


Completing Remaining Rural Capacity & Expansion Application Sections

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

1 Click "Needs Statement"

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apacity
xpansion
y 30, 2025


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

Update
organization

AL A L
dustunderourfeet@gmail.com

FORM QUESTIONS
Download

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

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

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

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

Abstract*
Example Proposal Abstract Template: The [insert 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.

Required Field (400-word max)

2 Respond to: "Abstract"

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...

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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.

Required Field (400-word max)

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 to provide services.*

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3 Respond to: "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."

- 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.

Required Field (400-word max)

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.*

Required Field (400-word max)

Supporting Documentation

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

Click or drop files here to upload

Maximum file size: 29MB

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*

4 Upload Supporting Documents here.

Required Field (400-word max)

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.*

Required Field (400-word max)

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

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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*

Required Field (400-word max)

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

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

to provide services.*

Required Field (400-word max)

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

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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*


Required Field (400-word max)


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6 Click "Project Design & Implementation"

Applicant Information Manage applicants (1)

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Complete the required fields below.
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Organization Information Pre Award Checklist Needs Statement **Project Design & Implementation** Capabilities and Competenci... [More](#)

ABSTRACT

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

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

Abstract*

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

7 Select from Rural Focus Area dropdown menu. Applicant has option to select a second focus area in Rural Focus Areas 2 dropdown.

NSP Rural Capacity Building & Expansion
Draft on May 30, 2025

63-1044781

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

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 objectives does not necessarily make for a stronger application.

Rural Focus Areas*

Establish Satellite Center

Increase CAC Core Service Capacity

Mobile/Teleservices Expansion

MDT Enhancement & Coordination

Organizational Capacity Building

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

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8

If Establish Satellite Member Center focus area is selected, respond to: "Anticipated Date for Satellite Membership Application".

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 objectives does not necessarily make for a stronger application.

Rural Focus Areas*

Establish Satellite Center

Rural Focus Areas 2

— 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).

MM/DD/YYYY

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

Describe how success will be measured.*

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

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

Saved

9

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

Establish Satellite Center

Rural Focus Areas 2

— 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).

MM/DD/YYYY

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

Describe how success will be measured.*

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

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

May 2025

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

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

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

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

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

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

✓ Saved

Increase CAC Core Service Capacity

Rural Focus Areas 2

— 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

Medical Services

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

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

Staffing Increase in Service Area 2

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

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15

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

✓ Saved

Increase CAC Core Service Capacity

Rural Focus Areas 2

— 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

Medical Services

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

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

Staffing Increase in Service Area 2

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

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

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

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

☐

Save

Increase CAC Core Service Capacity

Rural Focus Areas 2

— 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

Mental Health

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

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

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

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

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19

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

☐

Save

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

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

Staffing Increase in Service Area 2

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

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20

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

Staffing Increase in Service Area 1

Mental Health ✕

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

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

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

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

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

Staffing Increase in Service Area 2

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

[Saved](#)

Staffing Increase in Service Area 1

Mental Health ✕

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

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

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

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

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

Staffing Increase in Service Area 2

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

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21

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

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Multi-disciplinary Team ✕

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

Staffing Increase in Service Area 2

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

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

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.

— 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

Multi-disciplinary Team ✕

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

Staffing Increase in Service Area 2

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

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

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.

22

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

– 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

Victim Advocacy

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

1

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

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

Staffing Increase in Service Area 2

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

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

23

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

– 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

Victim Advocacy x

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

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

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

Staffing Increase in Service Area 2

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

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

24

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

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

Victim Advocacy ×

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

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


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

Staffing Increase in Service Area 2

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

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.



25

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

Staffing Increase in Service Area 2

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


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

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

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

Optional Core Service Capacity Objective

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



28

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

Rural Focus Areas 2

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.

29

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

Development Mobile/Tele-Services Objectives & Outcomes

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

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

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

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

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

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

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

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

Saved

30

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

	<p>Increase staffing and/or improve service delivery to provide mobile/tele-health medical services.</p> <p>Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.</p> <p>Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Enter the estimated total number of evidence-based treatments to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).</p> <input type="text"/>
	<p>Increase staffing and/or improve service delivery to provide mobile/tele-services for victim</p>

31

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

	<p>Increase staffing and/or improve service delivery to provide mobile/tele-health medical services.</p> <p>Enter the estimated total medical exams/evaluations to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Increase staffing and/or improve service delivery to provide mobile/tele-health mental health assessments and treatments.</p> <p>Enter the estimated total number of pre-screening assessments to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Enter the estimated total number of post-screening assessments to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Enter the estimated total number of evidence-based treatments to be conducted via mobile/tele-services.</p> <input type="text"/>
	<p>Enter the anticipated total number of children/non-offending caregivers showing improvement after evidence-based treatment(s).</p> <input type="text"/>
	<p>Increase staffing and/or improve service delivery to provide mobile/tele-services for victim advocacy services.</p> <p>Enter the estimated total number of victim advocacy services to be provided via mobile/tele-services.</p> <input type="text"/>

32

If Mental Health is selected within the Mobile/Tele-Services Focus Area, respond to: "Enter the estimated total number of evidence-based treatments 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.

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33

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

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.

34

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

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

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.

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If hiring or enhancing role of dedicated MDT Coordinator is selected within the MDT Enhancement Focus Area, respond to: "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"

Rural Focus Areas*

MDT Enhancement & Coordination

Rural Focus Areas 2

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.

37

If hiring or enhancing role of dedicated MDT Coordinator is selected within the MDT Enhancement Focus Area, respond to: "Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline."

Rural Focus Areas 2

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.


38

If implementing or revising MDT policies within the MDT Enhancement Focus Area is selected, respond to: "Describe the anticipated policies, protocols, new member orientation, and/or written agreements, their timelines, and how these will reflect best practices."

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.

39

If training MDT members is selected within the MDT Enhancement Focus Area, respond to: "Enter the projected total number of MDT trainings to be completed."

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.

40

If implementing/expanding technology and systems is selected within the MDT Enhancement Focus Area, respond to: "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."

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.

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.

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

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41

If optional objective is created, respond to: "Other MDT Objective".

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.

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

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

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If Organizational Capacity Building is selected, respond to optional field: "Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance."

Rural Focus Areas*

Organizational Capacity Building

Rural Focus Areas 2

– 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.

43

If Organizational Capacity Building is selected, respond to optional field: "Describe the development or revision of a written succession plan that includes at a minimum those elements described in the Accreditation Standards."

Rural Focus Areas*

Organizational Capacity Building

Rural Focus Areas 2

– 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.

44

If Organizational Capacity Building is selected, respond to optional field: "Describe the development or revision of a written strategic plan."

- 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.

45

If Organizational Capacity Building is selected, respond to optional field: "To provide training for CAC/MDT staff to mitigate vicarious trauma."

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.

46

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

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.

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47

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Applicant Information

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20003-2141, US
63-1044781

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AL A L
dustunderourfeet@gmail.com

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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*


Organizational Capacity Building

Rural Focus Areas 2

Organizational Capacity Objectives & Outcomes

52 Click "Other Required Attachments"

ms
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xpansion
y 30, 2025



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Rural Focus Areas*

Organizational Capacity Building

Rural Focus Areas 2

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.

Data Collection

Budget

Other Required Attachments

53 Upload Budget & Timeline using template.

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File name should read: PROJECT BUDGET_ORG NAME

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Program Improvement Objectives and Outcomes.xlsx

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 **Program Improvement Objectives and Outcomes.xlsx**  

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UPLOAD: Your most recently completed audit (including Management Letter, if applicable)
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Job Descriptions/Resumes


55 Click the "Enter address" and enter the address for place of performance of grant award.

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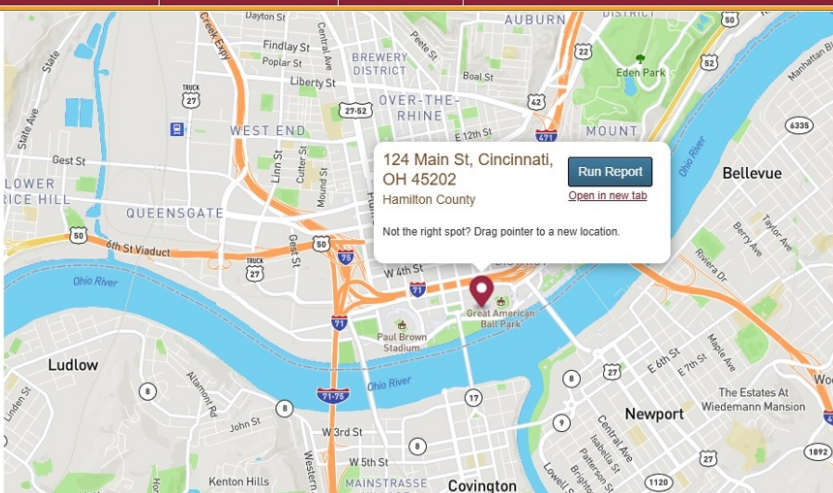
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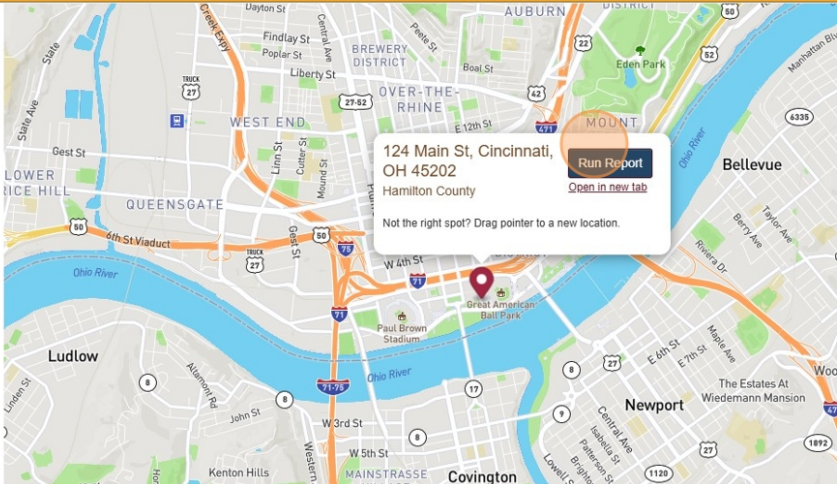
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Am I Rural? – Report

Report produced by the Rural Health Information Hub on 05/30/25.

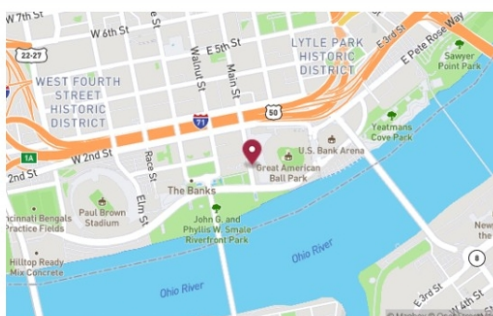
Location

Report Address:
124 Main St, Cincinnati, OH 45202

Latitude: 39.09685
Longitude: -84.50848

Census Tract:
39061026500 (2010 & 2020)

County:
Hamilton County, OH



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Job Descriptions/Resumes

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Letters of Support/MOUs 

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

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

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

The screenshot shows the GrantsConnect application form interface. On the left, there's a sidebar with 'View Guidelines' and 'Application Forms' (NSP Rural Capacity Building & Expansion, Draft on May 30, 2025). The main area is titled 'Applicant Information' and shows 'NATIONAL CHILDRENS ALLIANCE INC' with an 'Update organization' button. A user profile 'A L' with email 'dustunderourfeet@gmail.com' is also visible. Below this is the 'FORM QUESTIONS' section with a 'Download' button circled in orange. The form includes tabs for 'Organization Information', 'Pre Award Checklist', 'Needs Statement', 'Project Design & Implementa...', and 'Other Required Attachments'. The 'Other Required Attachments' tab is active, showing an upload area for 'Grant budget and Timeline (using NCA provided template)*'. The upload area has a text box for the file name and a 'Click or drop files here to upload' button. Below the upload area, there's a list of accepted file types (xls, xlsx) and a file named 'Program Improvement Objectives and Outcomes.xlsx' is shown. At the bottom left, there's a 'Saved' button.

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

The screenshot shows the GrantsConnect application form interface. The 'Other Required Attachments' tab is active, showing an upload area for 'Grant budget and Timeline (using NCA provided template)*'. The upload area has a text box for the file name and a 'Click or drop files here to upload' button. Below the upload area, there's a list of accepted file types (xls, xlsx) and a file named 'Program Improvement Objectives and Outcomes.xlsx' is shown. At the bottom left, there's a 'Previous' button. At the bottom right, there's a 'Sign and submit' button circled in orange. The footer of the page includes the copyright notice '©2025 YourCause - GrantsConnect (2.121.2) (4zqtar)' and links to 'Terms of Service' and 'Privacy Policy'.