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.

Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.

Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services.

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).

Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.

Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.

Optional Mobile/Tele Services Objective

34

If Mobile/Tele-Services Victim Advocacy is selected, respond to: "Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services."

Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services.

Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).

Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.

Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective ⓘ

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

35

If optional objective is created, respond to: "Other Mobile/Tele-Services Objective".

Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.

Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective ⓘ

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

Enter the estimated total number of children ages 0-10 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

ed

36

Respond to: "Enter the estimated total number of children ages 0-10 that will be served with grant funds."

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective ⓘ

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

Enter the estimated total number of children ages 0-10 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the projected total number of unique professionals trained with grant funds. ⓘ

Total number of individuals trained with NCA-grant funds. This number should be UNDUPLICATED - if one individual attended multiple training events they would only count as one individual.

Applicants must discuss plans for sustainability beyond the grant period.*

37

Respond to: "Enter the estimated total number of children ages 11-17 that will be served with grant funds."

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

Enter the estimated total number of children ages 0-10 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.* ⓘ

To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the projected total number of unique professionals trained with grant funds. ⓘ

Total number of individuals trained with NCA-grant funds. This number should be UNDUPLICATED - if one individual attended multiple training events they would only count as one individual.

Applicants must discuss plans for sustainability beyond the grant period.*

38

Respond to optional field: "Enter the projected total number of unique professionals trained with grant funds."

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

Enter the estimated total number of children ages 0-10 that will be served with grant funds.*[?]
To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.*[?]
To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the projected total number of unique professionals trained with grant funds. [?]
Total number of individuals trained with NCA-grant funds. This number should be **UNDUPLICATED** - if one individual attended multiple training events they would only count as one individual.

Applicants must discuss plans for sustainability beyond the grant period.*

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39

Respond to: "Applicants must discuss plans for sustainability beyond the grant period."

Option to enter an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

Enter the estimated total number of children ages 0-10 that will be served with grant funds.*[?]
To be "served" means a program, organization, or system admitted an individual and actively provided them services supported by NCA grant funding.

Enter the estimated total number of children ages 11-17 that will be served with grant funds.*[?]
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Applicants must discuss plans for sustainability beyond the grant period.*

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Click "More", if "Other Required Attachments" section not displayed.

Applicant Information Manage applicants (1)

NATIONAL CHILDRENS ALLIANCE INC
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC,
20003-2141, US
63-1044781 Update organization

A L
dustunderourfeet@gmail.com

FORM QUESTIONS Download

Complete the required fields below.
Accepting applications until Aug 8, 2025 11:59 PM

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competenci... More

Please select only those objectives and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those objectives that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives **does not** necessarily make for a stronger application.

Expanding Reach & Access Focus Areas*
Mobile/Teleservices Expansion

Development Mobile/Tele-Services Objectives & Outcomes

Increase staffing and/or improve service delivery to provide mobile/tele-services for forensic

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Click "Other Required Attachments"

Applicant Information Manage applicants (1)

NATIONAL CHILDRENS ALLIANCE INC
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC,
20003-2141, US
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Expanding Reach & Access Focus Areas*
Mobile/Teleservices Expansion

Development Mobile/Tele-Services Objectives & Outcomes

Increase staffing and/or improve service delivery to provide mobile/tele-services for forensic

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Data Collection
Budget
Other Required Attachments

42 Upload Budget & Timeline using template

ing Reach &
y 28, 2025

63-1044781

FORM QUESTIONS

[Download](#)

Complete the required fields below.
Accepting applications until Aug 8, 2025 11:59 PM

[Organization Information](#) [Pre Award Checklist](#) [Needs Statement](#) [Project Design & Implementa...](#) **Other Required Attachments** [More](#)

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

Accepted file types include: xls,.xlsx
This input is required

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

Accepted file types include: pdf

Job Descriptions/Resumes

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43 If single audit applicable to your organization, upload here.

[Organization Information](#) [Pre Award Checklist](#) [Needs Statement](#) [Project Design & Implementa...](#) **Other Required Attachments** [More](#)

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

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This input is required

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

Accepted file types include: pdf

Job Descriptions/Resumes

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

Accepted file types include: doc, docx, pdf

NCA's Certification of De Minimis Indirect Cost Rate Form

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

44

If personnel costs are part of your budget, upload job descriptions/resumes here.

This input is required

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

Accepted file types include: pdf

Job Descriptions/Resumes

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

Accepted file types include: doc, docx, pdf

NCA's Certification of De Minimis Indirect Cost Rate Form ⓘ

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

Accepted file types include: pdf

Federally Approved Indirect Cost Rate Agreement

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

Accepted file types include: pdf

45

If you are including de minimis indirect costs in your budget, upload NCA certification form here.

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

Accepted file types include: pdf

Job Descriptions/Resumes

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

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NCA's Certification of De Minimis Indirect Cost Rate Form ⓘ

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Federally Approved Indirect Cost Rate Agreement

Click or drop files here to upload
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Accepted file types include: pdf

Letters of Support/MOUs ⓘ

SATELLITE CENTER FOCUS - Letters of Support/Memoranda of Understanding - Applicants should provide signed and dated letters of support or memoranda of understanding for all key partners that include the following: 1. Expression of support for the program and a statement of willingness to participate and collaborate with it. 2. Description of the partner's current role and responsibilities in the planning process and expected responsibilities when the program is operational.

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If your organization has a Federally Approved Indirect Cost Rate Agreement, upload here.

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

Accepted file types include: doc, docx, pdf

NCA's Certification of De Minimis Indirect Cost Rate Form ⓘ

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

Accepted file types include: pdf

Federally Approved Indirect Cost Rate Agreement

Click or drop files here to upload
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Accepted file types include: pdf

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

Previous Sign and submit

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If you are selecting a Satellite Center focus, upload letters of support here.

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

Accepted file types include: pdf

Federally Approved Indirect Cost Rate Agreement

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

Accepted file types include: pdf

Letters of Support/MOUs ⓘ

SATELLITE CENTER FOCUS - Letters of Support/Memoranda of Understanding - Applicants should provide signed and dated letters of support or memoranda of understanding for all key partners that include the following: 1. Expression of support for the program and a statement of willingness to participate and collaborate with it. 2. Description of the partner's current role and responsibilities in the planning process and expected responsibilities when the program is operational.

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

Previous Sign and submit

48

Click "Download" at any time to download your application.

The screenshot shows a web application interface for 'NSP Expanding Reach & Access'. At the top, the goal is stated: 'Goal: To expand services to additional communities and increase service capacity to meet demonstrated needs'. Below this is the 'Applicant Information' section, which includes the organization name 'NATIONAL CHILDRENS ALLIANCE INC', address '921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, US', and phone number '63-1044781'. There is an 'Update organization' button. To the right, the user profile shows initials 'AL' and email 'dustunderourfeet@gmail.com', with a 'Manage applicants (1)' link. The 'FORM QUESTIONS' section contains instructions to complete required fields and a deadline of 'Aug 8, 2025 11:59 PM'. It features a progress bar with steps: 'Organization Information', 'Pre Award Checklist', 'Needs Statement', 'Project Design & Implementa...', and 'Other Required Attachments'. A 'Download' button is circled in orange. Below the progress bar is an upload area for a 'Grant budget and Timeline' file, with a maximum size of 29MB and accepted file types of .xls and .xlsx. The footer includes copyright information for 'YourCause - GrantsConnect' and links to 'Terms of Service' and 'Privacy Policy'.

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Click "Applications" to review your applications and their status on the applications main page.

The screenshot shows the 'Applications' page on the Blackbaud platform. The 'blackbaud' logo is in the top left. A navigation menu includes 'Applications', which is highlighted with an orange circle. The main content area is titled 'NSP Expanding Reach & Access' with the same goal statement as in the previous screenshot. The 'Applicant Information' section is identical. The 'FORM QUESTIONS' section is also identical, but the 'Download' button is not circled. On the left side, there is a sidebar with the 'National Children's Alliance' logo and a 'View Guidelines' link. Below that, the 'Application Forms' section lists 'NSP Expanding Reach & Access' as a draft from May 28, 2025.

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When you have completed all required and applicable components, reviewed your application and are ready to submit, click "Sign and submit". If you are not ready to sign and submit, this application has been saved as a Draft throughout the entire process.

y 28, 2025

FORM QUESTIONS

[Download](#)

Complete the required fields below.
Accepting applications until Aug 8, 2025 11:59 PM

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competenci... [More](#) ▾

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.

+ Contacts

Next [Sign and submit](#)

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