

Grants Portal General Application Sections Followed by Expanding Reach & Access Sections

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 Expanding Reach & Access 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 the Applicant Portal interface. On the left, there is a 'Sign up' section with a blue header. Below it, there are input fields for 'Email address', 'Password', and 'Confirm password'. A note specifies that the password must contain at least 12 characters and 3 of the following: Capital letter, Lowercase letter, Number, and Special character. Below these are fields for 'First name' and 'Last name'. At the bottom of this section is a 'Sign up' button and options to 'Sign up with Google' and 'Sign up with Apple'. On the right, there is a 'Sign in' section with a blue header. Below it, there is an input field for 'Email address*' and a 'Remember me' checkbox. A 'Sign in' button is located below these. At the bottom of the sign-in section are links for 'Need help signing in?' and 'Create account'. An arrow points from the 'Create account' link in the sign-in section to the 'Sign up' section on the left.

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.

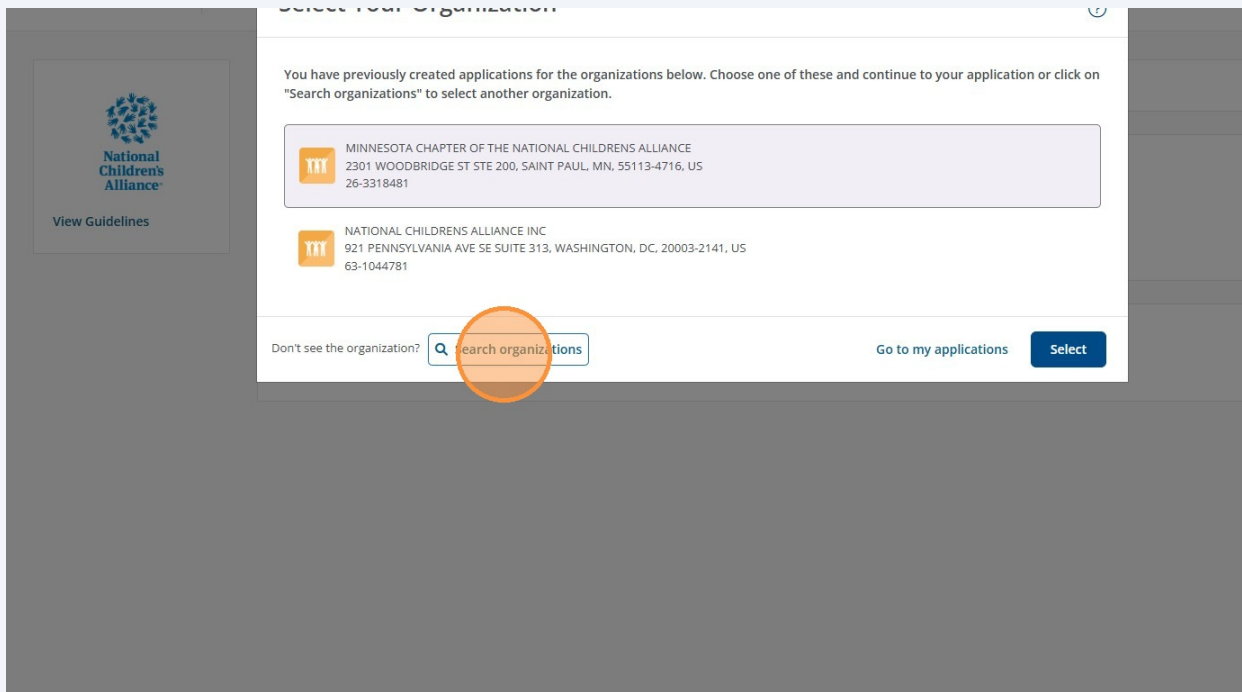
Click "Start new application"



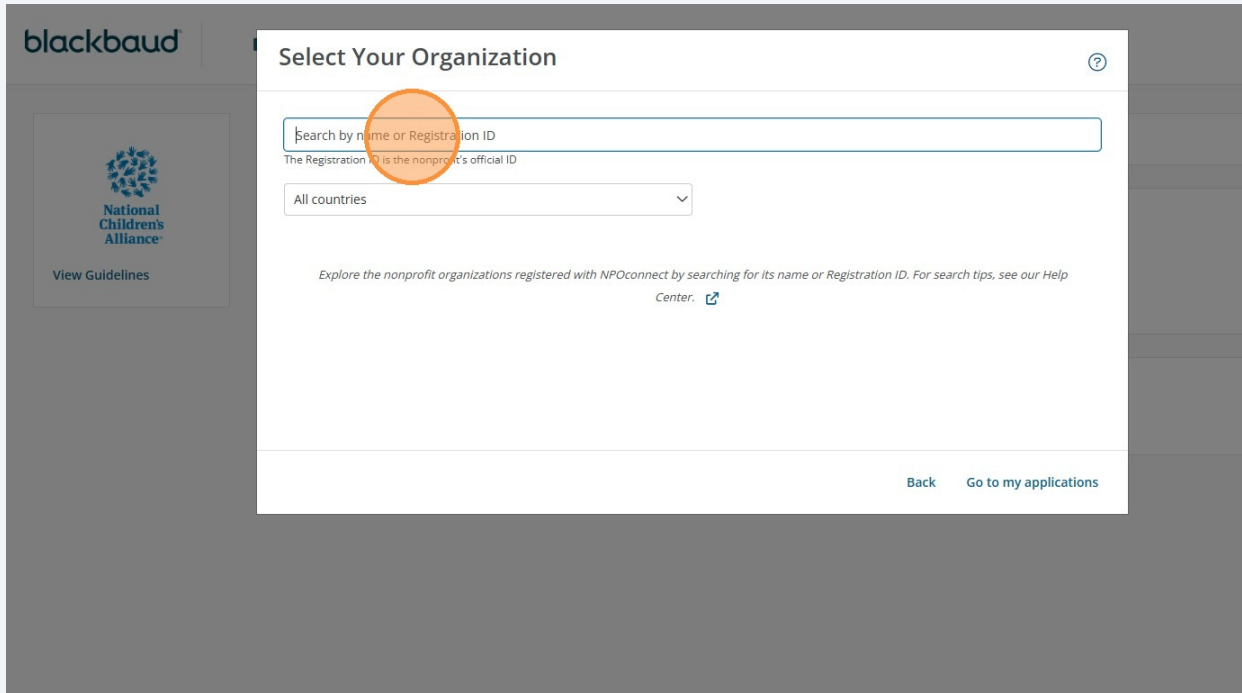
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3

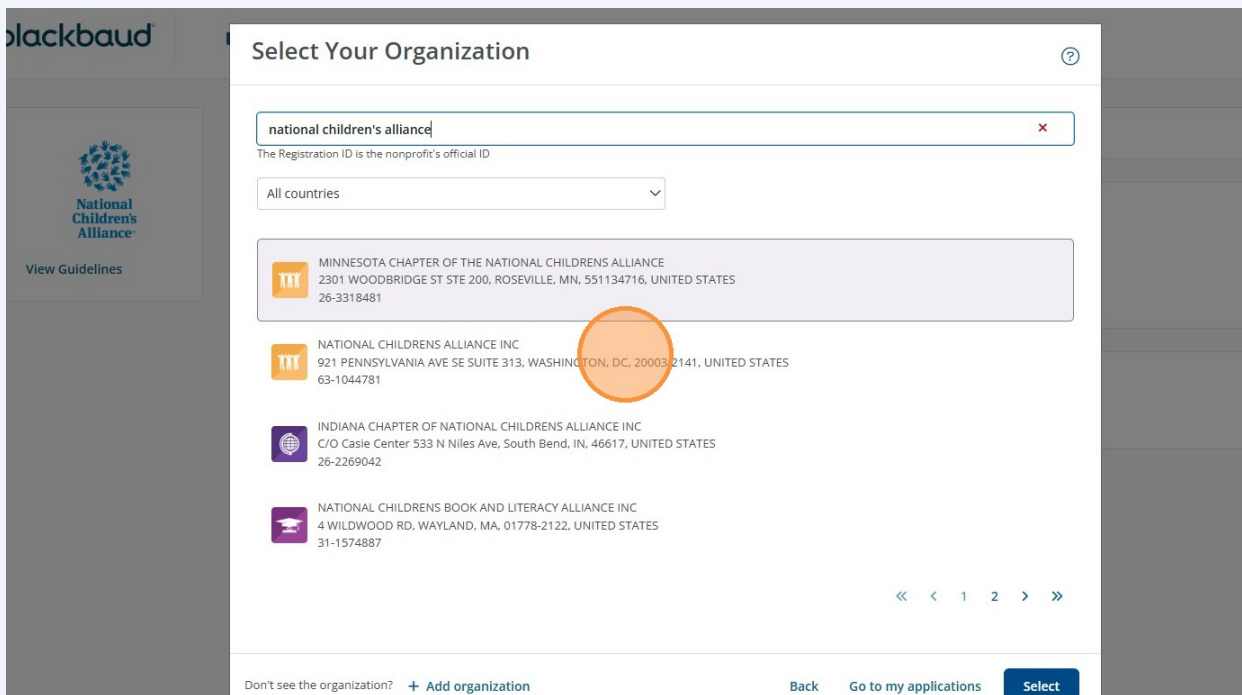
If your organization has not previously applied in this NEW PORTAL, click "Search organizations"



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

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

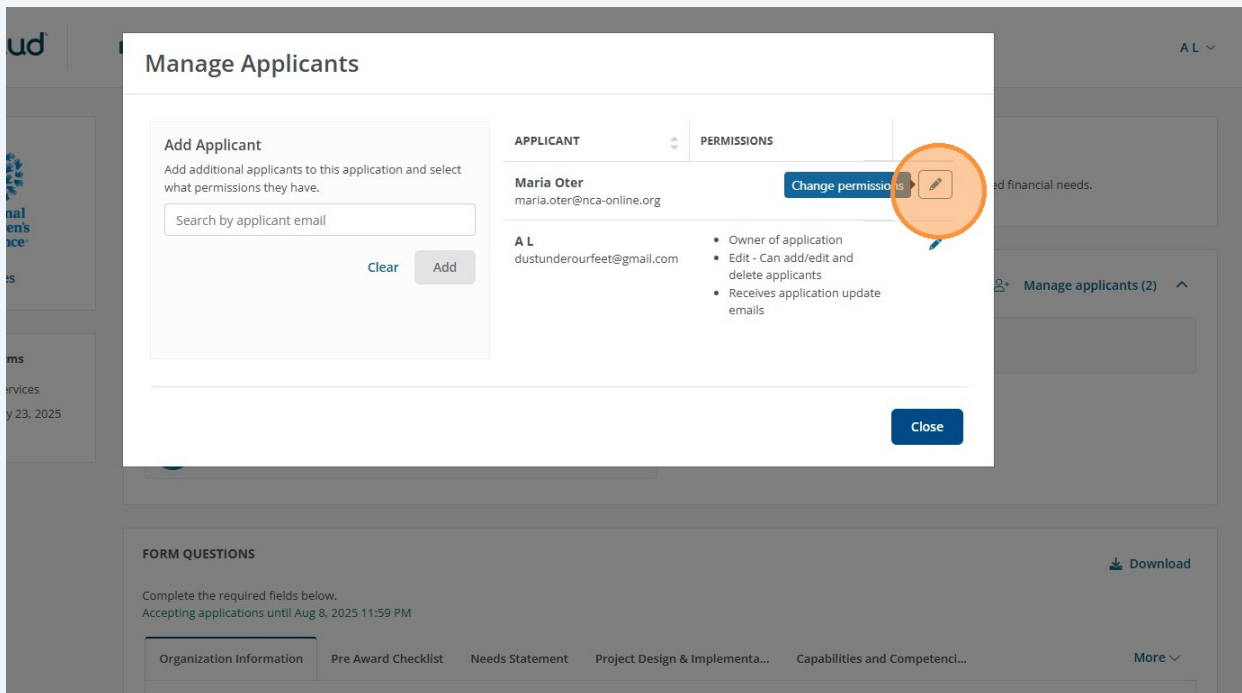
dustunderourfeet@gmail.com

Manage applic

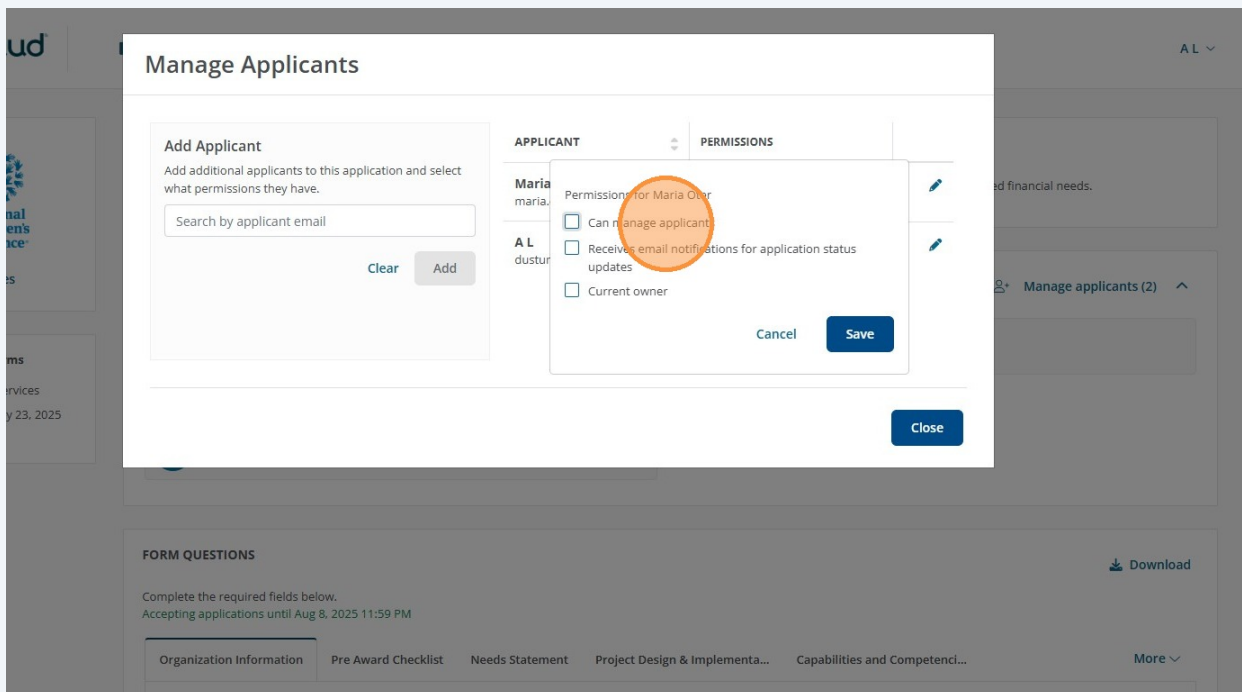
ed financial needs.

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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 as a place of performance.

The screenshot shows a user profile for Maria Oter (maria.oter@nca-online.org) and a form titled 'FORM QUESTIONS'. The form includes a 'Saved' button on the left and a 'Next' button with a 'Sign and s' button on the right. 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.' The 'Yes' radio button is highlighted with an orange circle. Below the question is a '+ Contacts' section. 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

The screenshot shows the 'Organization Details' section of the form. The 'No' radio button for the address question is selected. The 'Organization Name*' field is highlighted with an orange circle. Below it are fields for 'Street Address*' (with a note: 'The address entered must equal the place of performance of the grant award.'), 'City*', 'State*', and 'Postal Code*'. To the right, there is a question: 'According to Rural Health Information Hub, is your CAC eligible for the CMS- Rural Health Clinics (RHC) Program?*' with a dropdown menu.

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 sign 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.

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](#)

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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 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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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.

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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.*

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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 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

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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 ✕

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 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 x

True x

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

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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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Complete the required fields below.
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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

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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 drag 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

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maria.oter@nca-online.org

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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.

52 Click "Data Collection" tab

Services
July 23, 2025

Organization
20003-2141, US
63-1044781

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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.

Previous Next Sign and s

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54 Click "Budget" tab

ms
Services
y 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

Previous Next Sign and s

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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.

figldsigkdjgkl

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

Previous Next Sign and s

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The remaining slides display Expanding Reach & Access Specific Sections.

58

Click "Needs Statement"

ice

ms

ing Reach &

y 28, 2025

Applicant Information Manage applicants (1)

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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

59

Respond to: "Abstract"

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

ABSTRACT

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

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

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

Description of Issue/Needs Statement

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

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

60

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

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

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

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

Accepted file types include: pdf, xls,.xlsx


Describe how the submitted documentation demonstrates need.*

61 Upload Supporting Documentation here.

Description of Issue/Needs Statement

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

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


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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*


PreviousNext [Sign and submit](#)

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

Description of Issue/Needs Statement

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

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


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


Accepted file types include: pdf, xls, xlsx


Describe how the submitted documentation demonstrates need.*

PreviousNext [Sign and submit](#)

63 Click "Project Design & Implementation"

Applicant Information Manage applicants (1)

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

ABSTRACT

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

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

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

64 Select from the dropdown menu "Expanding Reach & Access Focus Areas"

FORM QUESTIONS Download

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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.

Expanding Reach & Access Focus Areas*

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.

65

If Establish Satellite Center Focus Area is selected, respond to: "Anticipated Date for Satellite Membership Application"

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.

Expanding Reach & Access Focus Areas*

Establish Satellite Center

— Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*

Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA.

MM/DD/YYYY

This input is required

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

Describe how success will be measured.*

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

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

66

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

Expanding Reach & Access Focus Areas*

Establish Satellite Center

— Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*

Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA.

MM/DD/YYYY

This input is required

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

Describe how success will be measured.*

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

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

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.


May 2025						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
27	28	29	30	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31
1	2	3	4	5	6	7

67

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

Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*
Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA.

MM/DD/YYYY 

This input is required

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

Describe how success will be measured.*

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

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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68

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


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.


Expanding Reach & Access Focus Areas*


Increase CAC Core Service Capacity  


Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1 

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

Staffing Increase in Service Area 2 

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

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

69

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

- Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Forensic Interview

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

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

Staffing Increase in Service Area 2

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

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

70

Respond to: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

- Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Forensic Interview

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

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

Staffing Increase in Service Area 2

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

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

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71

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Medical Services

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

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

Staffing Increase in Service Area 2

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

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

72

Respond to: "Enter the estimated percentage increase in services selected above that will result from the increase in staffing."

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Medical Services

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

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

Staffing Increase in Service Area 2

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

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

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73

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

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

74

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

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

Staffing Increase in Service Area 2

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75

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

increase the core service capacity

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

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

Staffing Increase in Service Area 2

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76

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

increase the core service capacity

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

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

Staffing Increase in Service Area 2

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77

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

Expand Core Service Capacity

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1
Mental Health

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

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

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

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

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

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78

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1
Multi-disciplinary Team

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

Staffing Increase in Service Area 2

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

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

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

79

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

- Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Victim Advocacy

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

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

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

Staffing Increase in Service Area 2

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

80

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

Expanding Reach & Access Focus Areas*

Increase CAC Core Service Capacity

- Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Victim Advocacy

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

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

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

Staffing Increase in Service Area 2

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

81

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

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Victim Advocacy

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

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

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

Staffing Increase in Service Area 2

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

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82

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

Staffing Increase in Service Area 2

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

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

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

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

Optional Core Service Capacity Objective

Other Service Capacity Objective ?

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

83

If optional objective to implement more efficient delivery methods is selected, respond to: "Describe how the service delivery improvement will increase and/or improve services."

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

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

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

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

Optional Core Service Capacity Objective

Other Service Capacity Objective ⓘ

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

84

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

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

Optional Core Service Capacity Objective

Other Service Capacity Objective ⓘ

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

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.

85

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

Expanding Reach & Access Focus Areas*

Mobile/Teleservices Expansion

– Development Mobile/Tele-Services Objectives & Outcomes

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

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

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

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

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

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

86

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

– Development Mobile/Tele-Services Objectives & Outcomes

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

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

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

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

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

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

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

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

87

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

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

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

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

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

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

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

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

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

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

88

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

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

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

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

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

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

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

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

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

89

If Mobile/Tele-Services Mental Health is selected, respond to: "Enter the estimated total number of evidence-based treatments to be completed via mobile/tele-services."

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

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

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

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

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

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

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

90

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

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

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

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

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

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

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

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

Optional Mobile/Tele Services Objective

91

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

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

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

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

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

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective ⓘ

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

92

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

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

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

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective ⓘ

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

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.

93

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

Optional Mobile/Tele-Services Objective

Other Mobile/Tele-Services Objective ⓘ

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

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.*

94

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.*

95

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

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

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

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

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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Enter the projected total number of unique professionals trained with grant funds. [?]
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Applicants must discuss plans for sustainability beyond the grant period.*

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Click "More", if "Other Required Attachments" section not displayed.

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20003-2141, US
63-1044781 Update organization

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dustunderourfeet@gmail.com

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Please select only those objectives and outcomes that are relevant to your application scope of work and budget. It is recommended to choose only those objectives that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

Expanding Reach & Access Focus Areas*
Mobile/Teleservices Expansion

Development Mobile/Tele-Services Objectives & Outcomes

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

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

103

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

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Expanding Reach & Access
Goal: To expand services to additional communities and increase service capacity to meet demonstrated needs

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

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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

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