

NSP Rural Capacity Building & Expansion

Goal: To strengthen and sustain CACs serving rural communities by addressing their unique operational challenges and supporting solutions to service delivery barriers.

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

(Displaying first 25 options)

Postal Code *

Country *

Select one

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

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

Select one

- ☐ No
- ☐ Yes

Contacts

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

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:

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. *

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.

Select one

- ☐ 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. *

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 [Suitability for Individuals Interacting with Participating Minors](https://www.nationalchildrensalliance.org/suitability-for-individuals-interacting-with-participating-minors/) for more information.

Select one

- ☐ False
☐ True

Employee Eligibility Verification *

Please visit [Employment Eligibility Verification](https://www.nationalchildrensalliance.org/Employment-Eligibility-Verification/) for more information.

Select one

- ☐ False
☐ True

Needs Statement

Request Fund *

Select multiple

- ☐ NSP - CAC/RURAL CAPACITY BUILDING & EXPANSION

Giving Program, Type, Status *

Select one

- ☐ Contributions / Competitive Grants
- ☐ Contributions / Competitive Grants / [Declined] Termination

ABSTRACT

Applicants must provide a project abstract, which should include the following information (400 word max):

- Purpose of the proposed project
- Project activities to be performed
- Expected outcomes, deliverables, or milestones of the proposed project
- Service Area
- Intended beneficiary(ies) of the proposed project

Abstract *

Example Proposal Abstract Template: The [insert Entity name] proposes to implement the [insert project name]. The purpose is to _____ in the [insert service area]. Project activities include _____. Expected outcomes include: _____. _____ are the intended beneficiaries of the project.

Description of Issue/Needs Statement

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

Supporting Documentation

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

Describe how the submitted documentation demonstrates need. *

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 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.

Rural Focus Areas *

Select one

- ☐ Establish Satellite Center
- ☐ Increase CAC Core Service Capacity
- ☐ Mobile/Teleservices Expansion
- ☐ MDT Enhancement & Coordination
- ☐ Organizational Capacity Building

Rural Focus Areas 2

Select one

- ☐ Establish Satellite Center
- ☐ Increase CAC Core Service Capacity
- ☐ Mobile/Teleservices Expansion
- ☐ MDT Enhancement & Coordination
- ☐ Organizational Capacity Building

Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application *

Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA, which should be within the award period (January 1 - December 31, 2026).

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

Describe how success will be measured. *

Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Select one

- ☐ Forensic Interview
- ☐ Medical Services
- ☐ Mental Health
- ☐ Multi-disciplinary Team
- ☐ Victim Advocacy

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

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

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

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

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

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

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

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

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

Staffing Increase in Service Area 2

Select one

- ☐ Forensic Interview
- ☐ Medical Services
- ☐ Mental Health
- ☐ Multi-disciplinary Team
- ☐ Victim Advocacy

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

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

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

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

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

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

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

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

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

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

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

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

Optional Core Service Capacity Objective

Other Service Capacity Objective

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

Development Mobile/Tele-Services Objectives & Outcomes

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

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

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

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

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

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

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

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

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

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

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

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective

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

MDT Enhancement & Coordination 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.

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, 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.

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).

To implement or expand technology and systems to track/improve case management, case review, and/or MDT participation and decision-making.

Describe the anticipated technology and systems that will be implemented or improved, their timelines, and how these will impact case management, case review, and/or MDT participation and decision-making.

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.

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.

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.

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

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

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

Am I Rural Report *

Rural Health Information Hub

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

File name should read: SINGLEAUDIT_ORG NAME

Job Descriptions/Resumes

NCA's Certification of De Minimis Indirect Cost Rate Form

Federally Approved Indirect Cost Rate Agreement

Letters of Support/MOUs

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