

Grants Portal General Application Sections Followed by Chapter Project Design & Implementation Section

This guide provides a comprehensive step-by-step process for navigating the NCA grant application portal for General Sections. It is then followed by the Chapter Application Project Design & Implementation Section

1

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

Ease of sign-in with BBID

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

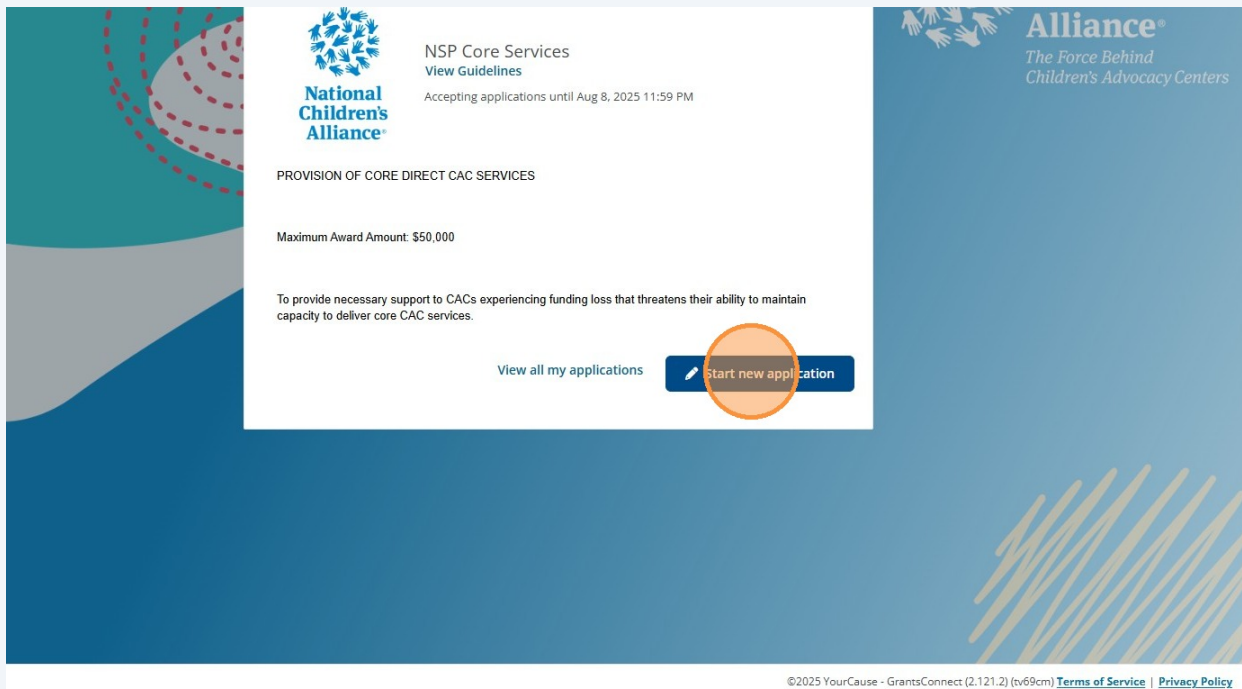
- Access applications across funders with one username and password
- Orgs who already have a BBID can sign in

The screenshot displays two overlapping web forms. The background form is the 'Sign up' page, which includes a language dropdown set to 'English (American)', an email address field, a password field with a strength indicator (requiring at least 12 characters and 3 of: capital letter, lowercase letter, number, or special character), a confirm password field, first and last name fields, and a 'Sign up' button. Below the button are options to 'Sign up with Google' and 'Sign up with Apple'. The foreground form is the 'Applicant Portal' sign-in page, featuring an email address field, a 'Remember me' checkbox, a 'Sign in' button, and links for 'Need help signing in?' and 'Create account'. A blue arrow points from the 'Create account' link in the foreground to the 'Sign up' form in the background.

2

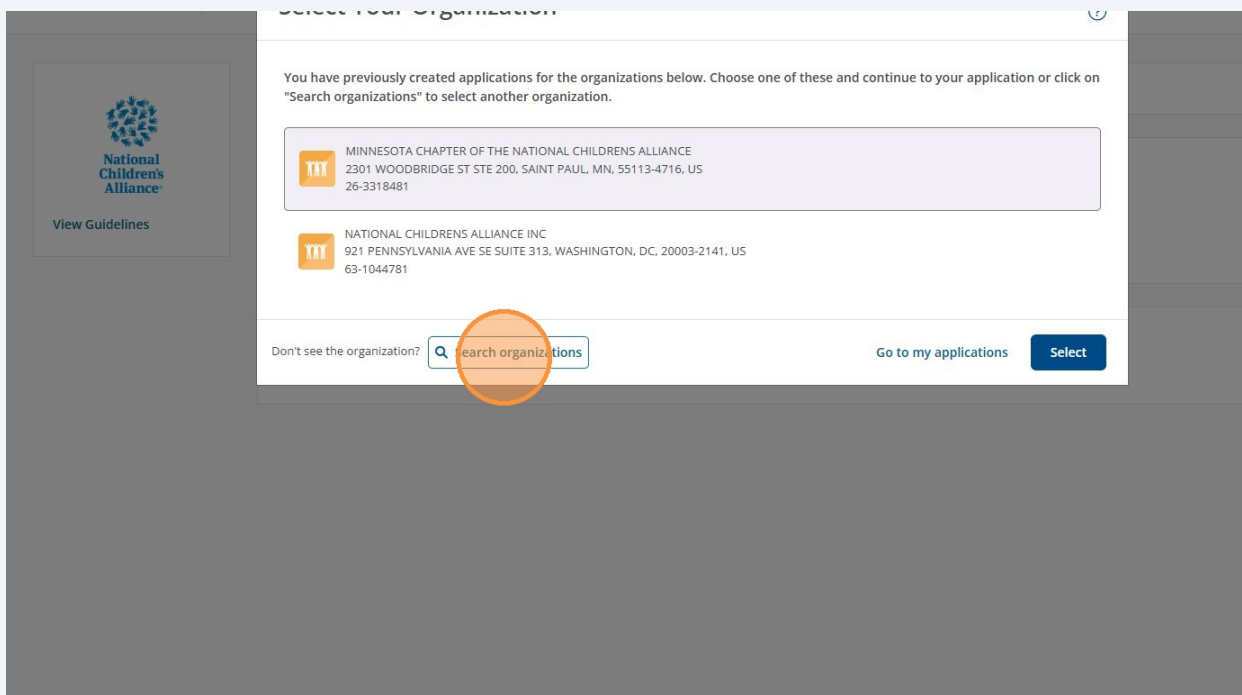
Once account created, and logged in proceed to apply to the application(s) your organization is eligible and interested in applying to. Each grant type will have its own application link found on the NCA Engage Application Page.

Click "Start new application"

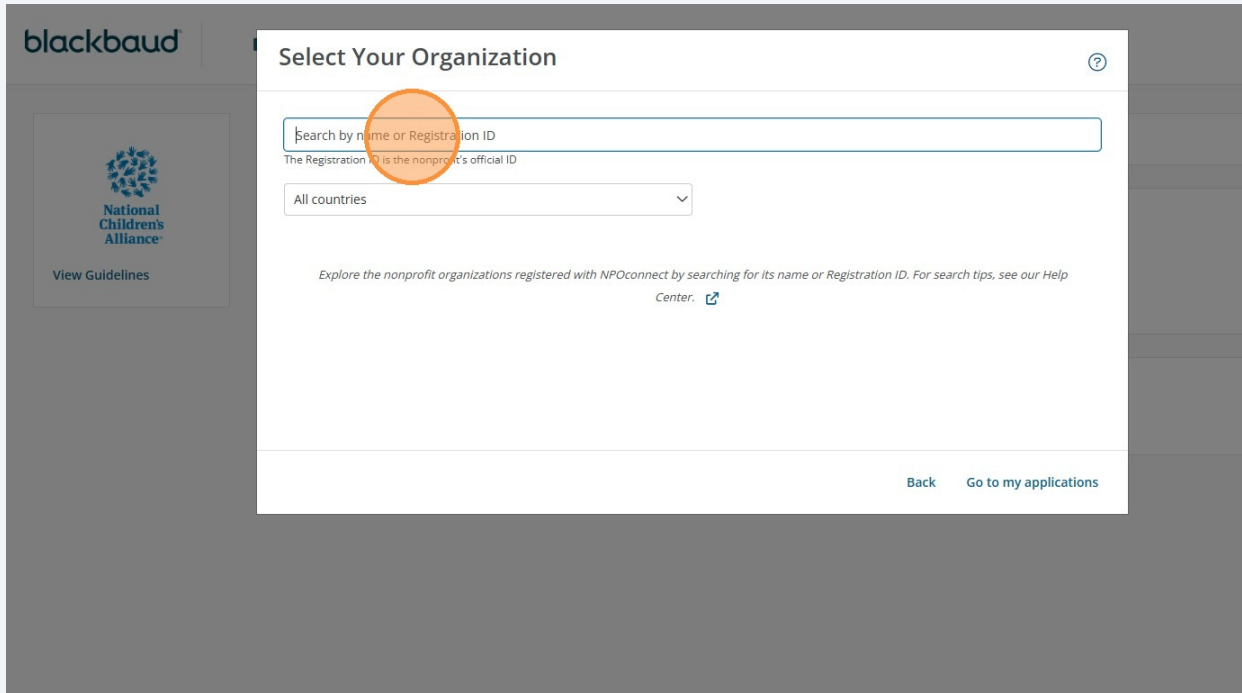


3

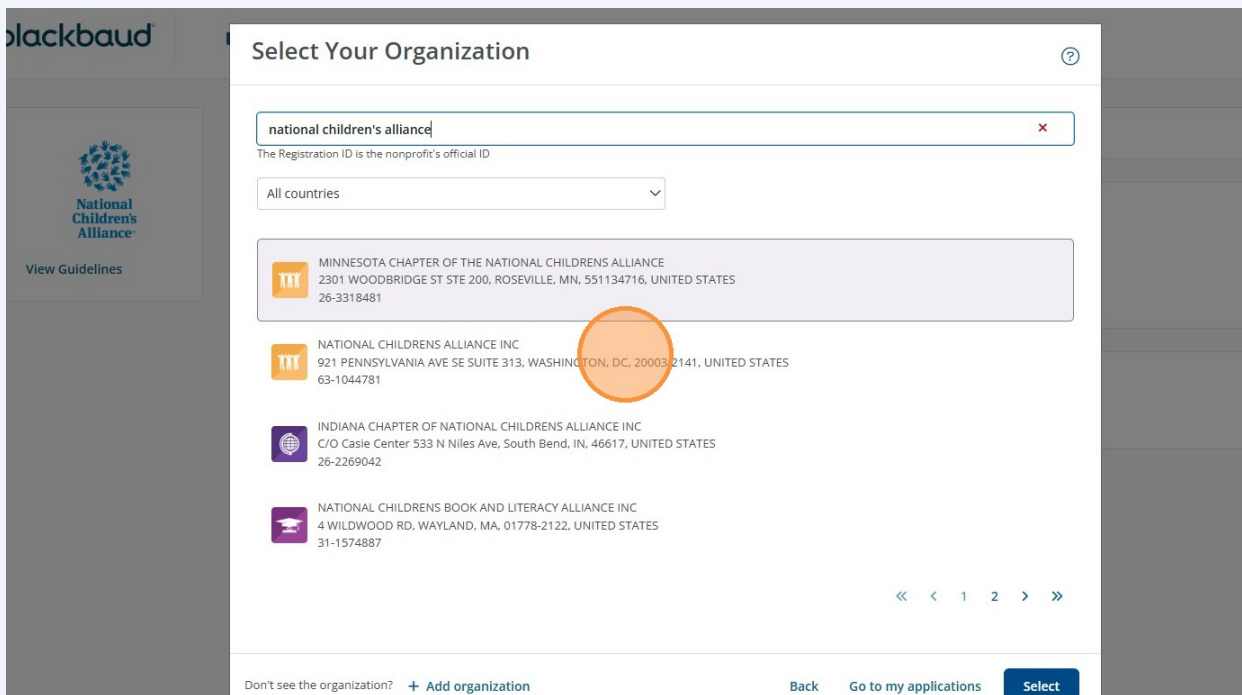
If your organization has not previously applied in this NEW PORTAL, click "Search organizations"



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



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



6 Click "Select"

The Registration ID is the nonprofit's official ID

All countries

- MINNESOTA CHAPTER OF THE NATIONAL CHILDRENS ALLIANCE
2301 WOODBRIDGE ST STE 200, ROSEVILLE, MN, 551134716, UNITED STATES
26-3318481
- NATIONAL CHILDRENS ALLIANCE INC**
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, UNITED STATES
63-1044781
- INDIANA CHAPTER OF NATIONAL CHILDRENS ALLIANCE INC
C/O Casle Center 533 N Niles Ave, South Bend, IN, 46617, UNITED STATES
26-2269042
- NATIONAL CHILDRENS BOOK AND LITERACY ALLIANCE INC
4 WILDWOOD RD, WAYLAND, MA, 01778-2122, UNITED STATES
31-1574887

« < 1 2 > »

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

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

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

ud Applications AL

NSP Core Services

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

Applicant Information [Manage applicants \(1\)](#)

- NATIONAL CHILDRENS ALLIANCE INC**
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC,
20003-2141, US
63-1044781 [Update organization](#)
- AL A L
dustunderourfeet@gmail.com

FORM QUESTIONS

Complete the required fields below.
Accepting applications until Aug 8, 2025 11:59 PM [Download](#)

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

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

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

8

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

blackbaud

Manage Applicants

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

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

First Name*

Last Name*

Language*

Is this person an employee of National Childrens Alliance?

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

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

9

Select preferred Language

blackbaud

Manage Applicants

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

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

First Name*

Last Name*

Language*

Is this person an employee of National Childrens Alliance?

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

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

10 Select "Is this person an employee of (your organization)?"

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

maria.oter@nca-online.org

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

First Name* Maria Last Name* Oter

Language* English (American) x v

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

Clear Create

Close

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

+ Contacts

NSP Core Services
Draft on May 23, 2025

View Guidelines

Application Forms

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

dustunderourfeet@gmail.com

Manage applic

ed financial needs.

Saved

11 Click "Create"

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

maria.oter@nca-online.org

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

First Name* Maria Last Name* Oter

Language* English (American) x v

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

Clear Create

Close

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

+ Contacts

NSP Core Services
Draft on May 23, 2025

View Guidelines

Application Forms

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

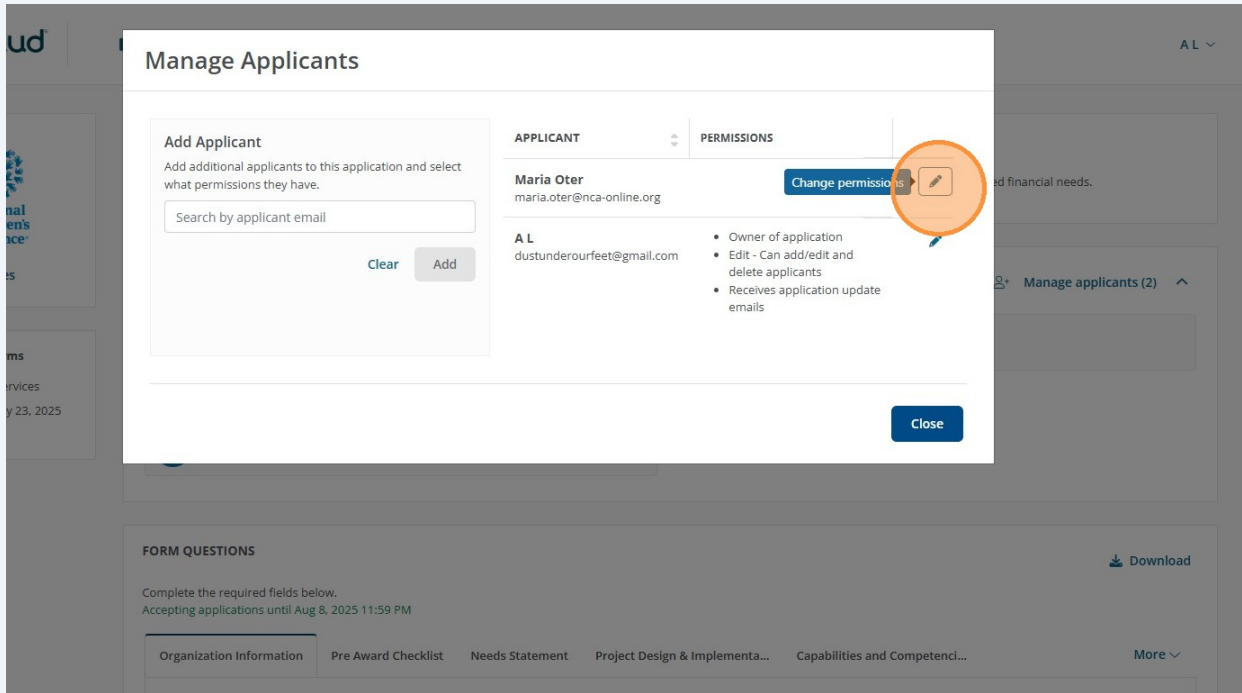
dustunderourfeet@gmail.com

Manage applic

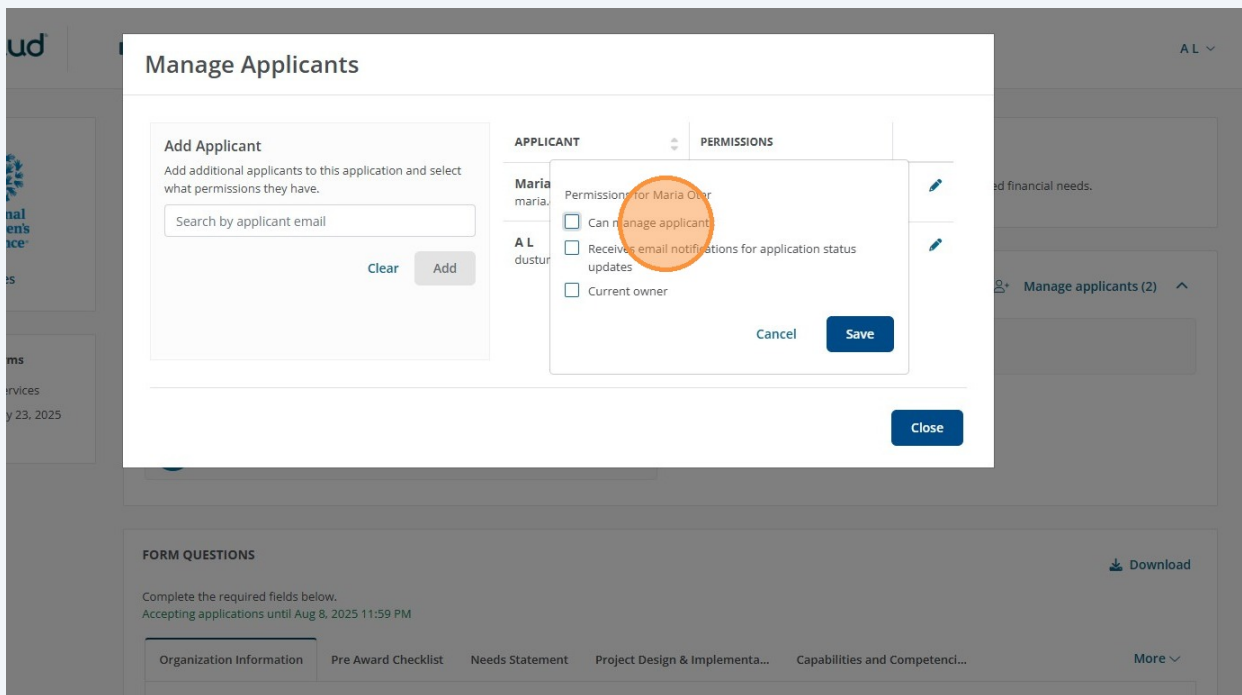
ed financial needs.

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

12 Click here.



13 Select permissions for this additional applicant



14

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

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

FORM QUESTIONS

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

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

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

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

Yes No

+ Contacts

Next Sign and s

Saved

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

15

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

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

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

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

Yes No

- Organization Details

Organization Name*

Street Address*

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

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

City*

State*

Postal Code*

16 Expand the Contacts section and complete the required fields.

The screenshot shows a form with the following fields: a text input containing 'cincinnati', a dropdown for 'State*' with 'OH' selected, a text input for 'Postal Code*' with '45202', and a dropdown for 'Country*' with 'United States' selected. Below these is a section titled 'Contacts' with a plus icon and the word 'Contacts'. A blue 'Saved' button is in the bottom left, and 'Next' and 'Sign and s' buttons are in the bottom right.

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

17 Click "Pre Award Checklist"

The screenshot shows the 'FORM QUESTIONS' section of a form. It includes a heading 'FORM QUESTIONS' and a sub-heading 'Pre Award Checklist' which is circled in orange. Below the heading is a question: 'Is the CAC address for this application the same as the address listed in the Applicant Information above?*' with a 'No' response. The 'Organization Details' section is expanded, showing 'Organization Name*' as 'Cosette Industries', 'Street Address*' as '1254 Main St', and 'City*' as 'cincinnati'. There is also a question about eligibility for the CMS - Rural Health Clinics (RHC) Program? with a 'No' response.

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

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

- Audit/General Information

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

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

MM/DD/YYYY

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

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

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

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

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

19 Make a selection from drop-down options

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

- Audit/General Information

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

Audited Financial Statements

None of the Above

Single Audit

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

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

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

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

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

20

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

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

- Audit/General Information

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

Single Audit

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

MM/DD/YYYY

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

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

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

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

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

21

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

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

- Audit/General Information

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

Single Audit

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

04/30/2025

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


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


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


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

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

22 Make a selection from drop-down options

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

Single Audit 

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

04/30/2025


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

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

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


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


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




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

- Audit/General Information


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

Single Audit 

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

04/30/2025

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

Unqualified Opinion 


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

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

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

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

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



24 Make a selection: True/False

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

Single Audit ✕

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

04/30/2025

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

Unqualified Opinion ✕

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

False

True

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

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

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

Saved

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

Single Audit ✕

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

04/30/2025

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

Unqualified Opinion ✕

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

False

True ✕

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

No

Yes

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

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

Saved

26 Make a selection: Yes/No

Single Audit x

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

04/30/2025

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

Unqualified Opinion x

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

True x

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

No ?

Yes

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

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

[Saved](#)

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

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

04/30/2025

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

Unqualified Opinion x

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

True x

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

No ?

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

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

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

[Saved](#)

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

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

28

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

04/30/2025

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

Unqualified Opinion

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

True

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

No

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

na

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

Organization's Annual Budget*

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

na

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

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

Saved

29

Make a selection: Yes/No

04/30/2025

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

Unqualified Opinion

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

True

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

No

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

na

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

No

Yes

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

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

Saved

30 Enter your "Organization's Annual Budget" here

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

No

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

na

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

Yes

Organization's Annual Budget*

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

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

+ I certify that the following statements are true:

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

Saved

31 Expand the certifications section

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

Yes

Organization's Annual Budget*

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

1,000,000

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

+ I certify that the following statements are true:

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

Previous Next Sign and s

Saved

32 The applicant organization utilizes accounting software

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

The applicant organization's accounting system separately identifies receipt and expenditure of program funds for each grant.*
Expenses must be identified as expenses for the individual NCA grant award in the accounting system.

The applicant organization's accounting system provides control and accountability of federal funds.*
Including prevention of expenditures in excess of approved budget and in compliance with federal guidelines.

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

The applicant has a system in place to track and accurately allocate employees actual time spent performing work for each federal award.*
Records are maintained for each employee that track actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award and maintain records to support actual time spent and specific allocation of charges associated with each employee.

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

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

The applicant organization's accounting system separately identifies receipt and expenditure of program funds for each grant.*
Expenses must be identified as expenses for the individual NCA grant award in the accounting system.

The applicant organization's accounting system provides control and accountability of federal funds.*
Including prevention of expenditures in excess of approved budget and in compliance with federal guidelines.

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

The applicant has a system in place to track and accurately allocate employees actual time spent performing work for each federal award.*
Records are maintained for each employee that track actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award and maintain records to support actual time spent and specific allocation of charges associated with each employee.

34

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

✓ Saved

- I certify that the following statements are true:

The applicant organization utilizes accounting software.*
Applicant will be able to provide the necessary reports and ledgers upon request.

True

The applicant organization's accounting system separately identifies receipt and expenditure of program funds for each grant.*
Expenses must be identified as expenses for the individual NCA grant award in the accounting system.

True

The applicant organization's accounting system provides control and accountability of federal funds.*
Including prevention of expenditures in excess of approved budget and in compliance with federal guidelines.

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

The applicant has a system in place to track and accurately allocate employees actual time spent performing work for each federal award.*
Records are maintained for each employee that track actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award and maintain records to support actual time spent and specific allocation of charges associated with each employee.

+ 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:

35

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

⇐ Saving

I certify that the following statements are true:

The applicant organization utilizes accounting software.*
Applicant will be able to provide the necessary reports and ledgers upon request.

True

The applicant organization's accounting system separately identifies receipt and expenditure of program funds for each grant.*
Expenses must be identified as expenses for the individual NCA grant award in the accounting system.

True

The applicant organization's accounting system provides control and accountability of federal funds.*
Including prevention of expenditures in excess of approved budget and in compliance with federal guidelines.

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

+ 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:

36

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

Employees must be identified as employees for the financial management system in the accounting system.

True x

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.

True x

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

True x

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.

True

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:

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

[Saved](#)

37

Expand the policies in place section

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

True x

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

True x

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.

True

False

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

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

[Saved](#)

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

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.

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.*

Management of equipment, supplies and property.*

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

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

Record retention*

Travel Policies*

39 Management of equipment, supplies and property.

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.*

True

Management of equipment, supplies and property.*

True

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

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

Record retention*

Travel Policies*

Separation of financial duties.*

Saved

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

True

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

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

Management of equipment, supplies and property.*
True x

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

Record retention*

Travel Policies*

Separation of financial duties*

Saved

41 Checking the Excluded Parties List

True

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

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

Management of equipment, supplies and property.*
True x

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

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

Travel Policies*

Separation of financial duties*

Saving

42 Record retention

True ✕

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

True ✕

Record retention*

True

False

True

Separation of financial duties* ?

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

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

Previous Next Sign and s

43 Travel Policies

True ✕

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

True ✕

Record retention*

True ✕

False

Travel Policies*

Separation of financial duties* ?

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

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

Previous Next Sign and s

44 Separation of financial duties

True ✕

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

True ✕

Record retention*

True ✕

Travel Policies*

True ✕

Separation of financial duties* ?

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

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

Previous Next Sign and s

45 Appropriate background screening

True ✕

Record retention*

True ✕

Travel Policies*

True ✕

Separation of financial duties* ?

True ✕

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

False

True

Previous Next Sign and s

← Saving

46 Employee Eligibility Verification

Record retention*

True

Travel Policies*

True

Separation of financial duties*

True

Appropriate background screening*

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

True

Employee Eligibility Verification*

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

False

True

Previous

Next

Sign and s

← Saving

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

47 Click on "Capabilities and Competencies" tab

Services
y 23, 2025

20003-2141, US
63-1044781

Organization

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

FORM QUESTIONS

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

Download

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

Capabilities and Competencies

Audit/General Information

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

Single Audit

Date of Most Recent Single Audit or Audited Financial Statements*

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

04/30/2025

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

Unqualified Opinion

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

48

Respond to: "Applicants must describe their organizational and programmatic capacity required to deliver the identified Chapter Core Services".

The screenshot shows a web browser window displaying a form titled "Form Questions". The form is for an application and includes a "Download" button in the top right. The instructions state: "Complete the required fields below. Accepting applications until Aug 7, 2026 11:59 PM". The form has several tabs: "Organization Information", "Pre Award Checklist", "Needs Statement", "Capabilities and Competenci...", and "More". The "More" tab is highlighted with a blue border and a downward arrow. Below the tabs, there is a text input field with a red border and a red "1" in the top right corner, indicating a character count. The text inside the field reads: "Applicants must describe their organizational and programmatic capacity required to deliver the identified Chapter Core Services.*". Below this field, it says "Maximum word count reached (200)". There is also a section for "Organizational Chart*" with a file upload area that says "Click or drop files here to upload" and "Maximum file size: 29MB". Accepted file types include pdf. At the bottom of the form, there are buttons for "Saved", "Previous", "Next", and "Sign and submit". The footer of the page contains the copyright information: "©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) Terms of Service | Privacy Policy".

49

Click "More", if tabs are not visible.

The screenshot shows a web browser window displaying a form titled "FORM QUESTIONS". The form is for an application and includes a "Download" button in the top right. The instructions state: "Complete the required fields below. Accepting applications until Aug 8, 2025 11:59 PM". The form has several tabs: "Organization Information", "Pre Award Checklist", "Needs Statement", "Project Design & Implementa...", "Capabilities and Competenci...", and "More". The "More" tab is highlighted with a blue border and a downward arrow, and is circled in orange. Below the tabs, there is a text input field with a red border and a red "1" in the top right corner, indicating a character count. The text inside the field reads: "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.*". Below this field, it says "1 word". There is also a section for "Organizational Chart*" with a file upload area that says "Click or drop files here to upload" and "Maximum file size: 29MB". Accepted file types include pdf. At the bottom of the form, there are buttons for "Saved", "Previous", "Next", and "Sign and submit". The footer of the page contains the copyright information: "©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) Terms of Service | Privacy Policy".

50 Click "Data Collection" tab

Services
July 23, 2025

20003-2141, US
63-1044781

Organization

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

FORM QUESTIONS Download

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

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

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

jfdkjdklfjkasdfasd 1 word

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

dfjlsdfkjasdfjfas 1 word

Organizational Chart*
Please include a copy of an organizational chart showing how your organization operates, including who manages the finances and the management of the project proposed for funding.

51 Respond to: "Describe the process for measuring project performance. Identify who will collect the data, who is responsible for performance measurements, and how the information will be used to guide and evaluate the impact of the project. Describe the process that will be used to accurately report data."

FORM QUESTIONS 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... **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 this application.

Previous Next Sign and s

Saved

52 Click "Budget" tab

ms
Services
July 23, 2025

921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, US
63-1044781
organization

dustunderourteet@gmail.com

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

FORM QUESTIONS Download

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

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competen... **Budget** Data Collection More

Other Required Attachments

Describe the process for measuring project performance. Identify who will collect the data, who is responsible for performance measurements, 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 OJDP that measures the results of the work carried out under the award. Note: Applicants are not required to submit performance data with the application.

dfjksiflkasjdfijsdakjf

1 word

Previous Next **Sign and submit**

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

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... **Budget**

Budget

The applicant must include allowable costs in accordance with federal requirements and NCA guidelines. All proposed costs must occur within the grant period, are allowable, reasonable, and allocable to the specific goals and objectives of the proposed project. All requested expenditures must adhere to the latest edition of the DOJ Grants Financial Guide and 2 C.F.R Part 200.

Important:
***The cost of existing, ongoing or renewal software licenses/maintenance agreements is not an allowable cost. Only the cost associated with upgrades will be considered.
Extended warranties that go beyond the grant year will not be approved.

Personnel Amount
\$

Fringe Benefits Amount
\$

Travel Amount
\$

Saved

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

54

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

Indirect Costs
\$ 4,555

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

Personnel Outcomes/Workload/Output for time charged to NCA Award*
For each staff member included in Personnel, please describe a projected output, product or unit of service based on specific discipline (ex. # of children served; reduction in days on a waitlist; sessions conducted per week; # of FI interviews; # of MH assessments; # of professionals trained; etc.). Enter NA if no personnel requested.

Required Field (400-word max)

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

Previous Next Sign and s

Saved

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

55

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

Indirect Costs
\$ 4,555.00

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

Personnel Outcomes/Workload/Output for time charged to NCA Award*
For each staff member included in Personnel, please describe a projected output, product or unit of service based on specific discipline (ex. # of children served; reduction in days on a waitlist; sessions conducted per week; # of FI interviews; # of MH assessments; # of professionals trained; etc.). Enter NA if no personnel requested.

fgidsjgkldjgkl

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

Previous Next Sign and s

Saving

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




Remaining slides specific to Chapter Project Design & Implementation section:

56 Click "Project Design & Implementa..."

Forms

- Chapters - 2027
- Not submitted

Organization Information

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

[Update organization](#)

AL dustunderourfeet@gmail.com

Form Questions [Download](#)

Complete the required fields below.
Accepting applications until Aug 7, 2026 11:59 PM

[Project Design & Implementation](#)

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... [More](#)

Is the Chapter address for this application the same as the address listed in the Applicant Information above? * [?](#)
The Chapter address refers to the place of performance of the grant award.

No [x](#) [v](#)

Organization Details

Organization Name*
National Children's Alliance

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

[Saved](#)

57

Expand Growth & Development Objectives & Activities, where a list of EOAs will be displayed.

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/deliverables, or performance measures that reflect non-grant activities, prior funding, or other funding sources.

Select only those Eligible Objectives with their corresponding outcomes/deliverables that are relevant to your application scope of work and budget. It is recommended to choose only those activities and outcomes that can be fully completed during the award period.

Open

+ Growth & Development Objectives & Activities

+ Training & Technical Assistance Objectives & Activities

+ Awareness & Education Objectives & Activities

I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above?*

True

Previous Next Sign and submit

Saved

58

If Eligible Activity 6 &/or 7 included in Budget/Timeline: "Enter the estimated total number of Access Improvement Plans to be developed and implemented (mental health, medical care, etc.)."

- 12 - Provide technical assistance to local communities interested in developing a CAC.
- 13 - Provide individualized consultation to CACs in their state interested in improving their services in a specific area.
- 15 - Implement statewide database, analyze state data collection, and consult with CACs on case management to improve case and child outcomes.
- 20 - Analyzes child abuse data within a state, and existing resources, to locate areas in which more MDT/CAC development or deployment of satellite services may be needed and coordinates this with existing CACs within the state.
- 21 - Develop new CACs in underserved areas of the state in partnership with local communities.

Outcomes/Deliverables Tied to Growth & Development EOAs

Enter the estimated total number of Access Improvement Plans to be developed and implemented (mental health, medical care, etc.).

This aligns with Eligible Activity 6 and/or 7. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to local communities interested in developing a CAC.

This aligns with Eligible Activity 12. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area.

This aligns with Eligible Activity 13. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Saved

59

If Eligible Activity 12 included in Budget/Timeline: "Enter the total estimated technical assistance hours that will be provided to local communities interested in developing a CAC."

Outcomes/Deliverables Tied to Growth & Development EOAs

Enter the estimated total number of Access Improvement Plans to be developed and implemented (mental health, medical care, etc.). 

This aligns with Eligible Activity 6 and/or 7. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to local communities interested in developing a CAC. 

This aligns with Eligible Activity 12. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area. 

This aligns with Eligible Activity 13. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total number of Statewide Case Management Systems that will be acquired/implemented with Chapter assistance. 

This aligns with Eligible Activity 15. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

 Saved

60

If Eligible Activity 13 included in Budget/Timeline: "Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area."

Outcomes/Deliverables Tied to Growth & Development EOAs

Enter the estimated total number of Access Improvement Plans to be developed and implemented (mental health, medical care, etc.). 


This aligns with Eligible Activity 6 and/or 7. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to local communities interested in developing a CAC. 

This aligns with Eligible Activity 12. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area. 

This aligns with Eligible Activity 13. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.


Enter the total number of Statewide Case Management Systems that will be acquired/implemented with Chapter assistance. 

This aligns with Eligible Activity 15. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.


 Saved

61

If Eligible Activity 15 included in Budget/Timeline: "Enter the total number of Statewide Case Management Systems that will be acquired/implemented with Chapter assistance."

Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area. 

This aligns with Eligible Activity 13. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total number of Statewide Case Management Systems that will be acquired/implemented with Chapter assistance. 

This aligns with Eligible Activity 15. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of Gap Analysis/Community Assessment Reports to be developed. 

This aligns with Eligible Activity 20. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of New CACs and/or Satellites that will be established in partnership with local communities.

This aligns with Eligible Activity 21. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.


 Saved

62

If Eligible Activity 20 included in Budget/Timeline: "Enter the estimated total number of Gap Analysis/Community Assessment Reports to be developed."

Enter the total estimated technical assistance hours that will be provided to CACs interested in improving their services in a specific area. 

This aligns with Eligible Activity 13. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the total number of Statewide Case Management Systems that will be acquired/implemented with Chapter assistance. 

This aligns with Eligible Activity 15. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of Gap Analysis/Community Assessment Reports to be developed. 

This aligns with Eligible Activity 20. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of New CACs and/or Satellites that will be established in partnership with local communities.

This aligns with Eligible Activity 21. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

 Saved

Other Growth & Development Outcome/Deliverable

63

If Eligible Activity 21 included in Budget/Timeline: "Enter the estimated total number of New CACs and/or Satellites that will be established in partnership with local communities."

The screenshot shows a form with three input fields. The first field is empty. The second field is empty. The third field is empty. An orange circle highlights the third input field. Below the form is a blue button labeled "Saved" and a grey button labeled "+ Training & Technical Assistance Objectives & Activities".

Enter the estimated total number of Gap Analysis/Community Assessment Reports to be developed. [?](#)
This aligns with Eligible Activity 20. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of New CACs and/or Satellites that will be established in partnership with local communities.
This aligns with Eligible Activity 21. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Other Growth & Development Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

[Saved](#)

[+ Training & Technical Assistance Objectives & Activities](#)

64

Option to enter "Other Growth & Development Outcome/Deliverable" ONLY IF outcome/deliverable not included above.

The screenshot shows a form with three input fields. The first field is empty. The second field is empty. The third field is empty. An orange circle highlights the third input field. Below the form is a blue button labeled "Saved" and a grey button labeled "+ Training & Technical Assistance Objectives & Activities".

Enter the estimated total number of Gap Analysis/Community Assessment Reports to be developed. [?](#)
This aligns with Eligible Activity 20. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of New CACs and/or Satellites that will be established in partnership with local communities.
This aligns with Eligible Activity 21. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Other Growth & Development Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

[Saved](#)


[+ Training & Technical Assistance Objectives & Activities](#)

©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)

65

Expand Training & Technical Assistance Objectives & Activities menu, where a list of EOAs will be displayed.

Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.



+ Training & Technical Assistance Objectives & Activities

+ Awareness & Education Objectives & Activities

I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above?*

True

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

[Saved](#)

66

If Eligible Activity 3 included in Budget/Timeline: "Enter the estimated total number of Peer Reviews/Consultations that will be facilitated with Chapter assistance."

development, conflict resolution, case review, and cross-discipline training.


14 - Provide education and consultation on serving children with special needs.

16 - Educating CACs and MDTs about ever-evolving child abuse trends and needs (i.e. CSEC, trafficking, CSAM, etc.).


17 - Broker services for CACs within the state and collaborate with NCA, RCACs, and VOCAA Partners to coordinate needed support.

18 - Responsibly sourcing and group purchasing operations equipment (recording equipment for forensic interviews, medical equipment, and tele-mental health equipment) for CACs.


Outcomes/Deliverables Tied to Training & Technical Assistance EOAs

Enter the estimated total number of Peer Reviews/Consultations that will be facilitated with Chapter assistance. 

This aligns with Eligible Activity 3. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of MDT Protocols & Quality Improvement action plans that will be developed with Chapter assistance. 

This aligns with Eligible Activity 11. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of trainings that will be **held and/or attended**. This is a required performance measure; if not applicable, enter 0.* 

This aligns with Eligible Activities: 1, 2, 4, 5, 8, 9, and 16. If any selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total(s) in the proposed timeline and budget submitted.

[Saved](#)

©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)


67


If Eligible Activity 11 included in Budget/Timeline: "Enter the estimated total number of MDT Protocols & Quality Improvement action plans that will be developed with Chapter assistance."


17 - Broker services for CACs within the state and collaborate with NCA, RCACs, and VOCAA Partners to coordinate needed support.

18 - Responsibly sourcing and group purchasing operations equipment (recording equipment for forensic interviews, medical equipment, and tele-mental health equipment) for CACs.


Outcomes/Deliverables Tied to Training & Technical Assistance EOAs

Enter the estimated total number of Peer Reviews/Consultations that will be facilitated with Chapter assistance. 
This aligns with Eligible Activity 3. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of MDT Protocols & Quality Improvement action plans that will be developed with Chapter assistance. 
This aligns with Eligible Activity 11. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of trainings that will be **held and/or attended**. This is a required performance measure; if not applicable, enter 0.* 
This aligns with Eligible Activities: 1, 2, 4, 5, 8, 9, and 16. If any selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total(s) in the proposed timeline and budget submitted.

 Saved


Enter the estimated total number of unique professionals that will be trained. This is a required performance measure; if not applicable, enter 0.* 


©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)

68

If any of the following Eligible Activities: 1, 2, 4, 5, 8, 9, and 16 are included in Budget/Timeline: "Enter the estimated total number of trainings that will be held and/or attended. This is a required performance measure; if not applicable, enter 0."

Enter the estimated total number of MDT Protocols & Quality Improvement action plans that will be developed with Chapter assistance. 
This aligns with Eligible Activity 11. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of trainings that will be **held and/or attended**. This is a required performance measure; if not applicable, enter 0.* 
This aligns with Eligible Activities: 1, 2, 4, 5, 8, 9, and 16. If any selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total(s) in the proposed timeline and budget submitted.

Enter the estimated total number of unique professionals that will be trained. This is a required performance measure; if not applicable, enter 0.* 
Of the training events held & attended included above, how many unique (unduplicated) professionals will complete training.


Other Training & Technical Assistance Outcome/Deliverable

Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget under the proposed Training & Technical Assistance Eligible Activities.


 Saved

69


If any of the following Eligible Activities: 1, 2, 4, 5, 8, 9, and 16 are included in Budget/Timeline: "Enter the estimated total number of unique professionals that will be trained. This is a required performance measure; if not applicable, enter 0."

Enter the estimated total number of MDT Protocols & Quality Improvement action plans that will be developed with Chapter assistance. 

This aligns with Eligible Activity 11. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of trainings that will be **held and/or attended**. This is a required performance measure; if not applicable, enter 0.* 

This aligns with Eligible Activities: 1, 2, 4, 5, 8, 9, and 16. If any selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total(s) in the proposed timeline and budget submitted.

Enter the estimated total number of unique professionals that will be trained. This is a required performance measure; if not applicable, enter 0.* 


Of the training events held & attended included above, how many unique (unduplicated) professionals will complete training.

Other Training & Technical Assistance Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget under the proposed Training & Technical Assistance Eligible Activities.


 Saved

70


If including Eligible Activities 14, 17, or 18 in Budget/Timeline, or for any outcome/deliverable not included above, complete: "Other Training & Technical Assistance Outcome/Deliverable"

Enter the estimated total number of MDT Protocols & Quality Improvement action plans that will be developed with Chapter assistance. 

This aligns with Eligible Activity 11. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Enter the estimated total number of trainings that will be **held and/or attended**. This is a required performance measure; if not applicable, enter 0.* 

This aligns with Eligible Activities: 1, 2, 4, 5, 8, 9, and 16. If any selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total(s) in the proposed timeline and budget submitted.

Enter the estimated total number of unique professionals that will be trained. This is a required performance measure; if not applicable, enter 0.* 

Of the training events held & attended included above, how many unique (unduplicated) professionals will complete training.

Other Training & Technical Assistance Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget under the proposed Training & Technical Assistance Eligible Activities.


 Saved

71

Expand Awareness & Education Objectives & Activities menu, where a list of EOAs will be displayed.





Of the training events held & attended included above, how many unique (unduplicated) professionals will complete training.

Other Training & Technical Assistance Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget under the proposed Training & Technical Assistance Eligible Activities.

 Awareness & Education Objectives & Activities

I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above?*

True

©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)

72

If Eligible Activity 19 included in Budget/Timeline: "Enter the estimated total number of Victim Education Trainings & Outreach that will be provided."

Awareness & Education Objectives & Activities


AWARENESS & EDUCATION ELIGIBLE OBJECTIVES/ACTIVITIES

19 - Conducts/coordinates victim education and outreach re: the availability of CAC services and mandatory reporter training to recognize signs of abuse and how to report it.


22 - Develop and maintain strategic partnerships with state-level MDT partner organizations to educate partner agencies about the benefits of the CAC model, improve CAC services, address emerging issues, and create innovative responses to child abuse.

23 - Developing/improving data-sharing systems between MDT partner agencies at the State level and the Chapter (and CACs and local partner agencies).


Outcomes/Deliverables Tied to Awareness & Education EOAs


Enter the estimated total number of Victim Education Trainings & Outreach that will be provided. 

This aligns with Eligible Activity 19. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Describe the strategic partnerships with state-level MDT organizations that will be developed and maintained. 

This aligns with Eligible Activity 22. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome/Deliverable in the proposed timeline and budget submitted.

Describe the Data Systems/Processes/Documentation that will be developed/implemented, upgraded, or supported with Chapter assistance. 



©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)

73

If Eligible Activity 22 included in Budget/Timeline: "Describe the strategic partnerships with state-level MDT organizations that will be developed and maintained."

Awareness & Education Objectives & Activities

AWARENESS & EDUCATION ELIGIBLE OBJECTIVES/ACTIVITIES

19 - Conducts/coordinates victim education and outreach re: the availability of CAC services and mandatory reporter training to recognize signs of abuse and how to report it.

22 - Develop and maintain strategic partnerships with state-level MDT partner organizations to educate partner agencies about the benefits of the CAC model, improve CAC services, address emerging issues, and create innovative responses to child abuse.

23 - Developing/improving data-sharing systems between MDT partner agencies at the State level and the Chapter (and CACs and local partner agencies).

Outcomes/Deliverables Tied to Awareness & Education EOAs

Enter the estimated total number of Victim Education Trainings & Outreach that will be provided. ⓘ
This aligns with Eligible Activity 19. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome Total in the proposed timeline and budget submitted.

Describe the strategic partnerships with state-level MDT organizations that will be developed and maintained. ⓘ
This aligns with Eligible Activity 22. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome/Deliverable in the proposed timeline and budget submitted.

Describe the Data Systems/Processes/Documentation that will be developed/implemented, upgraded, or supported with Chapter assistance. ⓘ

©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)

Saved

74

If Eligible Activity 23 included in Budget/Timeline: "Describe the Data Systems/Processes/Documentation that will be developed/implemented, upgraded, or supported with Chapter assistance."

Describe the strategic partnerships with state-level MDT organizations that will be developed and maintained. ⓘ
This aligns with Eligible Activity 22. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome/Deliverable in the proposed timeline and budget submitted.

Describe the Data Systems/Processes/Documentation that will be developed/implemented, upgraded, or supported with Chapter assistance. ⓘ
This aligns with Eligible Activity 23. If selected, include the Key Action Steps, Staff, Timeframe, and Outcome/Deliverable in the proposed timeline and budget submitted.

Other Awareness & Education Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

©2026 YourCause - GrantsConnect (2.146.2) (14ofxz) [Terms of Service](#) | [Privacy Policy](#)

Saved

75

Option to enter "Other Awareness & Education Outcome/Deliverable" ONLY IF outcome/deliverable not included above.

proposed timeline and budget submitted.

Other Awareness & Education Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above?*

True

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

[Saved](#)

76

Read & Confirm: "I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above?"

Other Awareness & Education Outcome/Deliverable
Include any other outcome or deliverable not listed above that is included in the submitted timeline and budget.

I confirm that the submitted Budget Timeline includes the selected EOAs with Key Action Steps, Staff, Timeframe, and Outcomes/Deliverable that align with those chosen above?*

True

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

[Saved](#)

77

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

NSF CORE SERVICES

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

Applicant Information Manage applicants (2) ^

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

AL A L
dustunderourfeet@gmail.com

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

FORM QUESTIONS Download

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

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

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

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

No x v

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

78

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

cincinnati

State*
OH x v

Postal Code*
45202

Country*
United States x v

+ Contacts

Next Sign and submit

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