

Grants Portal General Application Sections Followed by Core Services

This guide provides a comprehensive step-by-step process for navigating the NCA grant application portal for those General Sections that apply to all grants. It is then followed by Core Services grant specific sections, which in this case include: Needs Statement; Project Design/Implementation; Other Required Attachments 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)', a blue 'Sign up' button, and input fields for 'Email address', 'Password', 'Confirm password', 'First name', and 'Last name'. A password strength indicator is present below the password field. Below the form, there is a 'Sign up' button and links for 'Sign up with Google' and 'Sign up with Apple'. The foreground form is the 'Applicant Portal' sign-in page, featuring an 'Email address*' input field, a 'Remember me' checkbox, and a 'Sign in' button. A 'Create account' link is located at the bottom right of the sign-in form. An arrow points from the 'Create account' link in the foreground to the 'Sign up' form in the background.

2

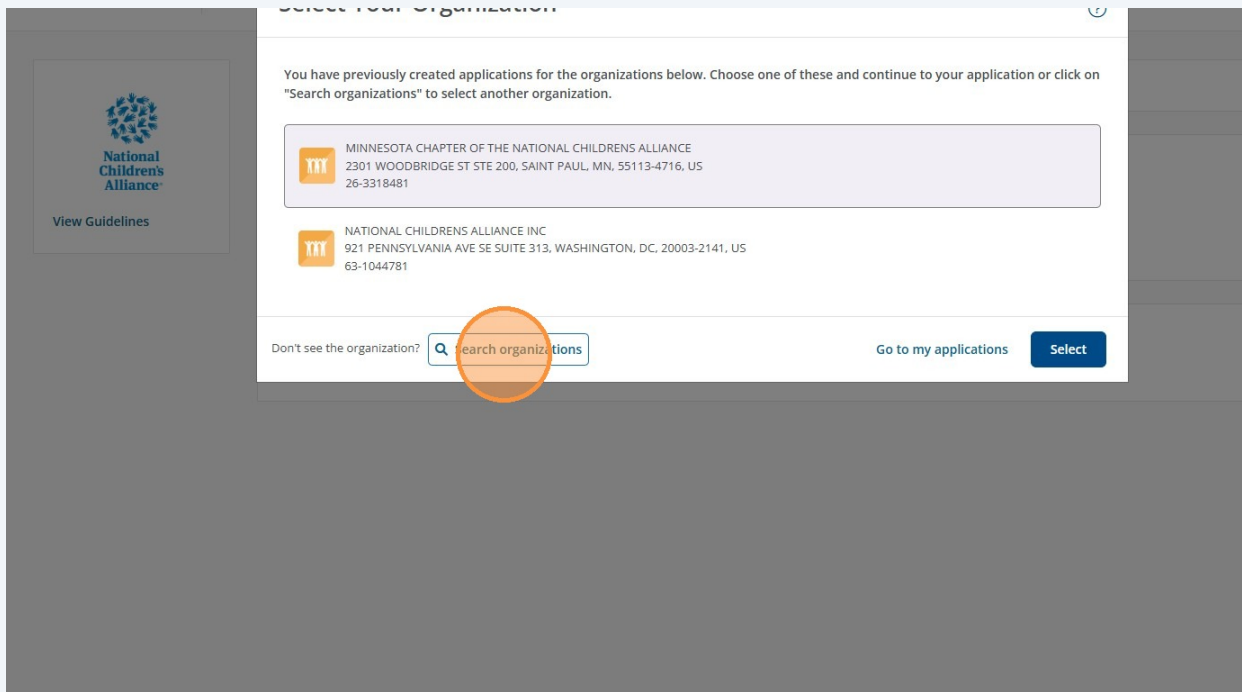
Once account created, and logged in proceed to apply to the application(s) your organization is eligible and interested in applying to. Each grant type will have its own application link found on the NCA Engage Application Page.

Click "Start new application"

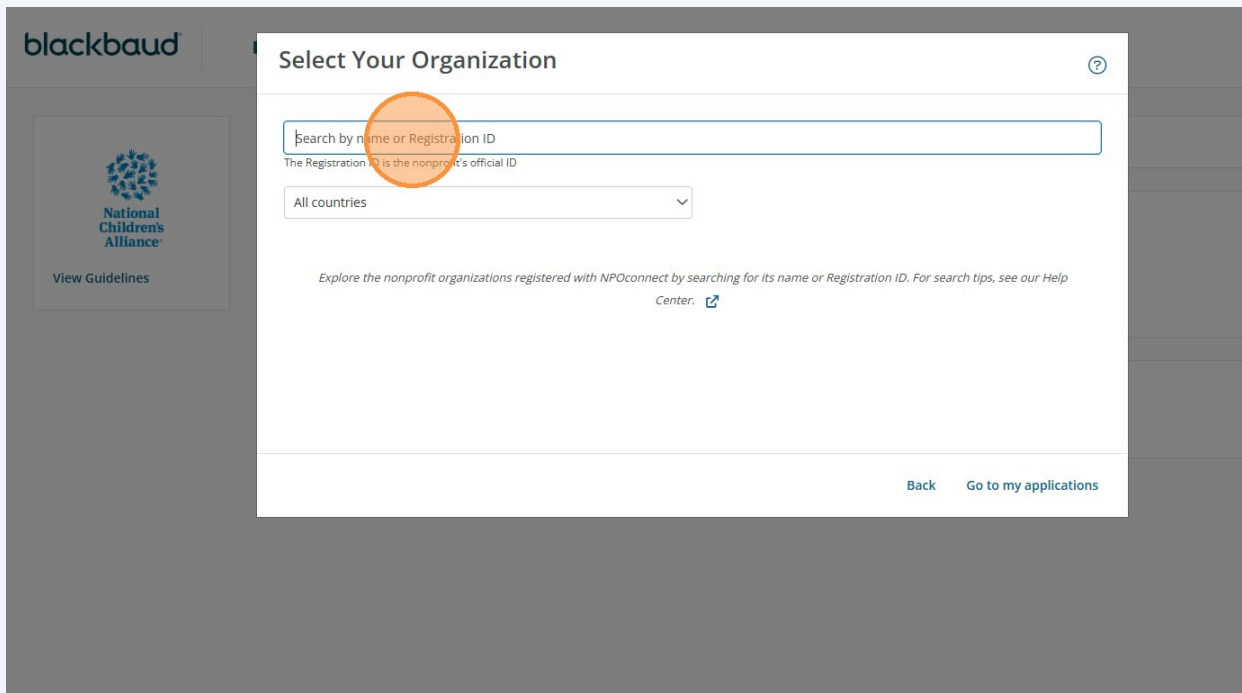


3

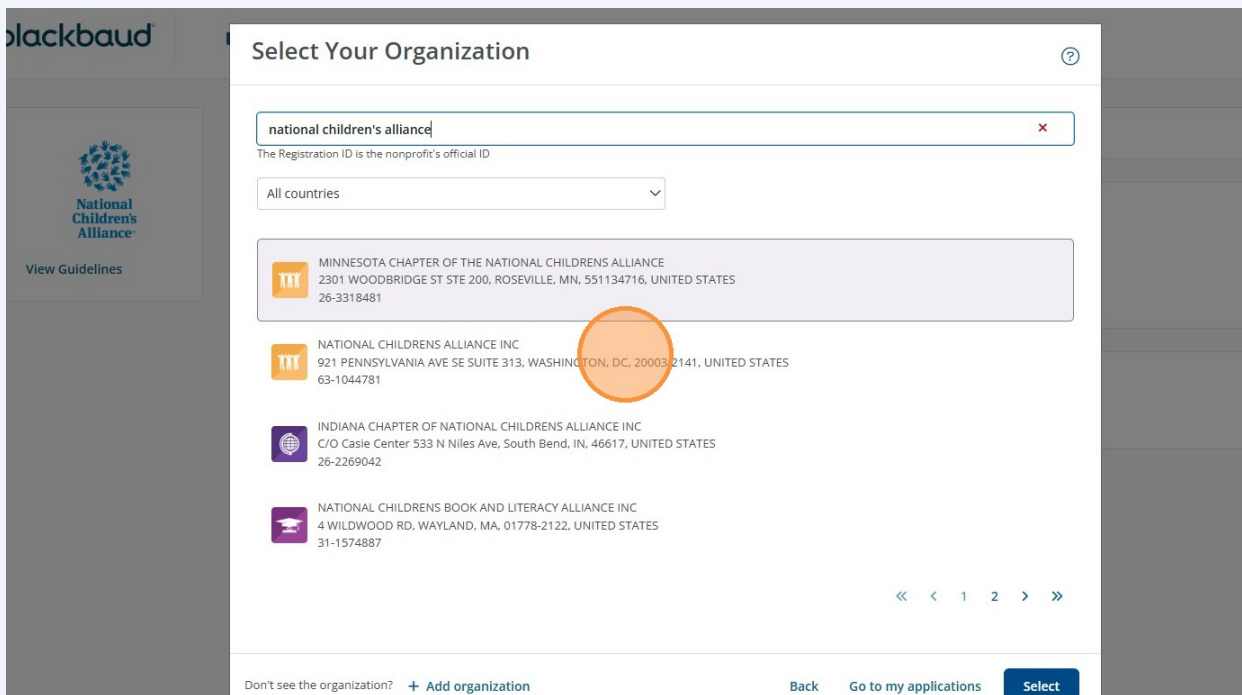
If your organization has not previously applied in this NEW PORTAL, click "Search organizations"



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**

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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

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

Close

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

+ Contacts

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

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

Close

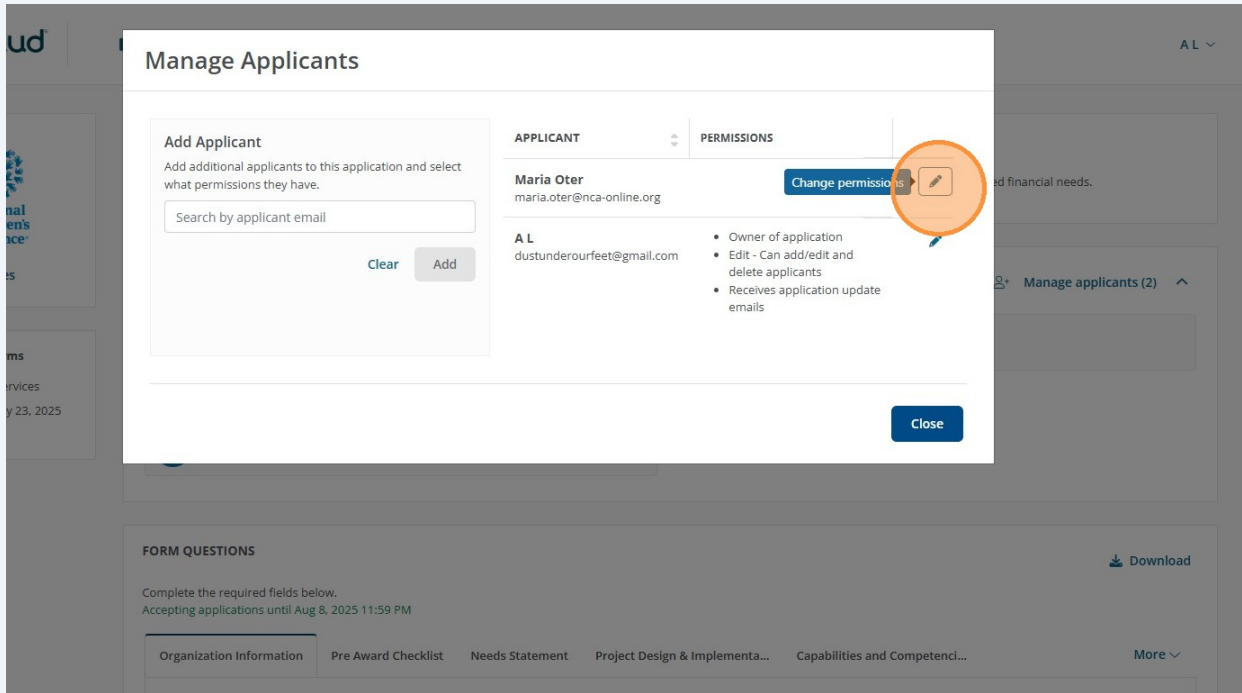
The CAC address refers to the place of performance of the grant award.

+ Contacts

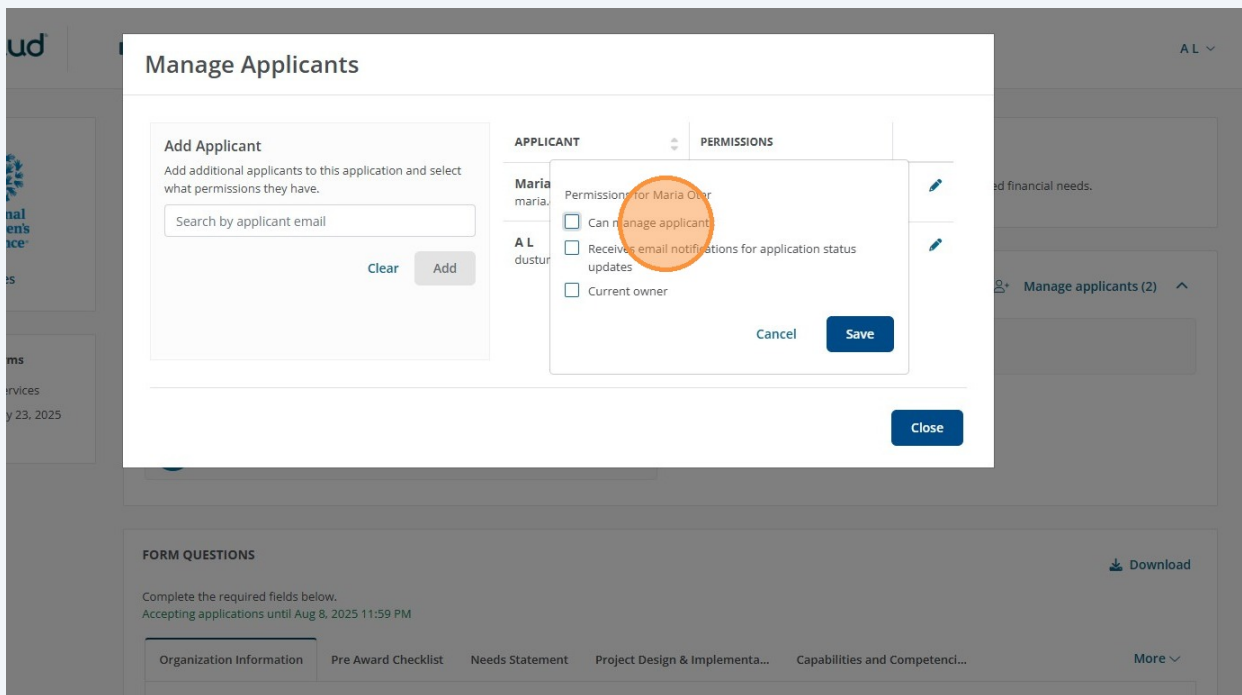
Saved

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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. P.O. Boxes are not acceptable.

The screenshot shows a user profile for Maria Oter (maria.oter@nca-online.org) and a form titled 'FORM QUESTIONS'. The form includes a navigation bar with tabs: 'Organization Information', 'Pre Award Checklist', 'Needs Statement', 'Project Design & Implementa...', and 'Capabilities and Competenci...'. The main question is: 'Is the CAC address for this application the same as the address listed in the Applicant Information above?*' with a sub-note: 'The CAC address refers to the place of performance of the grant award.' There are two radio buttons, 'Yes' and 'No', with the 'Yes' button highlighted by an orange circle. Below the question is a '+ Contacts' section. At the bottom right, there are 'Next' and 'Sign and s' buttons. A 'Saved' button is visible in the bottom left corner. The footer contains the text: '©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) Terms of Ser'.

15

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

This screenshot shows the 'Organization Details' section of the form. The 'No' radio button for the CAC address question is selected. The 'Organization Details' section includes the following fields: 'Organization Name*', 'Street Address*' (with a sub-note: 'The address entered must equal the place of performance of the grant award.'), 'City*', 'State*' (a dropdown menu), and 'Postal Code*'. To the right of these fields is a question: 'According to Rural Health Information Hub, is your CAC eligible for the CMS- Rural Health Clinics (RHC) Program?*' with a radio button. The 'Organization Name' field is highlighted with an orange circle. The navigation bar at the top remains the same as in the previous screenshot.

16 Expand the Contacts section and complete 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. A copyright notice '©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) Terms of Ser' is at the bottom right.

17 Click "Pre Award Checklist"

The screenshot shows a 'FORM QUESTIONS' section with a sub-header 'Complete the required fields below. Accepting applications until Aug 8, 2025 11:59 PM'. There are five tabs: 'Organization Information', 'Pre Award Checklist' (highlighted with an orange circle), 'Needs Statement', 'Project Design & Implementa...', and 'Capabilities and Competenci...'. Below the tabs is a question: 'Is the CAC address for this application the same as the address listed in the Applicant Information above?*' with a 'No' answer. Below that is an expanded 'Organization Details' section with fields for 'Organization Name*' (Cosette Industries), 'Street Address*' (1254 Main St), and 'City*' (cincinnati). To the right of the 'Street Address' field is another question: 'According to Rural Health Information Hub, is your CAC eligible for the CMS - Rural Health Clinics (RHC) Program?*' with a 'No' answer.

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.

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.

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](#)

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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

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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

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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

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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

x

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

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.

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

x

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

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.*

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 duration of the grant period 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 x

+ 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.

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.

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*

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 x

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

True x

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 x

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

True x

Record retention*

True x

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 x

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

True x

Record retention*

True x

Travel Policies*

True x

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 x

Record retention*

True x

Travel Policies*

True x

Separation of financial duties* ?

True x

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

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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

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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: "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."

Draft on May 23, 2025

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

FORM QUESTIONS

Complete the required fields below.
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Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competenci...

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

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

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

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

Accepted file types include: pdf

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49

Respond to: "Provide detailed description of the roles and responsibilities of project staff and explain your organizational structure and operations."

FORM QUESTIONS

Complete the required fields below.
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Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Capabilities and Competenci...

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.*

jfdkjdfjlkasdfasd

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

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

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

Accepted file types include: pdf

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50 Upload Organizational Chart in PDF here

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

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.*

jfdkjdfjlkasdfasd 1 word

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

dfjlsdfkjksdfjfas 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.

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

Accepted file types include: pdf

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51 Click "More", if tabs are not visible.

Services
July 23, 2025

20003-2141, US
63-1044781

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

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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.*

jfdkjdfjlkasdfasd 1 word

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

dfjlsdfkjksdfjfas 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.

52 Click "Data Collection" tab

Services
July 23, 2025

Organization
20003-2141, US
63-1044781

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

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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.*

jfdkjdfjlkasdfasd 1 word

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

dfjlsdfkjksdfjfas 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.

53 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."

Management Services

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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 their application.

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54 Click "Budget" tab

ms
Services
July 23, 2025

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63-1044781
organization

dustunderourfeet@gmail.com

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

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

Budget Other Required Attachments

Describe the process for measuring project performance. Identify who will collect the data, who is responsible for performance measurements, and how you will use the data to guide and evaluate the impact of the project. Describe the process that will be used to accurately report data.*

Applicants that receive funding must provide regular performance data as defined by OJJDP that measures the results of the work carried out under the award. Note: Applicants are not required to submit performance data with the application.

dfidksiflkasidfljsdalkif 1 word

Previous Next Sign and submit

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

FORM QUESTIONS Download

Complete the required fields below.
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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

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56

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

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57

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.

figldsjgkdjgkl

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

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The remaining slides display Core Services Specific Sections


58 Click "Needs Statement"


[View Guidelines](#)

Application Forms

- NSP Core Services
- Draft on May 28, 2025

Applicant Information [Manage applicant](#)

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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.

[+ Contacts](#)

Next [Sign and su](#)

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59

Respond to Abstract

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

ABSTRACT

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

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

Abstract*

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

Description of Issue/Needs Statement

Applicants must describe the current core service need that the scope of work will address and how this need will be met with grant funds. Applicants must also adequately describe how funding loss threatens the ability to maintain and thus meet the current core service need described.*

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60

Respond to: "Applicants must describe the current core service need that the scope of work will address and how this need will be met with grant funds. Applicants must also adequately describe how funding loss threatens the ability to maintain and thus meet the current core service need described."

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

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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.

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Funding Loss Documentation*

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

Accepted file types include: pdf, xls, xlsx

61 Upload Funding Loss Documentation here.

- 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.

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Applicants must describe the current core service need that the scope of work will address and how this need will be met with grant funds. Applicants must also adequately describe how funding loss threatens the ability to maintain and thus meet the current core service need described.*

Funding Loss Documentation*

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Maximum file size: 29MB

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates funding loss.*

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62 Respond to: "Describe how the submitted documentation demonstrates funding loss."

Applicants must describe the current core service need that the scope of work will address and how this need will be met with grant funds. Applicants must also adequately describe how funding loss threatens the ability to maintain and thus meet the current core service need described.*

Funding Loss Documentation*

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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates funding loss.*


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63 Click "Project Design & Implementation."

Applicant Information Manage applicants (1)

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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.

64 Click the "Core Service 1" field (option to choose two distinct Core Services)

May 28, 2025

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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

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.

Core Service 1*

Core Service 2

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.

65

Select from dropdown (same dropdown in Core Service 1 & Core Service 2 fields)

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Complete the required fields below.
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Organization Information Pre Award Checklist Needs Statement **Project Design & Implementa...** Capabilities and Competenci... More

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.

Core Service 1*

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

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.

66

If Forensic Interview selected, expand menu.

ACCEPTING applications until Aug 8, 2025 11:59 PM

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

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.

Core Service 1*

Forensic Interview

Core Service 2

+ Forensic Interview Objectives & Outcomes

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.

67

Respond to: "Enter the estimated total number of forensic services to be conducted."

objectives ~~does not~~ necessarily make for a stronger application.

Core Service 1*
Forensic Interview

Core Service 2

Forensic Interview Objectives & Outcomes

To retain a forensic interviewer position to provide forensic services to child victims.

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

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

Enter the projected total number of forensic interview trainings to be completed. ⓘ
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Optional Forensic Services Objective

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68

Respond to Optional field: "Other Forensic Services Objective".

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

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

Enter the projected total number of forensic interview trainings to be completed. ⓘ
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Optional Forensic Services Objective

Other Forensic Services Objective ⓘ
Optional 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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69 If Medical Services is selected, expand menu.


ACCEPTING APPLICATIONS UNTIL AUG 8, 2023 11:59 PM

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

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.

Core Service 1*
Medical Services

Core Service 2

 Medical Services Objectives & Outcomes

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.

70 Respond to: "Enter the estimated total medical exams/evaluations to be conducted."

Core Service 1*
Medical Services

Core Service 2

- Medical Services Objectives & Outcomes

To retain a trained medical provider (as defined in the Accreditation Standards) to provide medical services.

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

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

Enter the projected total number of medical trainings to be completed.
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

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71

Respond to Optional field: "Other Medical Services Objective".

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

Enter the projected total number of medical trainings to be completed. ⓘ
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Optional Medical Services Objective

Other Medical Services Objective ⓘ

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

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.

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72

If Mental Health is selected, expand menu.

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

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.

Core Service 1*
Mental Health × ▾

Core Service 2
▾

+ Mental Health Objectives & Outcomes

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.

73

Respond to: "Enter the estimated total number of evidence-based treatments to be conducted."

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.

Core Service 1*
Mental Health

Core Service 2

- Mental Health Objectives & Outcomes

To retain a mental health therapist to maintain mental health evidence-based treatments (EBTs).

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

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

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

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

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74

Respond to Optional field: "Enter the estimated total number of pre-screening assessments to be completed."

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.

Core Service 1*
Mental Health

Core Service 2

- Mental Health Objectives & Outcomes

To retain a mental health therapist to maintain mental health evidence-based treatments (EBTs).

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

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

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

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

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Respond to Optional field: "Enter the estimated total number of post-screening assessments to be completed."

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.

Core Service 1*
Mental Health

Core Service 2

- Mental Health Objectives & Outcomes

To retain a mental health therapist to maintain mental health evidence-based treatments (EBTs).

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

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

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

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

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76

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

To retain a mental health therapist to maintain mental health evidence-based treatments (EBTs).

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

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

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

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

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

Enter the projected total number of evidence-based trainings to be completed. ⓘ
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Optional Mental Health Objective

77

Respond to Optional field: "Other Mental Health Objective"

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

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

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

Enter the projected total number of evidence-based trainings to be completed. [?]

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

Optional Mental Health Objective

Other Mental Health Objective [?]

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

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78

If Multi-disciplinary Team is selected, expand menu.

Complete the required fields below.
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Organization Information Pre Award Checklist Needs Statement **Project Design & Implementa...** Capabilities and Competenci... More [∨]

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.

Core Service 1*
Multi-disciplinary Team x ∨

Core Service 2
∨

+ Multi-Disciplinary Team Objectives & Outcomes

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. [?]

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79

Respond to Optional field: "Enter a description of the anticipated MDT participation in both frequency and members in any of the following areas: case reviews; live forensic interviews; de-briefings; information-sharing."

Multi-disciplinary Team x v

Core Service 2 v

- Multi-Disciplinary Team Objectives & Outcomes

To retain an MDT Coordinator position to maintain MDT engagement.

Enter a description of the anticipated MDT participation in both frequency and members in any of the following areas: case reviews; live forensic interviews; de-briefings; information-sharing.

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).

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.

80

Respond to Optional field: "Other MDT Objective"

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).

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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81 If Victim Advocacy is selected, expand menu.

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

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.

Core Service 1*
Victim Advocacy

Core Service 2

+ Victim Advocacy Objectives & Outcomes

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.

82 Respond to: "Enter the estimated total number of victim advocacy services to be provided."

Core Service 1*
Victim Advocacy

Core Service 2

- Victim Advocacy Objectives & Outcomes

To retain a victim advocate position to provide victim advocate services as described in the Accreditation Standards.

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

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

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

Enter the projected total number of victim advocacy trainings to be completed.
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

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83

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

Core Service 1*
Victim Advocacy

Core Service 2

- Victim Advocacy Objectives & Outcomes

To retain a victim advocate position to provide victim advocate services as described in the Accreditation Standards.

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

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

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

Enter the projected total number of victim advocacy trainings to be completed. ⓘ
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

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84

Respond to Optional field: "Other Victim Advocacy Objective"

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

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

Enter the projected total number of victim advocacy trainings to be completed. ⓘ
Total number of training events held or attended with this NCA-grant award (may include trainings; conferences; workshops; webinars; etc).

Optional Victim Advocacy Objective

Other Victim Advocacy Objective ⓘ
Optional for an objective not listed. Objective must directly state the activity that will be funded and the resulting outcome.

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85

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

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

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

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

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

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

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

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

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

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

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

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

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

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.*
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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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88

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

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.

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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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89 Click "More" if "Other Required Attachments" section not visible.


The screenshot shows the 'Applicant Information' section with details for NATIONAL CHILDRENS ALLIANCE INC. Below this is the 'FORM QUESTIONS' section with a 'Download' button. A navigation bar contains tabs for 'Organization Information', 'Pre Award Checklist', 'Needs Statement', 'Project Design & Implementa...', and 'Capabilities and Competenci...'. The 'More' button is circled in orange.

90 Click "Other Required Attachments"


This screenshot shows the 'Other Required Attachments' menu item circled in orange. The menu is open, showing options for 'Data Collection', 'Budget', and 'Other Required Attachments'. Below the menu, the 'Victim Advocacy Objectives & Outcomes' section is visible, containing the text: 'To retain a victim advocate position to provide victim advocate services as described in the Accreditation Standards.'

91 Upload Grant Budget & Timeline here

ms
services
July 28, 2025

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

[Update organization](#)


 A L
dustunderourfeet@gmail.com

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

UPLOAD: Grant budget and Timeline (using NCA provided template)*
File name should read: PROJECT BUDGET_ORG NAME

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

Accepted file types include: xls, xlsx
This input is required

UPLOAD: Your most recently completed audit (including Management Letter, if applicable)
File name should read: SINGLEAUDIT_ORG NAME


 Click or drop files here to upload
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Accepted file types include: pdf

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
92 Upload Single Audit if applicable here.

UPLOAD: Grant budget and Timeline (using NCA provided template)*
File name should read: PROJECT BUDGET_ORG NAME

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


Accepted file types include: xls, xlsx
This input is required

UPLOAD: Your most recently completed audit (including Management Letter, if applicable)
File name should read: SINGLEAUDIT_ORG NAME

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


Accepted file types include: pdf

Job Descriptions/Resumes

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

Accepted file types include: doc, docx, pdf

NCA's Certification of De Minimis Indirect Cost Rate Form


 Click or drop files here to upload
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Upload Job Descriptions & Resumes if applicable here.

UPLOAD: Grant budget and Timeline (using NCA provided template)* ⓘ
File name should read: PROJECT BUDGET_ORG NAME


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Maximum file size: 29MB


Accepted file types include: xls, xlsx
This input is required

UPLOAD: Your most recently completed audit (including Management Letter, if applicable)
File name should read: SINGLEAUDIT_ORG NAME


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Job Descriptions/Resumes


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Job Descriptions/Resumes


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Federally Approved Indirect Cost Rate Agreement


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Job Descriptions/Resumes

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Maximum file size: 29MB

Accepted file types include: doc, docx, pdf

NCA's Certification of De Minimis Indirect Cost Rate Form ⓘ

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

Accepted file types include: pdf

Federally Approved Indirect Cost Rate Agreement

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Maximum file size: 29MB

Accepted file types include: pdf

Previous Sign and submit

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
96

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

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	 A L dustunderourfeet@gmail.com
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97

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

y 28, 2025

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Complete the required fields below.
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[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.

[+ Contacts](#)

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