

## NSP Program Improvement

Goal: To further align CACs at all stages of development to the 2023 National Standards of Accreditation and continue to improve the quality of services within CACs.

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## Organization Information

**Is the CAC address for this application the same as the address listed in the Applicant Information above? \***

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

Select one

- ☐ No  
☐ Yes
- 

## Organization Details

**Organization Name \***

**Street Address \***

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

**City \***

**State \***

Select one

**Postal Code \***

**Country \***

Select one

- United States
- American Samoa
- Canada
- Guam
- Northern Mariana Islands
- Puerto Rico

According to <https://www.ruralhealthinfo.org/am-i-rural> Rural Health Information Hub is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program? \*

Select one

- ☐ No
- ☐ Yes

Contacts

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Primary Grant Contact

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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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.

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Board President\ED Supervisor

If your organization is hospital- or government-based, please indicate the name of the person who supervises the Program Director.

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Grant Fiscal Agent Contact

First name	Last name	Email address	Office telephone	Office extension	Office address	Contact title
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Pre Award Checklist

Audit/General Information

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

Select one

- ☐ Audited Financial Statements
- ☐ None of the Above
- ☐ Single Audit

**Date of Most Recent Single Audit or Audited Financial Statements**

Date should be fiscal year end and not date audit was conducted.

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

Select one

- ☐ Disclaimer-Going Concern-Adverse Opinions
- ☐ N/A: No audits as described above
- ☐ Qualified Opinion
- ☐ Unqualified Opinion

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

Select one

- ☐ False
- ☐ True

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

Select one

- ☐ No
- ☐ Yes

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

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

Select one

- ☐ No
- ☐ Yes

### Organization's Annual Budget \*

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

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

**I certify that the following statements are true:**

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#### The applicant organization utilizes accounting software. \*

Applicant will be able to provide the necessary reports and ledgers upon request.  
Select one

- ☐ False  
☐ True

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

Expenses must be identified as expenses for the individual NCA grant award in the accounting system.  
Select one

- ☐ False  
☐ True

#### The applicant organization's accounting system provides control and accountability of federal funds. \*

Including prevention of expenditures in excess of approved budget and in compliance with federal guidelines.  
Select one

- ☐ False  
☐ True

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

Select one

- ☐ False  
☐ True

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

Select one

- ☐ False
- ☐ 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:**

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

Select one

- ☐ False
- ☐ True

**Management of equipment, supplies and property. \***

Select one

- ☐ False
- ☐ True

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

Select one

- ☐ False
- ☐ True

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

Select one

- ☐ False
- ☐ True

**Record retention \***

Select one

- ☐ False  
☐ True

**Travel Policies \***

Select one

- ☐ False  
☐ True

**Separation of financial duties \***

Select one

- ☐ False  
☐ True

**Appropriate background screening \***

Please visit <https://www.nationalchildrensalliance.org/suitability-for-individuals-interacting-with-participating-minors> - Suitability for Individuals Interacting with Participating Minors

Select one

- ☐ False  
☐ True

**Employee Eligibility Verification \***

Please visit <https://www.nationalchildrensalliance.org/Employment-Eligibility-Verification> Employment Eligibility Verification for more information.

Select one

- ☐ False  
☐ True

## Needs Statement

## **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 \***



## Description of Issue/Needs Statement

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Applicants should briefly describe their status and ability to respond to the 2023 National Standards. In addition, applicants must describe the barriers to meeting or exceeding the minimum practice standards that they are facing. Applicants should identify the related essential component(s) that they will be using this project to meet/exceed. \*

## Project Design & Implementation

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. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

### National Standard 1 \*

Select one

- ☐ Forensic Interview
- ☐ Medical Services
- ☐ Mental Health
- ☐ Multi-disciplinary Team/Case Review
- ☐ Victim Advocacy
- ☐ Case Tracking
- ☐ Organizational Capacity
- ☐ Child Safety & Protection

### National Standard 2

Select one

- ☐ Forensic Interview
- ☐ Medical Services
- ☐ Mental Health
- ☐ Multi-disciplinary Team/Case Review
- ☐ Victim Advocacy
- ☐ Case Tracking
- ☐ Organizational Capacity
- ☐ Child Safety & Protection

## Forensic Interview Objectives & Outcomes

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To implement initial forensic interview services.

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Enter the estimated total number of forensic services that will be conducted.

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To increase forensic services to decrease wait times for a forensic interview to 5 days or less.

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Enter the anticipated average reduction (in days) for forensic interviews.

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To train a forensic interviewer in approved initial FI training and/or ongoing training in the field of child maltreatment and/or FI.

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Enter the projected total number of forensic interview trainings to be completed.

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

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To increase MDT member participation in live/real-time observation of forensic interviews.

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Enter the estimated total percentage increase in MDT participation in terms of frequency.

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Enter the estimated total percentage increase in MDT participation in terms of members.

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## Optional Forensic Services Objective

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### Other Forensic Services Objective

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

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## Medical Services Objectives & Outcomes

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To hire/contract with a trained medical provider (as defined in the Accreditation Standards) to provide medical services.

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

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**To increase medical services contract hours/FTE to decrease wait times for a medical evaluation to 5 days or less.**

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**Enter the anticipated average reduction (in days) for medical evaluations.**

**To contract with an advanced medical consultant (as defined in the Accreditation Standards) to review all medical evaluations deemed abnormal or diagnostic of trauma from abuse.**

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**Enter the estimated total number of medical evaluations to be reviewed.**

**Enter the estimated total number of medical evaluations deemed abnormal or diagnostic of trauma from abuse by advanced medical consultant.**

This estimate is a sub-set number of the total medical evaluations reviewed (as entered above).

**To provide ongoing training/education for medical professionals to meet the continuous improvement standard and/or to qualify as an advanced medical consultant.**

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**Enter the projected total number of medical trainings to be completed.**

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

## **Optional Medical Services Objective**

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### **Other Medical Services Objective**

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

## **Mental Health Objectives & Outcomes**

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**To hire/contract a mental health therapist to provide or increase mental health evidence-based treatments (EBTs).**

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

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

Based on post-assessment results.

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## **To increase the use of Mental Health Screenings Tools & Assessments**

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**Enter the estimated percentage increase in total number of pre-screening assessments.**

**Enter the estimated percentage increase in total number of post-screening assessments.**

**To train mental health providers in evidence-based mental health treatments to children experiencing trauma from abuse.**

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**Enter the projected total number of evidence-based trainings to be completed.**

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

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## **Optional Mental Health Objective**

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### **Other Mental Health Objective**

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

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## **Multi-Disciplinary Team/Case-Review Objectives & Outcomes**

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**To hire or enhance the role of a dedicated MDT Coordinator to increase MDT engagement and coordination.**

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**Describe the projected increase in MDT participation, engagement, and coordination: case reviews total increase; increase in frequency of discussions/knowledge-sharing; increase in member participation; increased discussions regarding service delivery/issues, improved results of feedback surveys; etc.**

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**Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline.**

Components based on the 13 components as described in the Accreditation Standards Case Review and Coordination section.

**To implement or revise MDT policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements to reflect current best practices.**

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**Describe the anticipated policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements, their timelines, and how these will reflect best practices.**

**To train the MDT Coordinator and/or MDT members in approved training in the field of child maltreatment.**

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**Enter the projected total number of MDT trainings to be completed.**

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

### **Optional MDT Objective**

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#### **Other MDT Objective**

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

### **Victim Advocacy Objectives & Outcomes**

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**To implement or increase victim advocate services as described in the Accreditation Standards.**

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

**Enter the projected total number of referrals to other victim service providers and support services.**

**To train a victim advocate in approved initial training and/or ongoing training in the field of child maltreatment.**

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**Enter the projected total number of victim advocacy trainings to be completed.**

Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

**Optional Victim Advocacy Objective**

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**Other Victim Advocacy Objective**

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

**Case-Tracking Objectives & Outcomes**

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Describe the implementation or revision of a data collection template and process that includes a designated case tracker to manage data that results in reducing manual/duplicative entries and increasing data integrity.

Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements.

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

**Other Case Tracking Objective**

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

**Organizational Capacity Objectives & Outcomes**

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Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance.

Describe the development or revision of a written succession plan that includes at a minimum those elements described in the Accreditation Standards.

Describe the development or revision of a written strategic plan.

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### **To provide training for CAC/MDT staff to mitigate vicarious trauma.**

Describe the projected training that will be offered.

### **Other Organizational Capacity Objective**

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

## **Child Safety & Protection Objectives & Outcomes**

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### **To conduct an annual Child Safety assessment and address any safety issues assessed.**

Describe the process for the assessment and how issues will be addressed.

### **To train CAC staff/volunteers on mandated reporter training.**

Describe the timeline for this training and the expected results of the training.

### **Other Child Safety & Protection 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. \***

## **Capabilities and Competencies**

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.

## **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

## **Budget**

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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 objections 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**

**Equipment/Technology**

**Consultant Amount**



**Supplies Amount**

**Other Amount**

**Indirect Costs**

**Total Grant Amount Requested \***

Must not exceed maximum allowable for the grant category.

**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; # of sessions conducted per week; # of FI interviews; # of MH assessments; # of professionals trained; etc.).

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

Select one

☐ False

☐ True

## Other Required Attachments

**UPLOAD: Grant budget and Timeline (using NCA provided template) \***

File name should read: PROJECT BUDGET\_ORG NAME

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

File name should read: SINGLEAUDIT\_ORG NAME

**Job Descriptions/Resumes**

**NCA Certification of De Minimis Indirect Cost Rate Form**

**Federally Approved Indirect Cost Rate Agreement**