

## NSP Program Improvement - 2027

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

- No
- Yes

#### Organization Details

Organization Name\*

Street Address\*

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

City\*

State\*

(Displaying first 5 options)

- AL
- AK
- AR
- AS
- AZ

Postal Code\*

Country\*

(Displaying first 5 options)

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

## Contacts

Primary Grant * Contact First Name	Primary Grant * Contact Last Name	Primary Grant * Contact Phone Number	Primary Grant * Contact Email
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Authorized * Agent First	Authorized * Agent Last Name	Authorized * Agent Phone	Authorized * Agent Email
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Name  
Authorized Agent  
must be a person  
in your  
organization  
authorized to enter  
into legally binding  
contracts on behalf  
of the entire  
organization.

Authorized Agent  
must be a person  
in your  
organization  
authorized to enter  
into legally binding  
contracts on behalf  
of the entire  
organization.

Number  
Authorized Agent  
must be a person  
in your  
organization  
authorized to enter  
into legally binding  
contracts on behalf  
of the entire  
organization.

Authorized Agent  
must be a person  
in your  
organization  
authorized to enter  
into legally binding  
contracts on behalf  
of the entire  
organization.

Grant Fiscal \*  
Agent First  
Name

Grant Fiscal \*  
Agent Last Name

Grant Fiscal \*  
Agent Phone  
Number

Grant Fiscal \*  
Agent Email

Board President\ED Supervisor\*

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

Minimum number of responses: 1

First name

Last name

Email address

Office telephone

Contact title

## Pre Award Checklist

### Audit/General Information

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

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

Date of Most Recent Single Audit or Audited Financial Statements

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

MM/DD/YYYY

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

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

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

- False
- True

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

- No
- Yes

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

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

- No
- Yes

**Organization's Annual Budget\***

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

**Upload most recent annual budget.\***

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

Click or drop files here to upload

Maximum file size: 29MB

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

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

The applicant organization utilizes accounting software.\*

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

- False
- True

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

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

- False
- True

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

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

- False
- True

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

- False
- True

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

- False
- True

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

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

- False
- True

Management of equipment, supplies and property.\*

- False
- True

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

- False
- True

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

- False
- True

Record retention\*

- False
- True

Travel Policies\*

- False
- True

Separation of financial duties\*

- False
- True

Appropriate background screening\*

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

- False
- True

Employee Eligibility Verification\*

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

- False
- True

## Needs Statement

Request Fund\*

- NSP - CAC / PROGRAM IMPROVEMENT

### 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 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. \*

Example Needs Statement Template: Here's where we are on the selected 2023 standard(s) → here are the specific barriers preventing minimum practice standards → here are the exact essential component(s) we will address with this project.



## Project Design & Implementation

Applicants must include only data that is directly tied to activities funded under this RFP and supported by the proposed scope of work and budget.

**Do NOT include data in chosen objectives, outcomes, or performance measures that reflect non-grant activities, prior funding, or external funding sources.**

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.

### National Standard 1\*

(Displaying first 5 options)

- Forensic Interview
- Medical Services
- Mental Health
- Multi-disciplinary Team/Case Review
- Victim Advocacy

### National Standard 2

(Displaying first 5 options)

- Forensic Interview
- Medical Services
- Mental Health
- Multi-disciplinary Team/Case Review
- Victim Advocacy

## Forensic Interview Objectives & Outcomes

To implement initial forensic interview services.

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

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

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

## Optional Forensic Services Objective

Other Forensic Services Objective

**Option to enter an objective not listed - a distinct objective. Do not use this field for numeric FI Services completed. Objective must directly state the activity that will be funded and the resulting outcome.**

## Medical Services Objectives & Outcomes

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

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

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

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.

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).

## Optional Medical Services Objective

Other Medical Services Objective

**Option to enter an objective not listed - a distinct objective. Do not use this field for numeric Medical Services completed. Objective must directly state the activity that will be funded and the resulting outcome.**

## Mental Health Objectives & Outcomes

To hire/contract a mental health therapist to provide or increase mental health evidence-based treatments

(EBTs).

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

Enter the estimated total number of children/non-offending caregivers that will receive evidence-based treatments.\*

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

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

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

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

## Optional Mental Health Objective

Other Mental Health Objective

**Option to enter an objective not listed - a distinct objective. Do not use this field for numeric Mental Health Services completed. Objective must directly state the activity that will be funded and the resulting outcome.**

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

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

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.

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.

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.

## Optional MDT Objective

### 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

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

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.

## Optional Victim Advocacy Objective

### Other Victim Advocacy Objective

**Option to enter an objective not listed - a distinct objective. Do not use this field for numeric Victim Advocacy Services completed. Objective must directly state the activity that will be funded and the resulting outcome.**

## Case-Tracking Objectives & Outcomes

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

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.

**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

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.

**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 Trainings to be completed.\*

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

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.

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.

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

Example Sustainability Template: Here's our plan for sustaining the work beyond securing additional funding → here's the operational/structural approach → here's who is responsible and how it will be supported → here's what will continue after the grant (including what's already in place) → here's how we will transition and keep it going long term.

## 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.

Click or drop files here to upload

Maximum file size: 29MB

## 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

### 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

 USD

Fringe Benefits Amount

 USD

Travel Amount

 USD

Equipment/Technology

 USD

Consultant Amount

 USD

Supplies Amount

 USD

Other Amount

USD

Indirect Costs

USD

Total Grant Amount Requested\*

Must not exceed maximum allowable for the grant category.

USD

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.). **Enter NA if you did not request any personnel funding.**

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

- False
- True

## Other Required Attachments

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

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

### Job Descriptions/Resumes

Click or drop files here to upload

Maximum file size: 29MB

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

Click or drop files here to upload

Maximum file size: 29MB

### Federally Approved Indirect Cost Rate Agreement

Click or drop files here to upload

Maximum file size: 29MB