

New Portal General Application Sections ONLY- All NCA Grant Types

This guide provides a comprehensive step-by-step process for navigating the new NCA grant application portal for those General Sections ONLY that apply to all grant types.

For sections not covered under this training (Needs Statement; Project Design/Implementation; Other Required Attachments), see the grant-type specific training resources for the grant types your organization is eligible and interested in applying to.

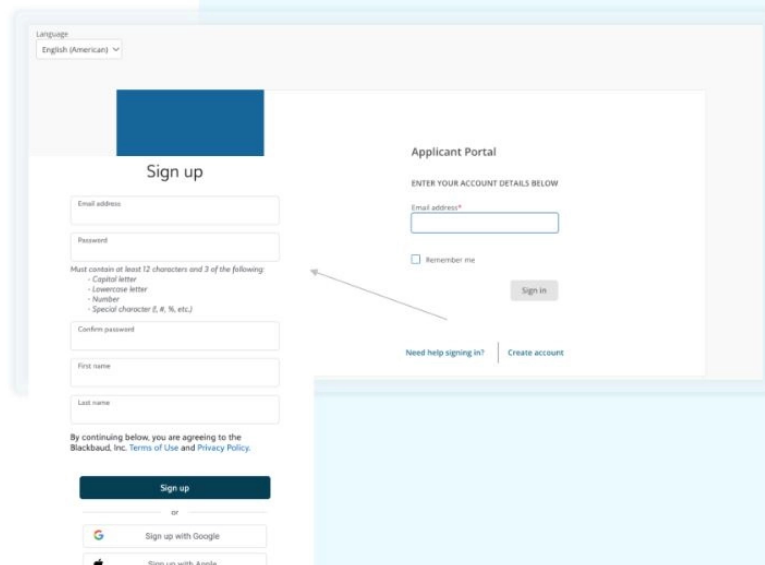
1

If an account in the NEW applicant portal has not been created. Click on Create Account button and follow the instructions.

Ease of sign-in with BBID

Applicants can use one central identity to securely sign into Blackbaud Grantmaking and the rest of the Blackbaud product suite

- Access applications across funders with one username and password
- Orgs who already have a BBID can sign in



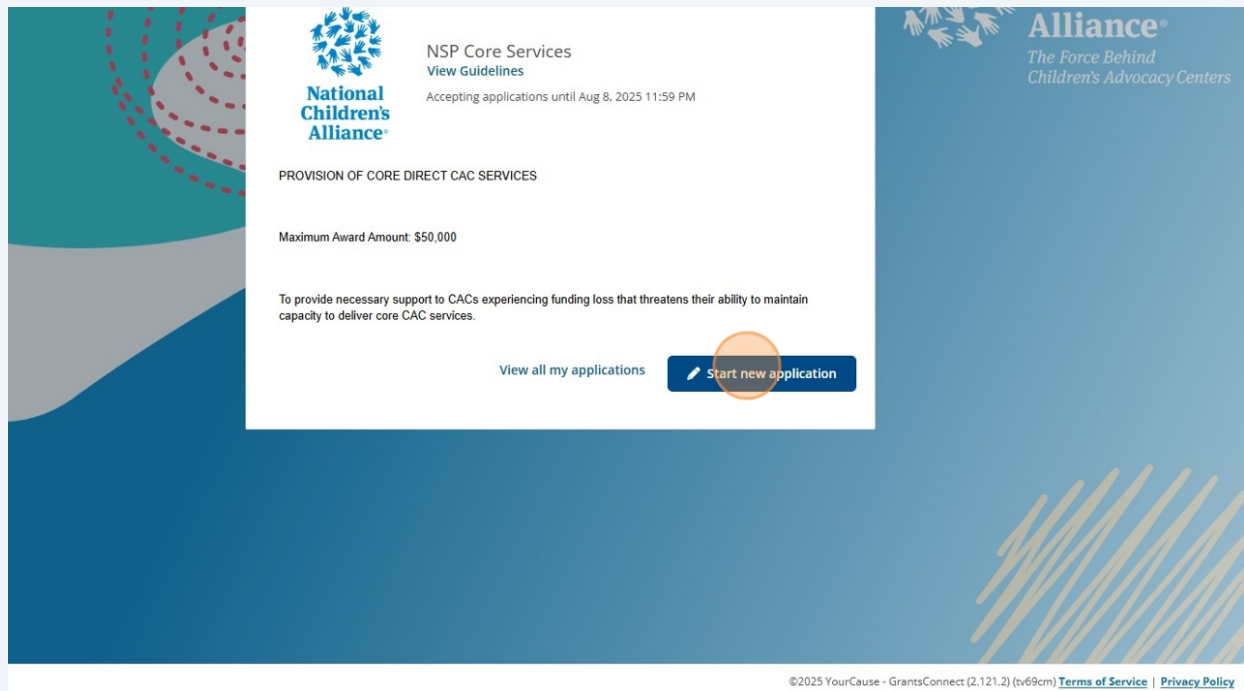
The screenshot displays the Blackbaud Applicant Portal interface. On the left, the 'Sign up' section features a language dropdown set to 'English (American)', a blue header, and input fields for 'Email address', 'Password' (with a strength indicator: 'Must contain at least 12 characters and 3 of the following: Capital letter, Lowercase letter, Number, Special character (&, @, %, etc.)'), 'Confirm password', 'First name', and 'Last name'. Below these is a 'Sign up' button and links for 'Sign up with Google' and 'Sign up with Apple'. On the right, the 'Sign in' section has a header, an 'Email address*' input field, a 'Remember me' checkbox, and a 'Sign in' button. A 'Need help signing in?' link and a 'Create account' button are at the bottom. A blue arrow points from the 'Create account' button in the text above to the 'Create account' button in the screenshot.

Organizations no longer need to share a login account, each organization can have multiple login accounts for individuals needing to create a Blackbaud account; however, please communicate with your internal staff to determine who is the primary applicant on the application. Once the primary contact is designated, this individual can Add Applicants to the application, and then those added applicants can create a unique Blackbaud login using the same email address that was included by the primary applicant in the Manage Applicants menu. The steps on adding applicants to an application are covered in the General Application Sections training resources, including in this document below.

2

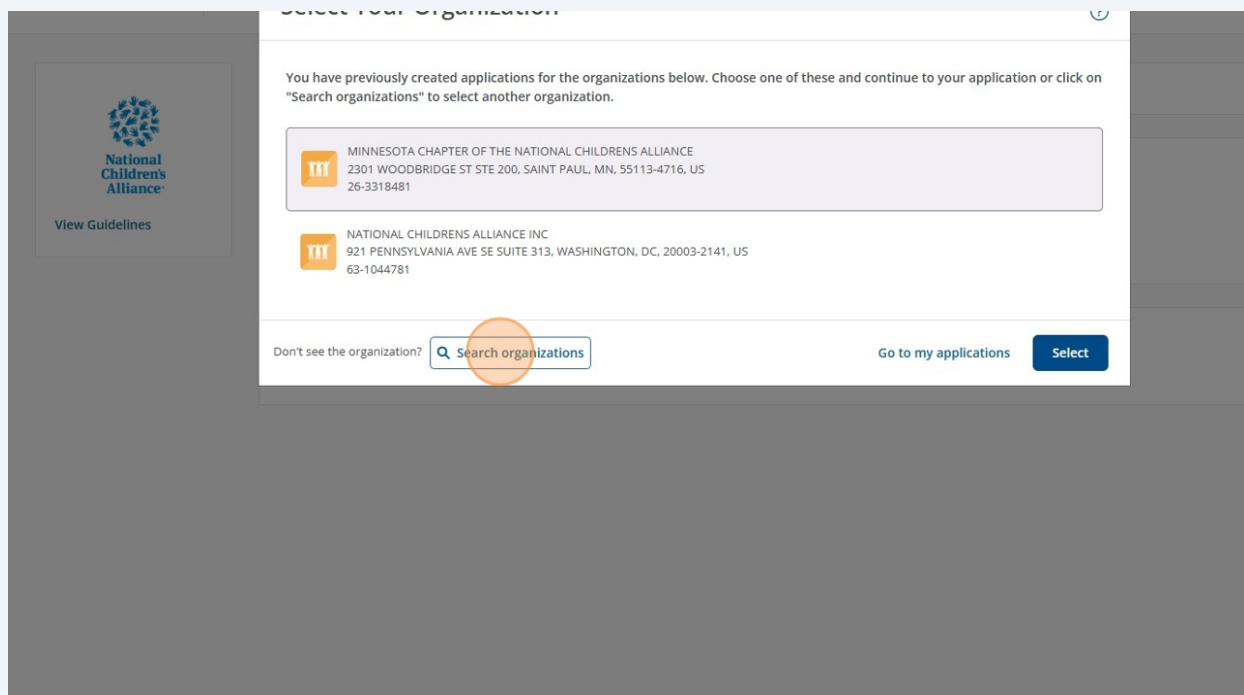
Once account created, and logged in proceed to apply to the application(s) your organization is eligible and interested in applying to. Each grant type will have its own application link found on the NCA Engage Application Page.

Click "Start new application"

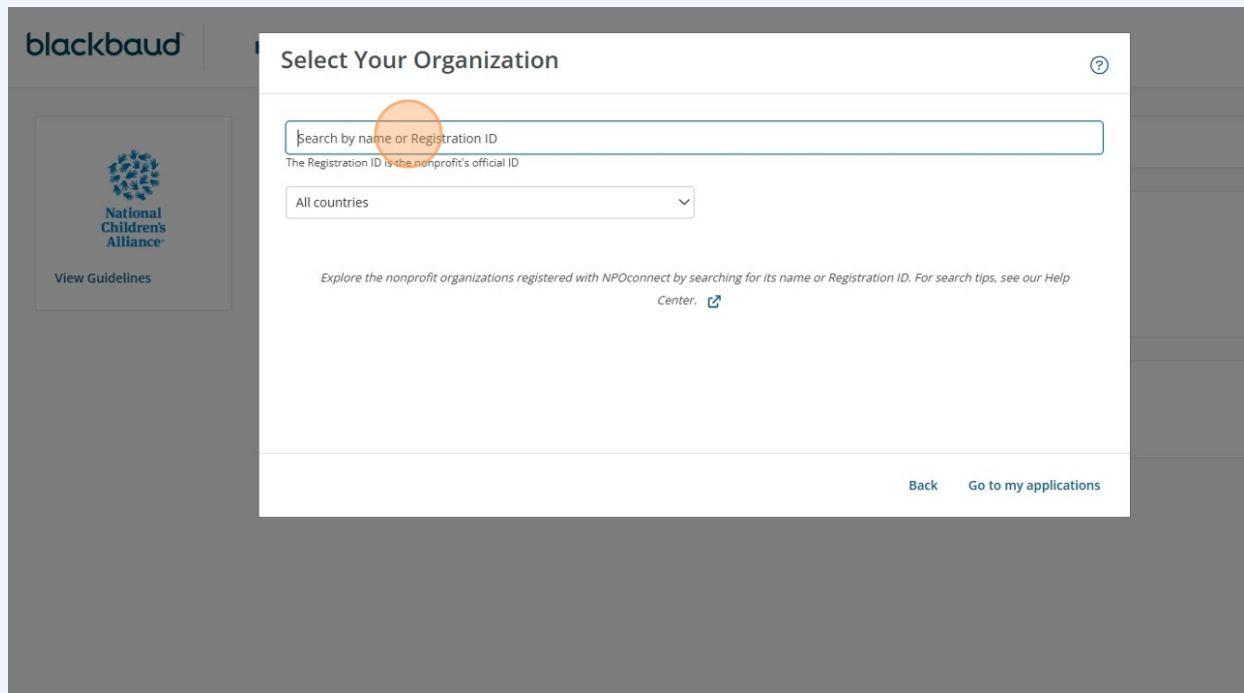


3

If your organization has not previously applied in this NEW PORTAL, click "Search organizations"

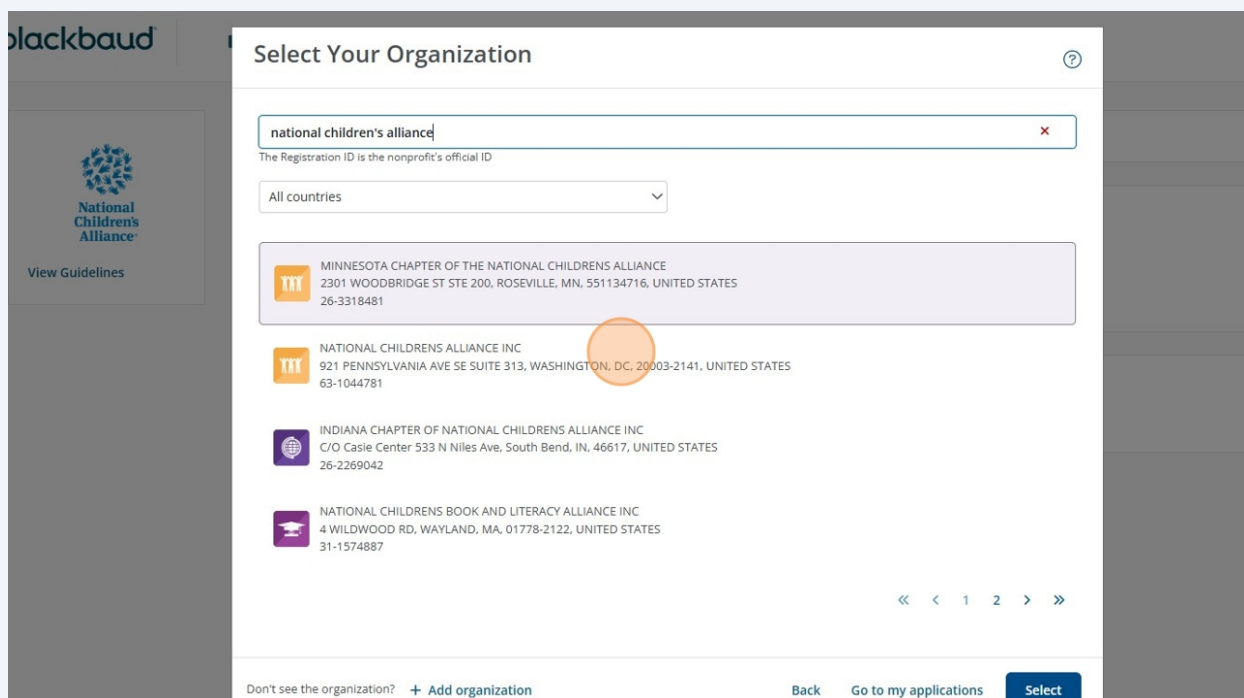


- 4 Enter your organization name in "Search by name or Registration ID" field.



The screenshot shows the 'blackbaud' logo in the top left corner. Below it is a sidebar with the 'National Children's Alliance' logo and a 'View Guidelines' link. The main content area is titled 'Select Your Organization' with a help icon (?). It features a search input field with the placeholder text 'Search by name or Registration ID'. A small note below the field states 'The Registration ID is the nonprofit's official ID'. Below the search field is a dropdown menu currently set to 'All countries'. A paragraph of text reads: 'Explore the nonprofit organizations registered with NPOconnect by searching for its name or Registration ID. For search tips, see our Help Center.' with a link icon. At the bottom right of the form are two links: 'Back' and 'Go to my applications'.

- 5 Select your organization (please confirm name, address, and tax ID are correct)





This screenshot shows the same 'Select Your Organization' form, but now with search results. The search field contains the text 'national children's alliance' and has a red 'x' icon on the right. The results are listed below the 'All countries' dropdown. Each result includes a small icon, the organization name, and its address and tax ID. The results are: 1. MINNESOTA CHAPTER OF THE NATIONAL CHILDRENS ALLIANCE, 2301 WOODBRIDGE ST STE 200, ROSEVILLE, MN, 551134716, UNITED STATES, 26-3318481. 2. NATIONAL CHILDRENS ALLIANCE INC, 921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, UNITED STATES, 63-1044781. 3. INDIANA CHAPTER OF NATIONAL CHILDRENS ALLIANCE INC, C/O Casle Center 533 N Niles Ave, South Bend, IN, 46617, UNITED STATES, 26-2269042. 4. NATIONAL CHILDRENS BOOK AND LITERACY ALLIANCE INC, 4 WILDWOOD RD, WAYLAND, MA, 01778-2122, UNITED STATES, 31-1574887. At the bottom of the results list are navigation arrows: '<< < 1 2 > >>'. At the bottom of the form are three links: 'Don't see the organization? + Add organization', 'Back', and 'Go to my applications'. A blue 'Select' button is located at the bottom right.


6 Click "Select"


The Registration ID is the nonprofit's official ID

All countries

 MINNESOTA CHAPTER OF THE NATIONAL CHILDRENS ALLIANCE
2301 WOODBRIDGE ST STE 200, ROSEVILLE, MN, 551134716, UNITED STATES
26-3318481

 NATIONAL CHILDRENS ALLIANCE INC
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, UNITED STATES
63-1044781

 INDIANA CHAPTER OF NATIONAL CHILDRENS ALLIANCE INC
C/O Casle Center 533 N Niles Ave, South Bend, IN, 46617, UNITED STATES
26-2269042

 NATIONAL CHILDRENS BOOK AND LITERACY ALLIANCE INC
4 WILDWOOD RD, WAYLAND, MA, 01778-2122, UNITED STATES
31-1574887

« < 1 2 > »

Don't see the organization? [+ Add organization](#) [Back](#) [Go to my applications](#) [Select](#)

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)


7 Click "Manage applicants (1)" to add additional personnel as applicants.


ud Applications AL

NSP Core Services

Goal: To provide necessary support to developed CACs to ensure capacity to deliver core CAC services is maintained to meet demonstrated financial needs.

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

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

[Download](#)

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.

8 Enter applicant email address. If not found, enter First and Last Name

blackbaud

Manage Applicants

Add Applicant
Add additional applicants to this application and select what permissions they have.

This applicant does not exist. Create an applicant below and assign permissions.

First Name* Last Name*

Language*

☐ Is this person an employee of National Childrens Alliance?

[Clear](#) [Create](#)

APPLICANT	PERMISSIONS
A L dustunderourfeet@gmail.com	<ul style="list-style-type: none">Owner of applicationEdit - Can add/edit and delete applicantsReceives application update emails

[Close](#)

The CAC address refers to the place of performance of the grant award.

9 Select preferred Language

blackbaud

Manage Applicants

Add Applicant
Add additional applicants to this application and select what permissions they have.

This applicant does not exist. Create an applicant below and assign permissions.

First Name* Last Name*

Language*

☐ Is this person an employee of National Childrens Alliance?

[Clear](#) [Create](#)


APPLICANT	PERMISSIONS
A L dustunderourfeet@gmail.com	<ul style="list-style-type: none">Owner of applicationEdit - Can add/edit and delete applicantsReceives application update emails

[Close](#)

The CAC address refers to the place of performance of the grant award.

[Saved](#)


10




National Children's Alliance®

[View Guidelines](#)

Application Forms

 NSP Core Services

 Draft on May 23, 2025

Add Applicant


Add additional applicants to this application and select what permissions they have.


This applicant does not exist. Create an applicant below and assign permissions.

First Name*

Last Name*

Language*






☐ Is this person an employee of National Children's Alliance?

Clear

Create

APPLICANT	PERMISSIONS
<div><div>A L</div><div>dustunderourfeet@gmail.com</div></div>	<div><div><div></div><div><ul style="list-style-type: none">Owner of applicationEdit - Can add/edit and delete applicantsReceives application update emails</div></div></div>

Close

The CAC address refers to the place of performance of the grant award.

+ Contacts

11

View Guidelines

Application Forms

NSP Core Services
 Draft on May 23, 2025

Add additional applicants to this application and select what permissions they have.

This applicant does not exist. Create an applicant below and assign permissions.

First Name*

Last Name*

Language*

x v

☒ Is this person an employee of National Childrens Alliance?

Clear

Create

A L dustunderourfeet@gmail.com

- Owner of application
- Edit - Can add/edit and delete applicants
- Receives application update emails

Close

The CAC address refers to the place of performance of the grant award.

+ Contacts

Saved

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) Terms of

12 Click here.

The screenshot shows a 'Manage Applicants' modal window. On the left, there is an 'Add Applicant' section with a search bar and 'Clear' and 'Add' buttons. On the right, there is a table with two columns: 'APPLICANT' and 'PERMISSIONS'. The first row shows 'Maria Oter' with email 'maria.oter@nca-online.org'. A blue 'Change permissions' button with a pencil icon is next to her name. The second row shows 'A L' with email 'dustunderourfeet@gmail.com' and a list of permissions: 'Owner of application', 'Edit - Can add/edit and delete applicants', and 'Receives application update emails'. A 'Close' button is at the bottom right of the modal. Below the modal, there is a 'FORM QUESTIONS' section with a progress bar and a 'Download' button.

APPLICANT	PERMISSIONS
Maria Oter maria.oter@nca-online.org	Change permissions
A L dustunderourfeet@gmail.com	<ul style="list-style-type: none">Owner of applicationEdit - Can add/edit and delete applicantsReceives application update emails

13 Select permissions for this additional applicant

This screenshot shows the same 'Manage Applicants' modal as in step 12, but with a sub-modal open for 'Maria Oter'. The sub-modal is titled 'Permissions for Maria Oter' and contains three checkboxes: 'Can manage applicants', 'Receives email notifications for application status updates', and 'Current owner'. 'Cancel' and 'Save' buttons are at the bottom of the sub-modal. The 'Change permissions' button in the main modal is still highlighted.

APPLICANT	PERMISSIONS
Maria Oter maria.oter@nca-online.org	Change permissions
A L dustunderourfeet@gmail.com	<ul style="list-style-type: none">Owner of applicationEdit - Can add/edit and delete applicantsReceives application update emails

- 14 Click "Save" (These added applicants can create their own Blackbaud login account using the same email address included here.)

The screenshot shows the 'Manage Applicants' dialog box. On the left, the 'Add Applicant' section has a search bar labeled 'Search by applicant email' and 'Clear' and 'Add' buttons. On the right, there's a table with two columns: 'APPLICANT' and 'PERMISSIONS'. A pop-up window titled 'Permissions for Maria Oter' is open, showing three checkboxes: 'Can manage applicants' (checked), 'Receives email notifications for application status updates' (checked), and 'Current owner' (unchecked). The pop-up has 'Cancel' and 'Save' buttons. The background shows a 'FORM QUESTIONS' section with a 'Download' button and a 'More' dropdown.

- 15 Once all additional applicants have been added, click "Close"

The screenshot shows the 'Manage Applicants' dialog box. The 'Add Applicant' section is on the left. The table on the right now lists two applicants: 'Maria Oter' with email 'maria.oter@nca-online.org' and 'A L' with email 'dustunderourfeet@gmail.com'. The 'PERMISSIONS' column for each applicant lists their roles and permissions. The 'Close' button at the bottom right of the dialog box is highlighted with an orange circle. The background shows the 'FORM QUESTIONS' section with a 'Download' button and a 'More' dropdown.

16

Make a selection on: "Is the C.A.C. address for this application the same as the address listed in the Applicant Information above?" Keeping in mind that the address must be the place of performance for the grant award.

MO Maria Oter
maria.oter@nca-online.org

FORM QUESTIONS

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...

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 s

Saved

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

17

If "No" is selected: Complete the Organization Details section

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

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.

No

Organization Details

Organization Name*

Street Address*

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

City*

State*

Postal Code*

According to [Rural Health Information Hub](#), is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program?*

Next

18

Click the "According to Rural Health Information Hub, is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program?" field & make a selection. If unsure, click on the hyperlink to check your organization's address in the Rural Health Information Hub site.

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.

No

Organization Details

Organization Name*

Cosette Industries

Street Address*

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

1254 Main St

City*

cincinnati

State*

OH

Postal Code*

45202

Country*

According to [Rural Health Information Hub](#), is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program?*

19

Expand the Contacts section

cincinnati

State*

OH

Postal Code*

45202

Country*

United States

+ Contacts

Next Sign and s

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

20 For Primary Grant Contact click "Add new" (Do not use "Import" feature.)

Country*
United States

Contacts

Primary Grant Contact*
Minimum number of responses: 1

+ Add new Import

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
------------	-----------	---------------	------------------	------------------	----------------	---------------

Authorized Agency Representative*
Authorized Agent must be a person in your organization authorized to enter into legally binding contracts on behalf of the entire organization.
Minimum number of responses: 1

+ Add new Import

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
------------	-----------	---------------	------------------	------------------	----------------	---------------

21 Enter primary grant contact information and click "Save"

John

Last name*
Doe

Email address*
john.doe@yahoo.com

Office telephone*
2145879641

Office extension

Office address*
1245 E Rookwood Dr, Cincinnati, OH 45208, USA

Can't find your address?

Contact title*
ED

Cancel Save and add another Save

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)

22 For Authorized Agency Representative click "Add new" (Do not use "Import" feature.)

The screenshot shows a web interface for adding an Authorized Agency Representative. At the top, there is a table with one row containing the following information: John, Doe, John.doe@yahoo.com, 2145879641, 1245 E Rookwood Dr, Cincinnati, OH 45208, USA, ED. Below the table, there is a section titled "Authorized Agency Representative*" with a description: "Authorized Agent must be a person in your organization authorized to enter into legally binding contracts on behalf of the entire organization. Minimum number of responses: 1". To the right of this section are two buttons: "+ Add new" (highlighted with an orange circle) and "Import". Below this section is a table with the following headers: FIRST NAME, LAST NAME, EMAIL ADDRESS, OFFICE TELEPHONE, OFFICE EXTENSION, OFFICE ADDRESS, and CONTACT TITLE. Below the table, there is another section titled "Board President/ED Supervisor*" with a description: "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". To the right of this section are two buttons: "+ Add new" and "Import". Below this section is another table with the same headers as the first table.

23 Enter Authorized Agent contact information, and click "Save"

The screenshot shows a web interface for entering Authorized Agent contact information. The form has the following fields: First name (Jane), Last name* (Doe), Email address* (jane.doe@yahoo.com), Office telephone* (2025478741), Office extension, Office address* (1478 Larry Joe Dr, Cincinnati, OH 45230, USA), and Contact title* (CEO). Below the fields are three buttons: "Cancel", "Save and add another", and "Save" (highlighted with an orange circle). To the right of the form, there is a sidebar with a "Download" button and a "CONTACT TITLE" dropdown menu. At the bottom of the page, there is a footer with the text: "©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) Terms of Service | Privacy Policy".

24 For Board President or ED Supervisor click "Add new" (Do not use "Import" feature.)

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
Jane	Doe	jane.doe@yahoo.com	2025478741		1478 Larry Joe Dr, Cincinnati, OH 45230, USA	CEO

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

[+ Add new](#) [Import](#)

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
------------	-----------	---------------	------------------	------------------	----------------	---------------

Grant Fiscal Agent Contact*

Minimum number of responses: 1

[+ Add new](#) [Import](#)

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
------------	-----------	---------------	------------------	------------------	----------------	---------------

25 Enter Board President/ED contact information, and click "Save"

JOSE

Last name*

SANCHEZ

Email address*

jane.doe@yahoo.com

Office telephone*

2025478741

Office extension

Office address*

1579 Stadium Dr, Fairfield, OH 45014, USA

Can't find your address?

Contact title*

coo

Cancel [Save and add another](#) [Save](#)

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)

26 For Grant Fiscal Contact click "Add new" (Do not use "Import" feature.)

Viewing 1 - 1 of 1 records

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
JOSE	SANCHEZ	jane.doe@yahoo.com	2025478741		1579 Stadium Dr, Fairfield, OH 45014, USA	COO

Grant Fiscal Agent Contact*

Minimum number of responses: 1

[+ Add new](#) [Import](#)

FIRST NAME	LAST NAME	EMAIL ADDRESS	OFFICE TELEPHONE	OFFICE EXTENSION	OFFICE ADDRESS	CONTACT TITLE
------------	-----------	---------------	------------------	------------------	----------------	---------------

Next [Sign and submit](#)

27 Enter Grant Fiscal Agent contact information, and click "Save"

Mary

Last name*
Smith

Email address*
Mary.smith@nca-online.org

Office telephone*
2025479784

Office extension

Office address*
7890 Beechmont Ave, Cincinnati, OH 45255, USA

Can't find your address?

Contact title*
Accountant

[Cancel](#) [Save and add another](#) [Save](#)

CONTACT TITLE
CEO

Import [Download](#)

CONTACT TITLE
COO

[Add new](#) [Import](#)

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)

28 Click "Pre Award Checklist"

FORM QUESTIONS

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...

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.

No

Organization Details

Organization Name*

Cosette Industries

Street Address*

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

1254 Main St

City*

cincinnati

According to [Rural Health Information Hub](#), is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program?*

No

29 Click on "Please indicate what type of audit the applicant has had performed"

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

Audit/General Information

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

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?*

In the past three fiscal years, no "Materials Weakness" was disclosed.

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

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?*

30 Make a selection from drop-down options

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

- Audit/General Information

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

Audited Financial Statements

None of the Above

Single Audit

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

In the past three fiscal years, no "Materials Weakness" was disclosed.

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

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?*

31 Select "Date of Most Recent Single Audit or Audited Financial Statements" if applicable.

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

- Audit/General Information

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

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?*

In the past three fiscal years, no "Materials Weakness" was disclosed.

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


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?*


32 Click the "On the most recent audit, what was the auditor's opinion?"


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

Audit/General Information

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


Single Audit 

Date of Most Recent Single Audit or Audited Financial Statements 
Date should be fiscal year end and not date audit was conducted.

04/30/2025 

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


In the past three fiscal years, no "Materials Weakness" was disclosed.


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


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?*

33 Make a selection from drop-down options

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

Single Audit 

Date of Most Recent Single Audit or Audited Financial Statements 
Date should be fiscal year end and not date audit was conducted.

04/30/2025 

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

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?*

Organization's Annual Budget*
If you are part of an umbrella organization, please specify the budget for your organization only.

 Saved

34

 Saved

35

 Saved

36

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

Single Audit

Date of Most Recent Single Audit or Audited Financial Statements ⓘ
Date should be fiscal year end and not date audit was conducted.

04/30/2025

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

Unqualified Opinion

In the past three fiscal years, no "Materials Weakness" was disclosed.

True

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

No

Yes

Has your organization managed Federal grants or cooperative agreements within the last 36 months?*

Organization's Annual Budget*
If you are part of an umbrella organization, please specify the budget for your organization only.

Saved

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

37

Make a selection: Yes/No

Single Audit

Date of Most Recent Single Audit or Audited Financial Statements ⓘ
Date should be fiscal year end and not date audit was conducted.

04/30/2025

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

Unqualified Opinion

In the past three fiscal years, no "Materials Weakness" was disclosed.

True

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

No

Yes

Has your organization managed Federal grants or cooperative agreements within the last 36 months?*

Organization's Annual Budget*
If you are part of an umbrella organization, please specify the budget for your organization only.

Saved

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

38

If applicable, enter information in "If yes, please list the agencies that conducted the audit and when the audit was completed."



04/30/2025

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

Unqualified Opinion

In the past three fiscal years, no "Materials Weakness" was disclosed.

True

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

No

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?*

Organization's Annual Budget*

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

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response to this assessment are used to assist in the National Children's Alliance's (NCA) evaluation of your accounting system to ensure the

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#)

39

Click the "Has your organization managed Federal grants or cooperative agreements within the last 36 months?"



04/30/2025

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

Unqualified Opinion

In the past three fiscal years, no "Materials Weakness" was disclosed.

True

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

No

If yes, please list the agencies that conducted the audit and when the audit was completed.

na

Has your organization managed Federal grants or cooperative agreements within the last 36 months?*

Organization's Annual Budget*

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

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response to this assessment are used to assist in the National Children's Alliance's (NCA) evaluation of your accounting system to ensure the

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#)

40 Make a selection: Yes/No

04/30/2025

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

Unqualified Opinion

In the past three fiscal years, no "Materials Weakness" was disclosed.

True

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

No

If yes, please list the agencies that conducted the audit and when the audit was completed.

na

Has your organization managed Federal grants or cooperative agreements within the last 36 months?*

No

Yes

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response 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.

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#)

41 Enter your "Organization's Annual Budget" here

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

No

If yes, please list the agencies that conducted the audit and when the audit was completed.

na

Has your organization managed Federal grants or cooperative agreements within the last 36 months?*

Yes

Organization's Annual Budget*

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

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response 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 following policies are board adopted/agency approved and currently in place and meet the requirements of 2 CFR 200 and/or the DOJ Financial Guide:

42 Expand the certifications section

Has your organization managed Federal grants or cooperative agreements within the last 36 months?*

Yes

Organization's Annual Budget*

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

1,000,000

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response 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.

Open

+

I certify that the following statements are true:

+

The following policies are board adopted/agency approved and currently in place and meet the requirements of 2 CFR 200 and/or the DOJ Financial Guide:

Previous

Next

Sign and s

Saved

43 The applicant organization utilizes accounting software

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response 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.

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.

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.

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

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 actual time spent and specific allocation of charges associated with each employee.

44

The applicant organization's accounting system separately identifies receipt and expenditure of program funds for each grant.

Recipients of Federal funds must maintain adequate accounting systems that meet the criteria outlined in 2 CFR §200.302. The response 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.

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.

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.

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

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 actual time spent and specific allocation of charges associated with each employee.

45

The applicant organization's accounting system provides control and accountability 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.

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.

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.

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

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 actual time spent and specific allocation of charges associated with each employee.

✓ Saved

+ The following policies are board adopted/agency approved and currently in place and meet the requirements of 2 CFR 200 and/or the DOJ Financial Guide:

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

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

The applicant has a system in place to track and accurately allocate employees actual time spent performing work for each federal award.

 Saved

48

✓ Saved

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

49

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

50 Management of equipment, supplies and property.

True

The following policies 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.*

True

Management of equipment, supplies and property.*

True

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

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

Record retention*

Travel Policies*

Separation of financial duties*?

Saved

51 Purchase/procurement of equipment, supplies, property, and services.

True

The following policies 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.*

True

Management of equipment, supplies and property.*

True

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

False

True

Record retention*

Travel Policies*

Separation of financial duties*?

Saved

52 Checking the Excluded Parties List

← Saving

The following policies 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.*
True

Management of equipment, supplies and property.*
True

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

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

Travel Policies*

Separation of financial duties.*

© 2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

53 Record retention

True

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

Record retention*
False
True

Separation of financial duties.*

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

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

Previous

Next

Sign and s

27

54 Travel Policies

True ×

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

True ×

Record retention*

True ×

Travel Policies*

Separation of financial duties* ?

Appropriate background screening*

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

Employee Eligibility Verification*

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

Previous Next Sign and s

55 Separation of financial duties

True ×

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

True ×

Record retention*

True ×

Travel Policies*

True ×

Separation of financial duties* ?

Appropriate background screening*

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

Employee Eligibility Verification*

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

Previous Next Sign and s

56 Appropriate background screening

← Saving

True

Record retention*

True

Travel Policies*

True

Separation of financial duties*

True

Appropriate background screening*

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

False

True

Previous

Next

Sign and s

57 Employee Eligibility Verification

← Saving

Record retention*

True

Travel Policies*

True

Separation of financial duties*

True

Appropriate background screening*

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

True

Employee Eligibility Verification*

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

False

True

Previous

Next

Sign and s

58 Click on "Capabilities and Competencies" tab

Services
May 23, 2025

20003-2141, US
63-1044781

Organization

MO Maria Oter
maria.oter@nca-online.org

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 Competencies** More ▾

- Audit/General Information

Please indicate what type of audit the applicant has had performed* [?](#)

Single Audit [x](#) ▾

Date of Most Recent Single Audit or Audited Financial Statements [?](#)
Date should be fiscal year end and not date audit was conducted.

04/30/2025 [📅](#)

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

Unqualified Opinion [x](#) ▾

In the past three fiscal years, no "Materials Weakness" was disclosed.

59 Respond to: "Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability."

Draft on May 23, 2025

MO Maria Oter
maria.oter@nca-online.org

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...**

Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability.*

Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations.*

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

Accepted file types include: pdf

[Saved](#)

60

Respond to: "Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations."

FORM QUESTIONS

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

Organization InformationPre Award ChecklistNeeds StatementProject Design & Implementa...Capabilities and Competenci...

Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability.*

jfdkjklfjlkasdfasd

Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations.*

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

Accepted file types include: pdf

Saving

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

61

Upload Organizational Chart in PDF here

FORM QUESTIONS

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

Organization InformationPre Award ChecklistNeeds StatementProject Design & Implementa...Capabilities and Competenci...More

Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability.*

jfdkjklfjlkasdfasd

1 word

Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations.*

dfladsifkjasdfias

1 word

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

Accepted file types include: pdf

Download

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)

62 Click "More", if tabs are not visible.

Services
y 23, 2025

20003-2141, US
63-1044781

Organization

MO Maria Oter
maria.oter@nca-online.org

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**

Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability.*

jfdkjdifjlkasdfasd 1 word

Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations.*

dfladsifkjiasdfias 1 word

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.

63 Click "Data Collection" tab

Services
y 23, 2025

20003-2141, US
63-1044781

Organization

MO Maria Oter
maria.oter@nca-online.org

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**

Describe the experience and capability of your organization and any contractors that you will use to implement and manage this project and the associated Federal funding. Highlight previous experience managing Federal grants, including details on your system for fiscal accountability.*

jfdkjdifjlkasdfasd 1 word

Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations.*

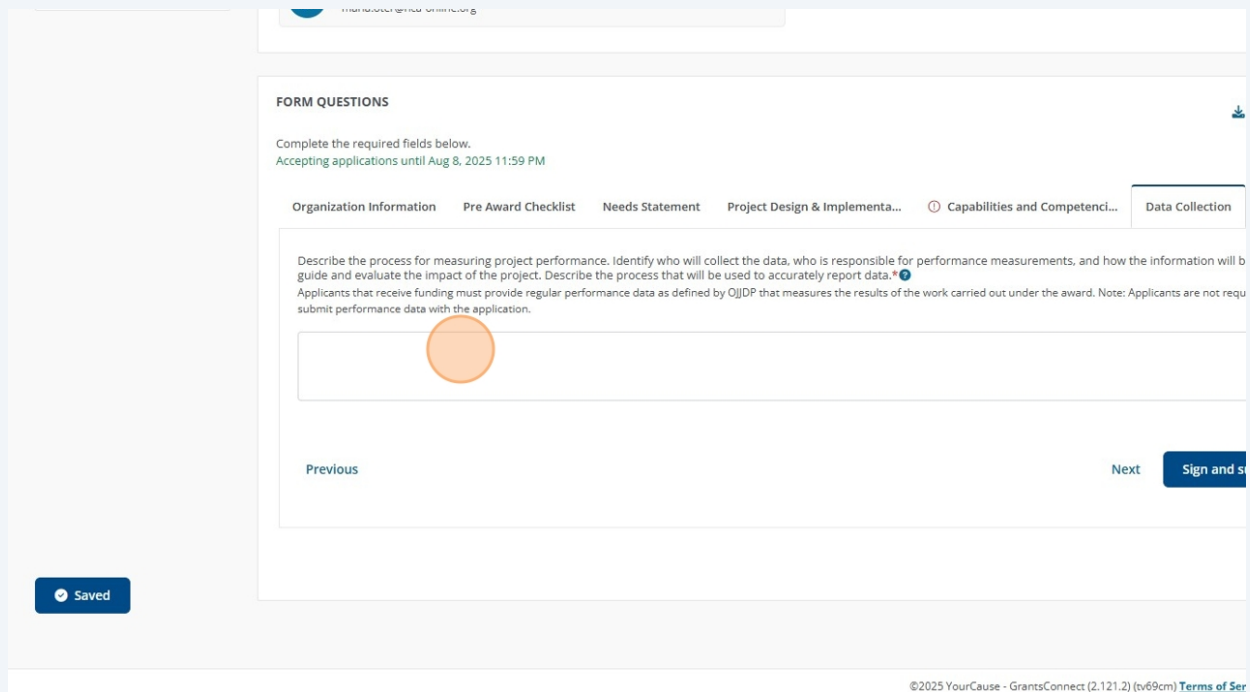
dfladsifkjiasdfias 1 word

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.

Data Collection
Budget
Other Required Attachments

64

Respond to: "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."



FORM QUESTIONS

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... **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.*

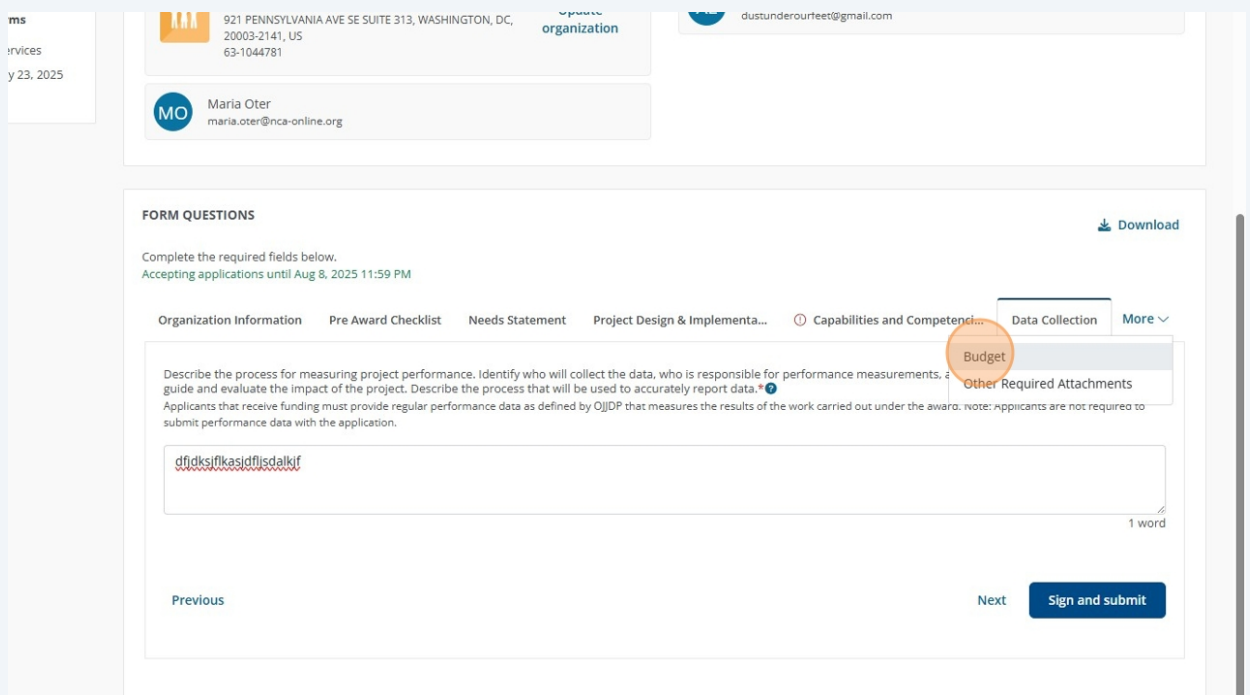
Applicants that receive funding must provide regular performance data as defined by OJJDP that measures the results of the work carried out under the award. Note: Applicants are not required to submit performance data with the application.

Previous Next **Sign and submit**

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#)

65

Click "Budget" tab



FORM QUESTIONS

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... **Budget** Data Collection More

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.

dfidsjfkasjdfijsdalkif

1 word

Previous Next **Sign and submit**

66

Enter in Requested Amounts in budget categories applicable to your scope of work and budget.

FORM QUESTIONS

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

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... **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.

Personnel Amount
\$

Fringe Benefits Amount
\$

Travel Amount
\$

[Saved](#)

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#)

67

Respond to: "Personnel Outcomes/Workload/Output for time charged to NCA Award"

Indirect Costs
\$ 4,555

Total Grant Amount Requested*
Must not exceed maximum allowable for the grant category.
\$ 24,632.00

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. # of children served; reduction in days on a waitlist; sessions conducted per week; # of FI interviews; # of MH assessments; # of professionals trained; etc.). Enter NA if no personnel requested.

Required Field (400-word max)

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

[Previous](#) [Next](#) [Sign and Submit](#)

[Saved](#)

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#)

68

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

Indirect Costs

\$ 4,555.00

Total Grant Amount Requested*

Must not exceed maximum allowable for the grant category.

\$ 24,632.00

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. # of children served; reduction in days on a waitlist; sessions conducted per week; # of FI interviews; # of MH assessments; # of professionals trained; etc.). Enter NA if no personnel requested.

figldsjgldjgkl

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

False

True

Previous

Next

Sign and s

← Saving

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Ser](#)

69

Click "Applications" to find list of applications and their status. Applications are saved as Drafts throughout the entire process. Applicant can return at any time to continue the application process.

blackbaud

Applications

National Children's Alliance

View Guidelines

Application Forms

NSP Core Services

Draft on May 23, 2025

NSP Core Services

Goal: To provide necessary support to developed CACs to ensure capacity to deliver core CAC services is maintained to meet demonstrated financial needs.

Applicant Information

Update organization

NATIONAL CHILDRENS ALLIANCE INC

921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, US

63-1044781

AL

A L

dustunderourfeet@gmail.com

MO

Maria Oter

maria.oter@nca-online.org

Manage applicar

FORM QUESTIONS

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...



Budget

35

70 Main Applications Page displays all applications and their status.

My Applications

Search by organization name or application ID 6 statuses selected




 National Children's Alliance® Application ID: 1740494	NSP Core Services View Guidelines A L on behalf of NATIONAL CHILDRENS ALLIANCE INC NSP Core Services Draft on May 23, 2025 Created on May 23, 2025 Manage	Draft
 National Children's Alliance® Application ID: 1724206	NSP Program Improvement View Guidelines A L on behalf of NATIONAL CHILDRENS ALLIANCE INC NSP Program Improvement Submitted on May 14, 2025 Created on May 6, 2025 Manage	Awaiting review

71 Click "Download" at any time to download a copy of your application.

NSP CORE SERVICES

Goal: To provide necessary support to developed CACs to ensure capacity to deliver core CAC services is maintained to meet demonstrated financial needs.

Applicant Information [Manage applicants \(2\)](#)

 NATIONAL CHILDRENS ALLIANCE INC 921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, US 63-1044781 Update organization	 A L dustunderourfeet@gmail.com
 Maria Oter maria.oter@nca-online.org	

FORM QUESTIONS

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

[Download](#)

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.

No

©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)

72

When all required sections and fields have been completed, all documents uploaded, application has been reviewed, and you are ready to sign and submit, click "Sign and submit".

The screenshot displays a web form for GrantsConnect. At the top, there is a text input field containing 'cincinnati'. Below it are four required fields, each marked with a red asterisk: 'State*' with a dropdown menu showing 'OH', 'Postal Code*' with the value '45202', and 'Country*' with a dropdown menu showing 'United States'. Each dropdown menu has a red 'x' and a downward arrow. Below these fields is a grey button labeled '+ Contacts'. At the bottom right of the form, there are two buttons: a light blue 'Next' button and a dark blue 'Sign and submit' button. The 'Sign and submit' button is circled in orange. At the very bottom of the page, there is a footer with the text '©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)'.