

# Grants Portal General Application Sections Followed by Program Improvement

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 Program Improvement 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 Blackbaud Applicant Portal interface. On the left, there is a 'Sign up' section with a blue header. Below the header are input fields for 'Email address', 'Password', and 'Confirm password'. The password field includes a strength indicator: 'Must contain at least 12 characters and 3 of the following: - Capital letter, - Lowercase letter, - Number, - Special character (., #, %, etc.)'. Below these are fields for 'First name' and 'Last name'. At the bottom of the sign-up 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 the header is an input field for 'Email address\*' and a 'Sign in' button. A 'Remember me' checkbox is located below the email field. At the bottom of the sign-in section are links for 'Need help signing in?' and 'Create account'. A blue arrow points from the 'Create account' link to the 'Sign up' section.

2

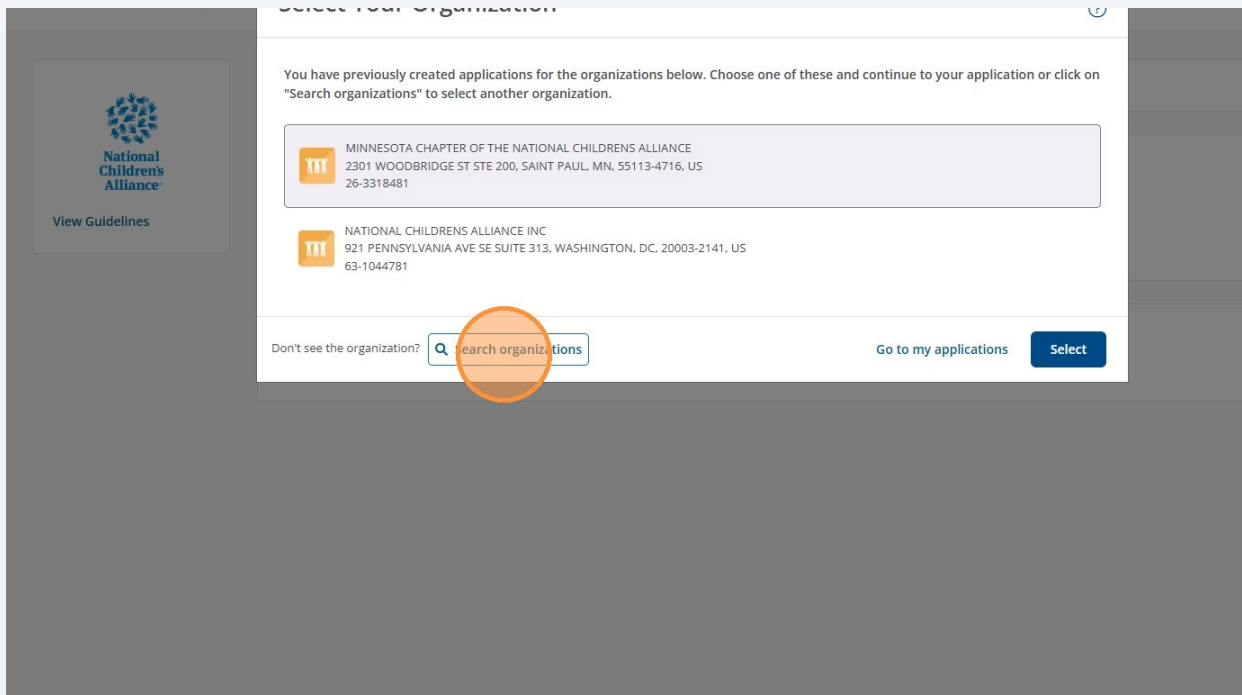
Once account created, and logged in proceed to apply to the application(s) your organization is eligible and interested in applying to. Each grant type will have its own application link found on the NCA Engage Application Page.

Click "Start new application"

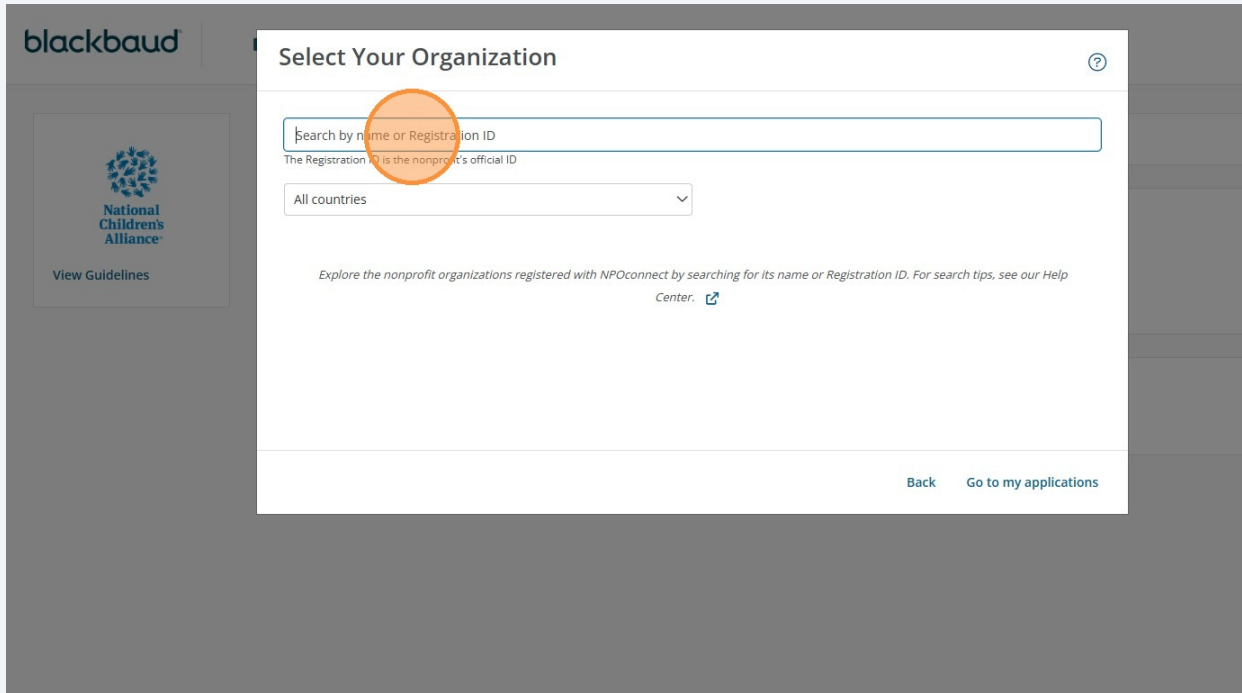


3

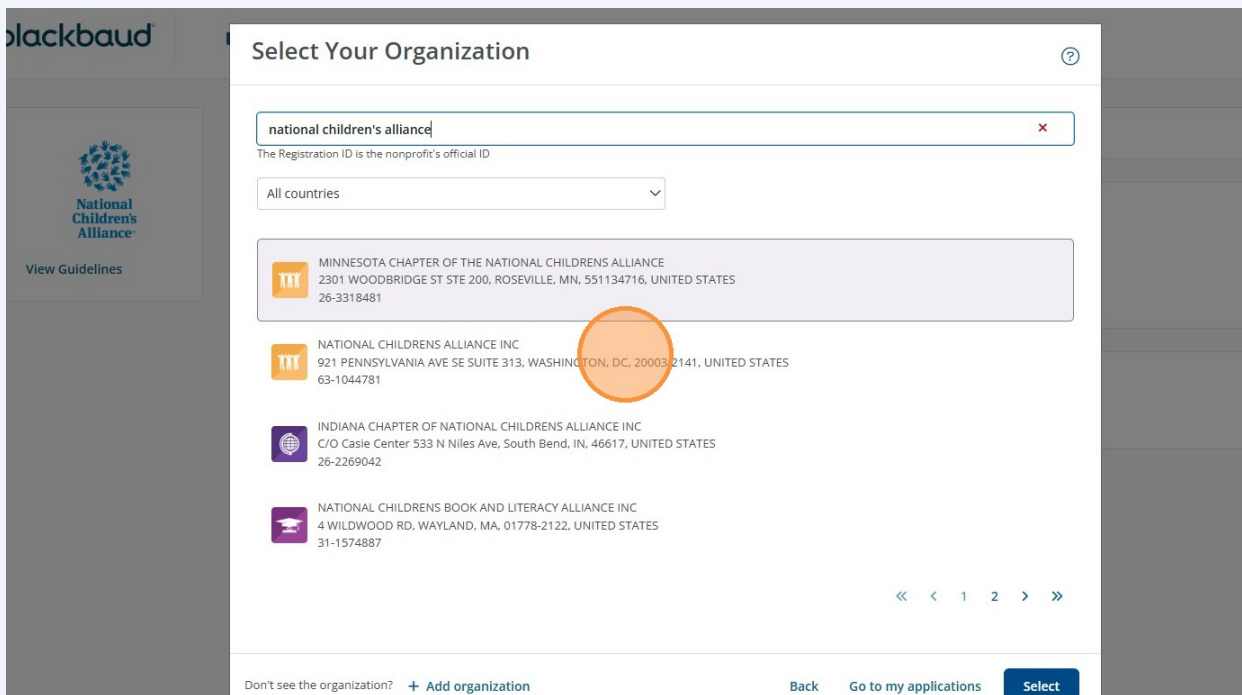
If your organization has not previously applied in this NEW PORTAL, click "Search organizations"



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.

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### 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"><li>Owner of application</li><li>Edit - Can add/edit and delete applicants</li><li>Receives application update emails</li></ul>

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"><li>Owner of application</li><li>Edit - Can add/edit and delete applicants</li><li>Receives application update emails</li></ul>

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"><li>Owner of application</li><li>Edit - Can add/edit and delete applicants</li><li>Receives application update emails</li></ul>

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"><li>Owner of application</li><li>Edit - Can add/edit and delete applicants</li><li>Receives application update emails</li></ul>

Close

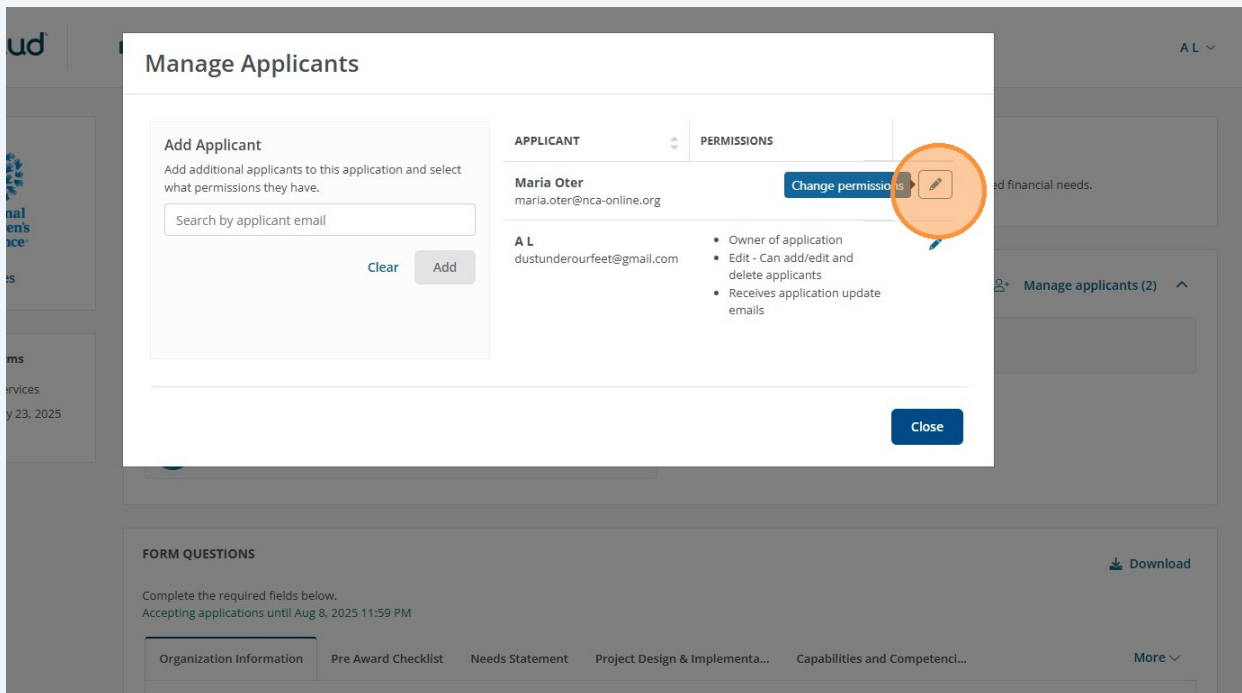
The CAC address refers to the place of performance of the grant award.

+ Contacts

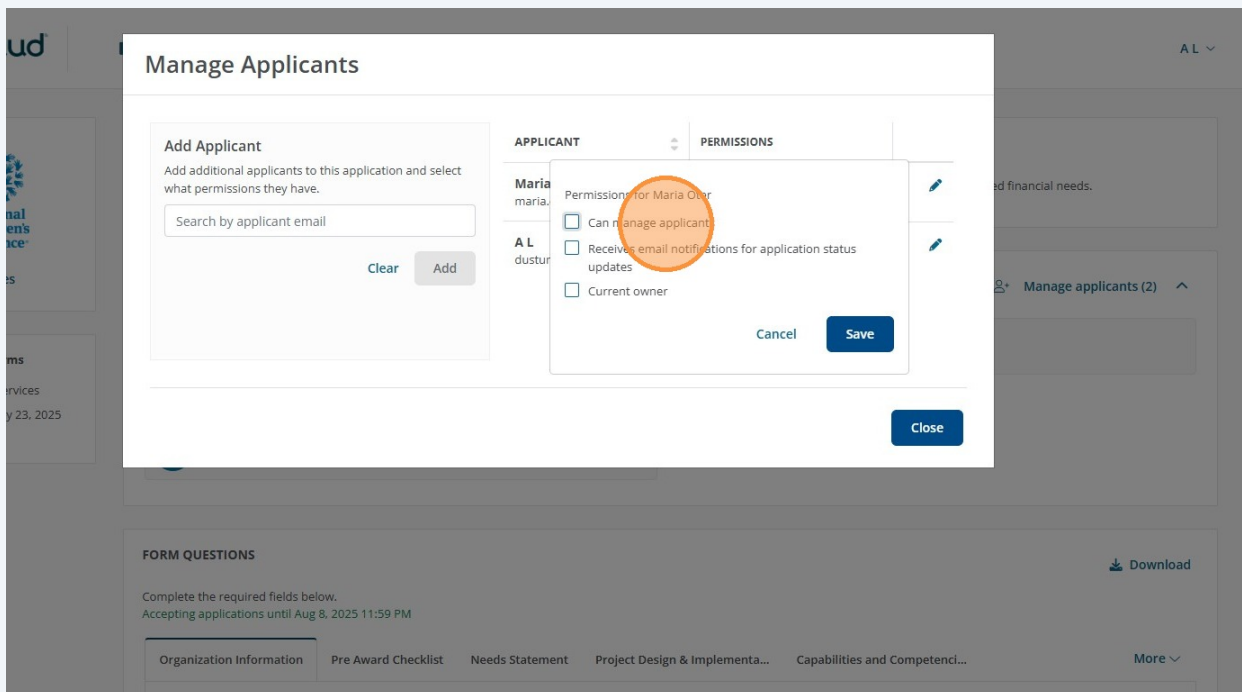
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12 Click here.



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.

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

**FORM QUESTIONS**

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

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

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

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

Yes

+ Contacts

Next Sign and s

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15

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

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

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

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

No

- Organization Details

Organization Name\*

Street Address\*

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

City\*

State\*

Postal Code\*

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

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', 'Needs Statement', 'Project Design & Implementa...', and 'Capabilities and Competenci...'. The 'Pre Award Checklist' tab is highlighted with an orange circle. 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 '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\*<sup>?</sup>

Single Audit

Date of Most Recent Single Audit or Audited Financial Statements <sup>?</sup>  
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\*<sup>?</sup>

Single Audit

Date of Most Recent Single Audit or Audited Financial Statements <sup>?</sup>  
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 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.

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 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.

False

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.

## 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?"

Saved

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.

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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29

Make a selection: Yes/No

Saved

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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### 30 Enter your "Organization's Annual Budget" here

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

No

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

na

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

Yes

Organization's Annual Budget\*

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

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

+ I certify that the following statements are true:

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

Saved

### 31 Expand the certifications section

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

Yes

Organization's Annual Budget\*

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

1,000,000

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

+ I certify that the following statements are true:

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

Previous Next Sign and s

Saved

## 32 The applicant organization utilizes accounting software

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

- I certify that the following statements are true:

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

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

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

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

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

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

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

- I certify that the following statements are true:

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

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

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

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

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

34

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

✓ Saved

- I certify that the following statements are true:

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

True

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

True

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

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

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

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

35

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

⇐ Saving

I certify that the following statements are true:

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

True

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

True

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

True

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

False

True

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

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

36

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

Employees must be identified as employees for the 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

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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

True

False

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

Previous Next Sign and s

Saved

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

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

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.\*  
 x  
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.\*  
 x  
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 x

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

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

Next

Sign and s

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## 47 Click on "Capabilities and Competencies" tab

Services

20003-2141, US  
63-1044781

Organization

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... 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.  
Accepting applications until Aug 8, 2025 11:59 PM

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

Saved

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.  
Accepting applications until Aug 8, 2025 11:59 PM

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

**FORM QUESTIONS** Download

Complete the required fields below.  
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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

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

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

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... **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

**FORM QUESTIONS** Download

Complete the required fields below.  
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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  
July 23, 2025

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

dustunderourfeet@gmail.com

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 Competencl... 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.  
Accepting applications until Aug 8, 2025 11:59 PM

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... **Budget**

**Budget**

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

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

Personnel Amount

Fringe Benefits Amount

Travel Amount

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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.

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 Program Improvement Specific Sections

58

Click "Needs Statement"

FORM QUESTIONS Download

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

**- Audit/General Information**

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

Single Audit x v

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 v

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

True x v

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

No x v

59

## Respond to Abstract

Accepting applications until Aug 8, 2025 11:59 PM

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\*

Description of Issue/Needs Statement

Applicants should briefly describe their status and ability to respond to the 2023 National Standards. In addition, applicants must describe the barriers to meeting or exceeding the minimum practice standards that they are facing. Applicants should identify the related essential component(s) that they will be using this project to meet/exceed.\*

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60

Respond to Description of Issue/Needs Statement - "Applicants should briefly describe their status and ability to respond to the 2023 National Standards. In addition, applicants must describe the barriers to meeting or exceeding the minimum practice standards that they are facing. Applicants should identify the related essential component(s) that they will be using this project to meet/exceed."

- 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\*

Description of Issue/Needs Statement


Applicants should briefly describe their status and ability to respond to the 2023 National Standards. In addition, applicants must describe the barriers to meeting or exceeding the minimum practice standards that they are facing. Applicants should identify the related essential component(s) that they will be using this project to meet/exceed.\*

Previous Next **Sign and s**


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## 61 Click "Project Design & Implementa..."

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y 6, 2025

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

[Update organization](#)

 A L  
dustunderourfeet@gmail.com

 David Doe  
david.doe@yahoo.com

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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\*

## 62 Click the "National Standard 1" field.

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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. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.**

National Standard 1\*

National Standard 2

Enter the estimated total number of children ages 0-10 that will be served with grant funds.\*<sup>1</sup>  
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.\*<sup>2</sup>  
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. <sup>3</sup>  
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.\*

## 63 Make a selection from drop-down

Accepting applications until Aug 8, 2025 11:59 PM

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

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. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

National Standard 1\*

Forensic Interview

Medical Services

Mental Health

Multi-disciplinary Team/Case Review

Victim Advocacy

Case Tracking

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.\*

## 64 If selecting more than one National Standard focus, click on drop-down.

FORM QUESTIONS

Complete the required fields below.

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

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

National Standard 1\*

Forensic Interview

National Standard 2

Forensic Interview Objectives & Outcomes

To implement initial forensic interview services.

Enter the estimated total number of forensic services that will be conducted.

To increase forensic services to decrease wait times for a forensic interview to 5 days or less.

## 65 If Forensic Interview Objectives & Outcomes selected in National Standard 1 or 2

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

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

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

National Standard 1\*

Forensic Interview

National Standard 2

  Forensic Interview Objectives & Outcomes

Enter the estimated total number of children ages 0-10 that will be served with grant funds.\*<sup>?</sup>  
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.\*<sup>?</sup>  
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. <sup>?</sup>  
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 Respond to optional FI objective "Enter the estimated total number of forensic services that will be conducted."

that can be fully completed during the award period. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

National Standard 1\*

Forensic Interview

National Standard 2

### - Forensic Interview Objectives & Outcomes

To implement initial forensic interview services.

Enter the estimated total number of forensic services that will be conducted.

To increase forensic services to decrease wait times for a forensic interview to 5 days or less.

Enter the anticipated average reduction (in days) for forensic interviews. <sup>?</sup>

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

Saved

67

Respond to optional FI objective: "Enter the anticipated average reduction (in days) for forensic interviews."

National Standard 1\*

Forensic Interview

National Standard 2

**- Forensic Interview Objectives & Outcomes**

To implement initial forensic interview services.

Enter the estimated total number of forensic services that will be conducted.

1

To increase forensic services to decrease wait times for a forensic interview to 5 days or less.

Enter the anticipated average reduction (in days) for forensic interviews. ?

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

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Saved

68

Respond to optional FI objective: "Enter the estimated total percentage increase in MDT participation in terms of frequency."

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).

To increase MDT member participation in live/real-time observation of forensic interviews.

Enter the estimated total percentage increase in MDT participation in terms of frequency. ?

Enter the estimated total percentage increase in MDT participation in terms of members. ?

Optional Forensic Services Objective

Other Forensic Services Objective ?

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

69

### Respond to optional FI objective: "Enter the estimated total percentage increase in MDT participation in terms of members."

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).

To increase MDT member participation in live/real-time observation of forensic interviews.

Enter the estimated total percentage increase in MDT participation in terms of frequency. ⓘ

Enter the estimated total percentage increase in MDT participation in terms of members. ⓘ

#### Optional Forensic Services Objective

Other Forensic Services Objective ⓘ

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

Saved

70

### Respond to optional FI objective: "Other Forensic Services Objective"

To increase MDT member participation in live/real-time observation of forensic interviews.

Enter the estimated total percentage increase in MDT participation in terms of frequency. ⓘ

Enter the estimated total percentage increase in MDT participation in terms of members. ⓘ

#### Optional Forensic Services Objective

Other Forensic Services Objective ⓘ

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

Saved

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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**71** If selected Medical Services in either Standard 1 or Standard 2 fields:

Optional Forensic Services Objective

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

Open  
+ 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

**72** Respond to the optional Medical Services objective "Enter the estimated total medical exams/evaluations to be conducted."

To hire/contract with 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 increase medical services contract hours/FTE to decrease wait times for a medical evaluation to 5 days or less.

Enter the anticipated average reduction (in days) for medical evaluations. ⓘ

To contract with an advanced medical consultant (as defined in the Accreditation Standards) to review all medical evaluations deemed abnormal or diagnostic of trauma from abuse.

Enter the estimated total number of medical evaluations to be reviewed.

Enter the estimated total number of medical evaluations deemed abnormal or diagnostic of trauma from abuse by advanced medical consultant. ⓘ  
This estimate is a sub-set number of the total medical evaluations reviewed (as entered above).

73

Respond to the optional Medical Services objective: "Enter the anticipated average reduction (in days) for medical evaluations."

To hire/contract with 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 increase medical services contract hours/FTE to decrease wait times for a medical evaluation to 5 days or less.

Enter the anticipated average reduction (in days) for medical evaluations. ?

To contract with an advanced medical consultant (as defined in the Accreditation Standards) to review all medical evaluations deemed abnormal or diagnostic of trauma from abuse.

Enter the estimated total number of medical evaluations to be reviewed.

Enter the estimated total number of medical evaluations deemed abnormal or diagnostic of trauma from abuse by advanced medical consultant. ?  
This estimate is a sub-set number of the total medical evaluations reviewed (as entered above).

74

Respond to the optional Medical Services objective: "Enter the estimated total number of medical evaluations to be reviewed."

To 5 days or less.

Enter the anticipated average reduction (in days) for medical evaluations. ?

To contract with an advanced medical consultant (as defined in the Accreditation Standards) to review all medical evaluations deemed abnormal or diagnostic of trauma from abuse.

Enter the estimated total number of medical evaluations to be reviewed. ?

Enter the estimated total number of medical evaluations deemed abnormal or diagnostic of trauma from abuse by advanced medical consultant. ?  
This estimate is a sub-set number of the total medical evaluations reviewed (as entered above).

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).

75


Respond to the optional Medical Services objective: "Enter the estimated total number of medical evaluations deemed abnormal or diagnostic of trauma from abuse by advanced medical consultant."

To contract with an advanced medical consultant (as defined in the Accreditation Standards) to review all medical evaluations deemed abnormal or diagnostic of trauma from abuse.

Enter the estimated total number of medical evaluations to be reviewed.

Enter the estimated total number of medical evaluations deemed abnormal or diagnostic of trauma from abuse by advanced medical consultant.   
This estimate is a sub-set number of the total medical evaluations reviewed (see entered above).

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

76

Respond to the optional Medical Services objective: "Other Medical Services Objective"

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.

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. 

77 If selected Mental Health in either Standard 1 or Standard 2 fields:

FORM QUESTIONS

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

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

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. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

National Standard 1\*

- Forensic Interview
- Forensic Interview
- Medical Services
- Mental Health
- Multi-disciplinary Team/Case Review
- Victim Advocacy
- Case Tracking

Enter the estimated total number of forensic services that will be conducted.

To increase forensic services to decrease wait times for a forensic interview to 5 days or less.

Enter the anticipated average reduction (in days) for forensic interviews.

Saved

78 Respond to the optional Mental Health objective: "Enter the estimated total number of evidence-based treatments to be conducted."

Mental Health Objectives & Outcomes

To hire/contract a mental health therapist to provide or increase mental health evidence-based treatments (EBTs).

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

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

To increase the use of Mental Health Screenings Tools & Assessments

Enter the estimated percentage increase in total number of pre-screening assessments.

Enter the estimated percentage increase in total number of post-screening assessments.

Saved

79

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

**Mental Health Objectives & Outcomes**

To hire/contract a mental health therapist to provide or increase mental health evidence-based treatments (EBTs).

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

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

To increase the use of Mental Health Screenings Tools & Assessments

Enter the estimated percentage increase in total number of pre-screening assessments. ⓘ

Enter the estimated percentage increase in total number of post-screening assessments. ⓘ

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80

Respond to the optional Mental Health objective: "Enter the estimated percentage increase in total number of pre-screening assessments."

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

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

To increase the use of Mental Health Screenings Tools & Assessments

Enter the estimated percentage increase in total number of pre-screening assessments. ⓘ

Enter the estimated percentage increase in total number of post-screening assessments. ⓘ

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).

81

Respond to the optional Mental Health objective: "Enter the estimated percentage increase in total number of post-screening assessments."

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

To increase the use of Mental Health Screenings Tools & Assessments

Enter the estimated percentage increase in total number of pre-screening assessments. ?

Enter the estimated percentage increase in total number of post-screening assessments. ?

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).

Saved

Optional Mental Health Objective

82

Respond to the optional Mental Health objective: "Other Mental Health Objective"

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.

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.

Saved

83

If selected MDT/Case Review in either Standard 1 or Standard 2 fields:

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

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

National Standard 1\*

Mental Health

National Standard 2

Medical Services

Forensic Interview

Medical Services

Mental Health

Multi-disciplinary Team/Case Review

Victim Advocacy

Case Tracking

Save

To increase medical services contract hours/FTE to decrease wait times for a medical evaluati to 5 days or less.

84

Respond to the optional MDT/Case Review objective: "Describe the projected increase in MDT participation, engagement, and coordination: case reviews total increase; increase in frequency of discussions/knowledge-sharing; increase in member participation; increased discussions regarding service delivery/issues, improved results of feedback surveys; etc."

Multi-Disciplinary Team/Case-Review Objectives & Outcomes

To hire or enhance the role of a dedicated MDT Coordinator to increase MDT engagement and coordination.

Describe the projected increase in MDT participation, engagement, and coordination: case reviews total increase; increase in frequency of discussions/knowledge-sharing; increase in member participation; increased discussions regarding service delivery/issues, improved results of feedback surveys; etc.

Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline. Components based on the 13 components as described in the Accreditation Standards Case Review and Coordination section.

To implement or revise MDT policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements to reflect current best practices.

Describe the anticipated policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements, their timelines, and how these will reflect best practices.

Saved

85

Respond to the optional MDT/Case Review objective: "Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline."

Multi-Disciplinary Team/Case-Review Objectives & Outcomes

To hire or enhance the role of a dedicated MDT Coordinator to increase MDT engagement and coordination.

Describe the projected increase in MDT participation, engagement, and coordination: case reviews total increase; increase in frequency of discussions/knowledge-sharing; increase in member participation; increased discussions regarding service delivery/issues, improved results of feedback surveys; etc.

Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline. Components based on the 13 components as described in the Accreditation Standards Case Review and Coordination section.

To implement or revise MDT policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements to reflect current best practices.

Describe the anticipated policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements, their timelines, and how these will reflect best practices.

Saved

86

Respond to the optional MDT/Case Review objective: "Describe the anticipated policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements, their timelines, and how these will reflect best practices."

Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline. Components based on the 13 components as described in the Accreditation Standards Case Review and Coordination section.

To implement or revise MDT policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements to reflect current best practices.

Describe the anticipated policies, protocols, MDT evaluation/quality improvement process, new member orientation, and/or written agreements, their timelines, and how these will reflect best practices.

To train the MDT Coordinator and/or MDT members in approved training in the field of child maltreatment.

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

Optional MDT Objective

Saved

87

Respond to the optional MDT/Case Review objective: "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.

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**88** If selected Victim Advocacy in either Standard 1 or Standard 2 fields:

Accepting applications until Aug 8, 2025 11:59 PM

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

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

National Standard 1\*

Mental Health
Forensic Interview
Medical Services
Mental Health
Multi-disciplinary Team/Case Review
Victim Advocacy
Case Tracking

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

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

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**89** Respond to the optional Victim Advocacy objective: "Enter the estimated total number of victim advocacy services to be provided."

Victim Advocacy Objectives & Outcomes

To implement or increase victim advocate services as described in the Accreditation Standard

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).

90

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

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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91

Respond to the optional Victim Advocacy objective: "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 ⓘ  
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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**92** If selected Case Tracking in either Standard 1 or Standard 2 fields:

that can be fully completed during the award period. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

National Standard 1\*

Victim Advocacy

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National Standard 2

Multi-disciplinary Team/Case Review

Forensic Interview

Medical Services

Mental Health

Multi-disciplinary Team/Case Review

Victim Advocacy

Case Tracking

Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline. Components based on the 13 components as described in the Accreditation Standards Case Review and Coordination section.

Saved

To implement or revise MDT policies, protocols, MDT evaluation/quality improvement proces

**93** Respond to the optional Case Tracking objective: "Describe the implementation or revision of a data collection template and process that includes a designated case tracker to manage data that results in reducing manual/duplicative entries and increasing data integrity."

– Case-Tracking Objectives & Outcomes

Describe the implementation or revision of a data collection template and process that includes a designated case tracker to manage data that results in reducing manual/duplicative entries and increasing data integrity.

Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements.

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

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

94

Respond to the optional Case Tracking objective: "Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements."

[Empty text box]

**– Case-Tracking Objectives & Outcomes**

Describe the implementation or revision of a data collection template and process that includes a designated case tracker to manage data that results in reducing manual/duplicative entries and increasing data integrity.

[Empty text box]

Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements.

[Empty text box]

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

[Empty text box]

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

[Empty text box]

95

Respond to the optional Case Tracking objective: "Describe the implementation or revision of a client feedback template and a written process for collection and analysis."

Case-Tracking Objectives & Outcomes

Describe the implementation or revision of a data collection template and process that includes a designated case tracker to manage data that results in reducing manual/duplicative entries and increasing data integrity.

Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements.

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

Other Case Tracking 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.

Saved

96

Respond to the optional Case Tracking objective: "Other Case Tracking Objective"

Describe the implementation or revision of a data collection template and process that includes a designated case tracker to manage data that results in reducing manual/duplicative entries and increasing data integrity.

Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements.

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

Other Case Tracking 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.

Saved

97 If selected Organizational Capacity in either Standard 1 or Standard 2 fields:

Draft on May 6, 2025

DD David Doe  
david.doe@yahoo.com

**FORM QUESTIONS**

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

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

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 obj that can be fully completed during the award period. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

National Standard 1\*

- Victim Advocacy
- Mental Health
- Multi-disciplinary Team/Case Review
- Victim Advocacy
- Case Tracking
- Organizational Capacity**
- Child Safety & Protection

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

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98 Respond to the optional Organizational Capacity objective: "Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance."

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

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

**Organizational Capacity Objectives & Outcomes**

Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance.

Describe the development or revision of a written succession plan that includes at a minimum those elements described in the Accreditation Standards.

Describe the development or revision of a written strategic plan.

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99

Respond to the optional Organizational Capacity objective: "Describe the development or revision of a written succession plan that includes at a minimum those elements described in the Accreditation Standards."

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

Other Case Tracking Objective ⓘ

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

#### – Organizational Capacity Objectives & Outcomes

Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance.

Describe the development or revision of a written succession plan that includes at a minimum those elements described in the Accreditation Standards.

Describe the development or revision of a written strategic plan.

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Respond to the optional Organizational Capacity objective: "Describe the development or revision of a written strategic plan."

#### – Organizational Capacity Objectives & Outcomes

Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance.

Describe the development or revision of a written succession plan that includes at a minimum those elements described in the Accreditation Standards.

Describe the development or revision of a written strategic plan.

To provide training for CAC/MDT staff to mitigate vicarious trauma.  
Describe the projected training that will be offered.

Other Organizational Capacity Objective ⓘ

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

Saved

101

## Respond to the optional Organizational Capacity objective: "Other Organizational Capacity Objective"

Describe the development or revision of a written strategic plan.

To provide training for CAC/MDT staff to mitigate vicarious trauma. Describe the projected training that will be offered.

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

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

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

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 UNDIFFERENTIATED - if one individual attended multiple training events they would only count as one individual.

Saved

102

## If selected Child Safety & Protection in either Standard 1 or Standard 2 fields:

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. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.

National Standard 1\*  
Organizational Capacity

National Standard 2  
Case Tracking  
Mental Health  
Multi-disciplinary Team/Case Review  
Victim Advocacy  
Case Tracking  
Organizational Capacity  
Child Safety & Protection

Describe the implementation or revision of written protocols/guidelines for validating, aggregating, and analyzing data, as well as a data sharing process that complies with confidentiality requirements.

Describe the implementation or revision of a client feedback template and a written process for collection and analysis.

Saved



105

Complete "Enter the estimated total number of children ages 0-10 that will be served with grant funds." required field. Zero is allowable.

Other Child Safety & Protection 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.\*

Saved

106

Complete "Enter the estimated total number of children ages 11-17 that will be served with grant funds." required field. Zero is allowable.

Other Child Safety & Protection 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.\*

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107

Complete "Enter the projected total number of unique professionals trained with grant funds." field.

Other Child Safety & Protection 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.\*

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108

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

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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# 109 Click "More"

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

[Update organization](#)

 A L  
dustunderourfeet@gmail.com

 David Doe  
david.doe@yahoo.com

**FORM QUESTIONS** [Download](#)

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

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

**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. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.**

National Standard 1\*  
Organizational Capacity

National Standard 2  
Child Safety & Protection

**Organizational Capacity Objectives & Outcomes**

Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance.

# 110 Click "Other Required Attachments"

nt  
y 6, 2025

DD David Doe  
david.doe@yahoo.com

**FORM QUESTIONS** [Download](#)

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

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

**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. Please keep in mind that choosing more objectives does not necessarily make**

National Standard 1\*  
Organizational Capacity

National Standard 2  
Child Safety & Protection

**Organizational Capacity Objectives & Outcomes**

Describe the implementation or revision of any of the following policies and procedures: personnel, financial, safety/security, IT, and uniform guidance compliance.

[Data Collection](#)  
[Budget](#)  
[Other Required Attachments](#)

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## 111 Upload Grant Budget & Timeline using NCA provided template

Accepting applications until Aug 8, 2023 11:39 AM

Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... Other Required Attachments

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 Certification of De Minimis Indirect Cost Rate Form

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

## 112 Upload Single Audit, if applicable

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

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## 116 "Sign and submit" - when completely ready, if not application is saved as draft during entire process

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