

Grants Portal General Application Sections Followed by Rural Capacity Sections

This guide provides a comprehensive step-by-step process for navigating the NCA grant application portal for those General Sections that apply to all grants. It is then followed by Rural Capacity & Expansion 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, the 'Sign up' section includes a language dropdown menu set to 'English (American)', a blue 'Sign up' button, and input fields for 'Email address', 'Password', 'Confirm password', 'First name', and 'Last name'. The password field has a strength indicator: 'Must contain at least 12 characters and 3 of the following: - Capital letter, - Lowercase letter, - Number, - Special character (. #, %, etc.)'. Below these fields is a 'Sign up' button and options to 'Sign up with Google' and 'Sign up with Apple'. On the right, the 'Applicant Portal' section is titled 'ENTER YOUR ACCOUNT DETAILS BELOW' and features an 'Email address*' input field, a 'Remember me' checkbox, and a 'Sign in' button. At the bottom of this section are links for 'Need help signing in?' and 'Create account'.

2

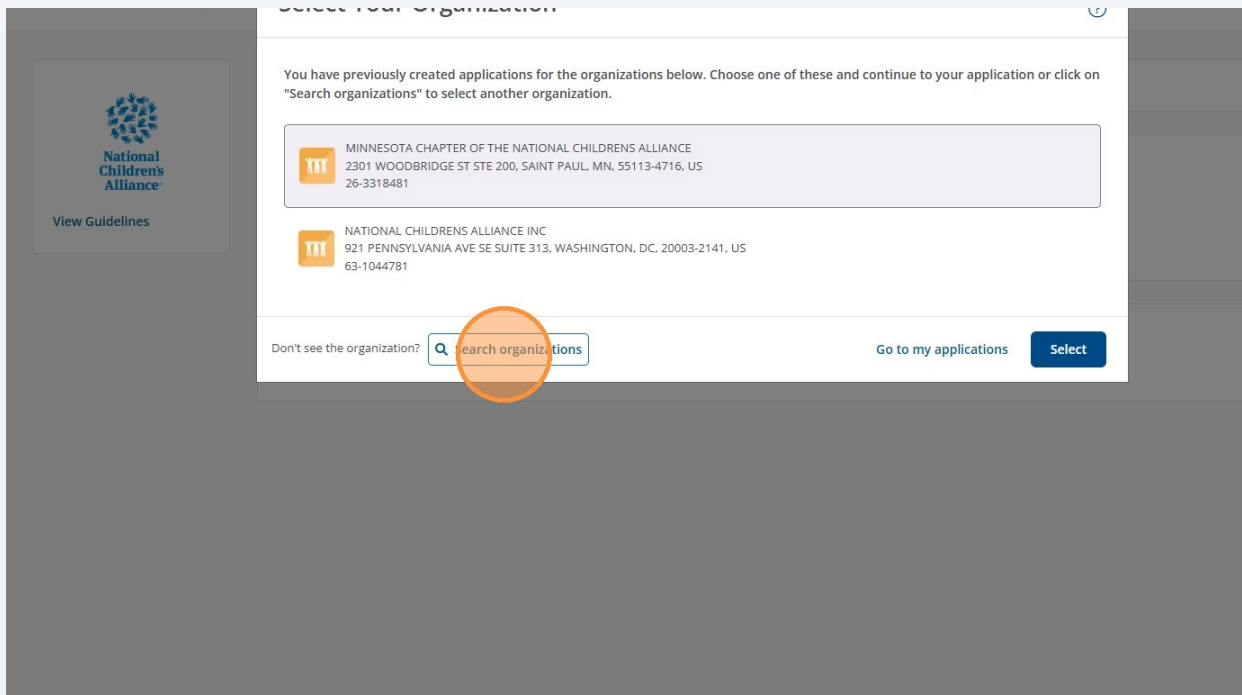
Once account created, and logged in proceed to apply to the application(s) your organization is eligible and interested in applying to. Each grant type will have its own application link found on the NCA Engage Application Page.

Click "Start new application"

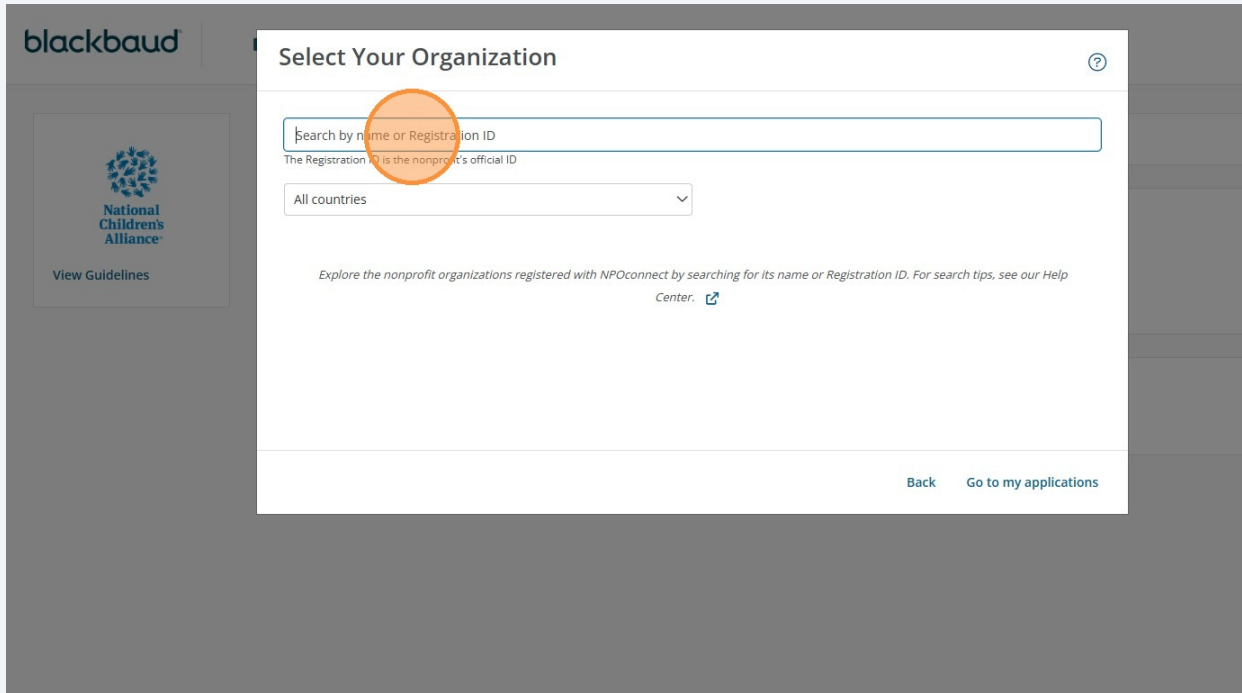


3

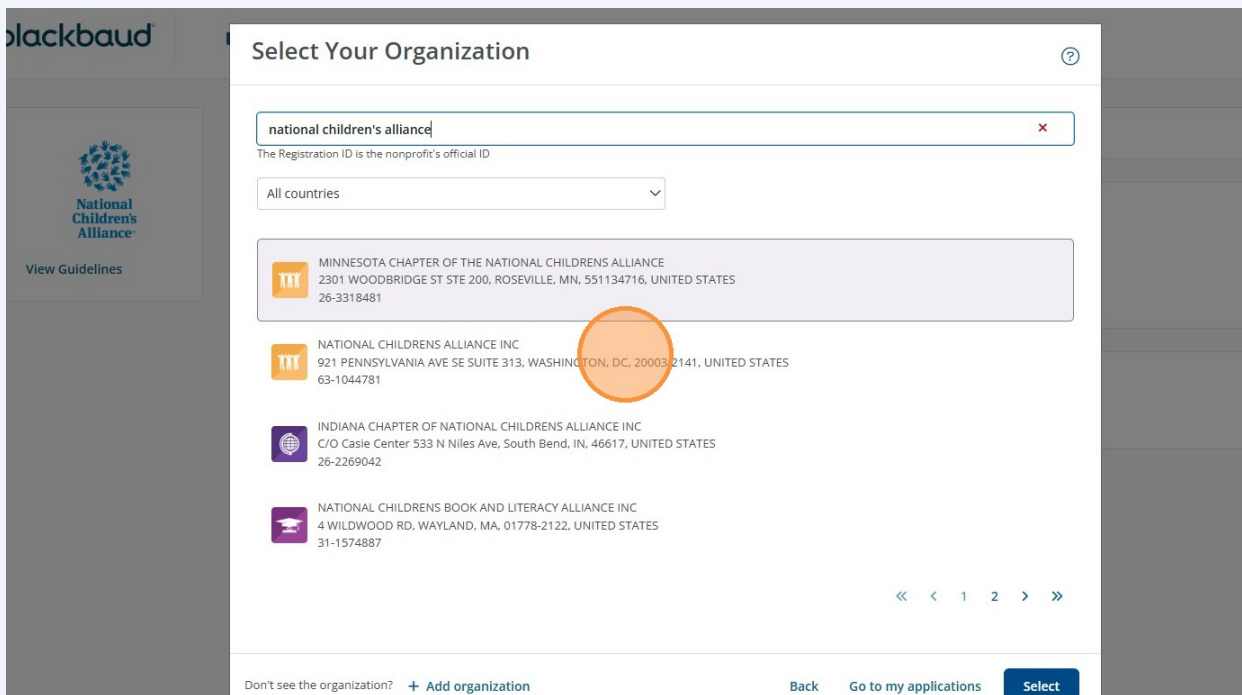
If your organization has not previously applied in this NEW PORTAL, click "Search organizations"



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 Casie Center 533 N Niles Ave, South Bend, IN, 46617, UNITED STATES
26-2269042
- NATIONAL CHILDRENS BOOK AND LITERACY ALLIANCE INC
4 WILDWOOD RD, WAYLAND, MA, 01778-2122, UNITED STATES
31-1574887

« < 1 2 > »

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

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

ud Applications AL

NSP Core Services

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

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

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

FORM QUESTIONS

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

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

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

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

8

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

blackbaud

Manage Applicants

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

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

First Name*

Last Name*

Language*

Is this person an employee of National Childrens Alliance?

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

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

9

Select preferred Language

blackbaud

Manage Applicants

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

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

First Name*

Last Name*

Language*

Is this person an employee of National Childrens Alliance?

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

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

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

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

maria.oter@nca-online.org

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

First Name* Maria Last Name* Oter

Language* English (American)

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

Clear Create

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

Close

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

+ Contacts

Saved

11 Click "Create"

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

maria.oter@nca-online.org

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

First Name* Maria Last Name* Oter

Language* English (American)

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

Clear Create

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

Close

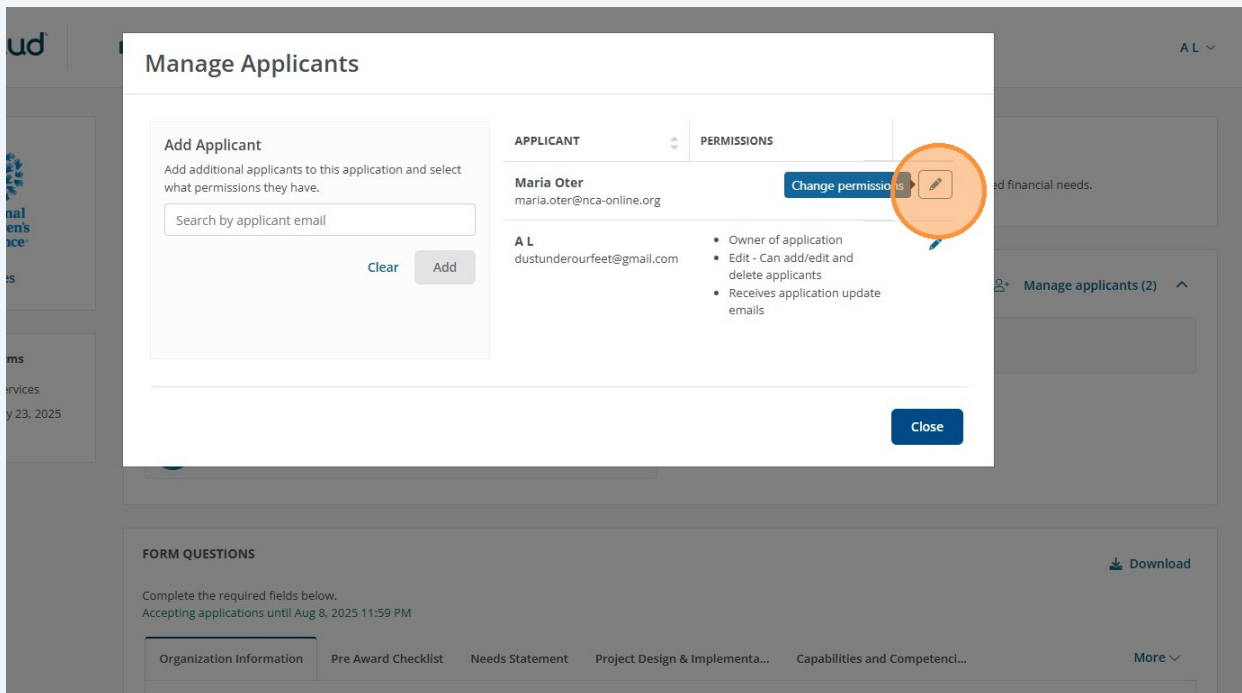
The CAC address refers to the place of performance of the grant award.

+ Contacts

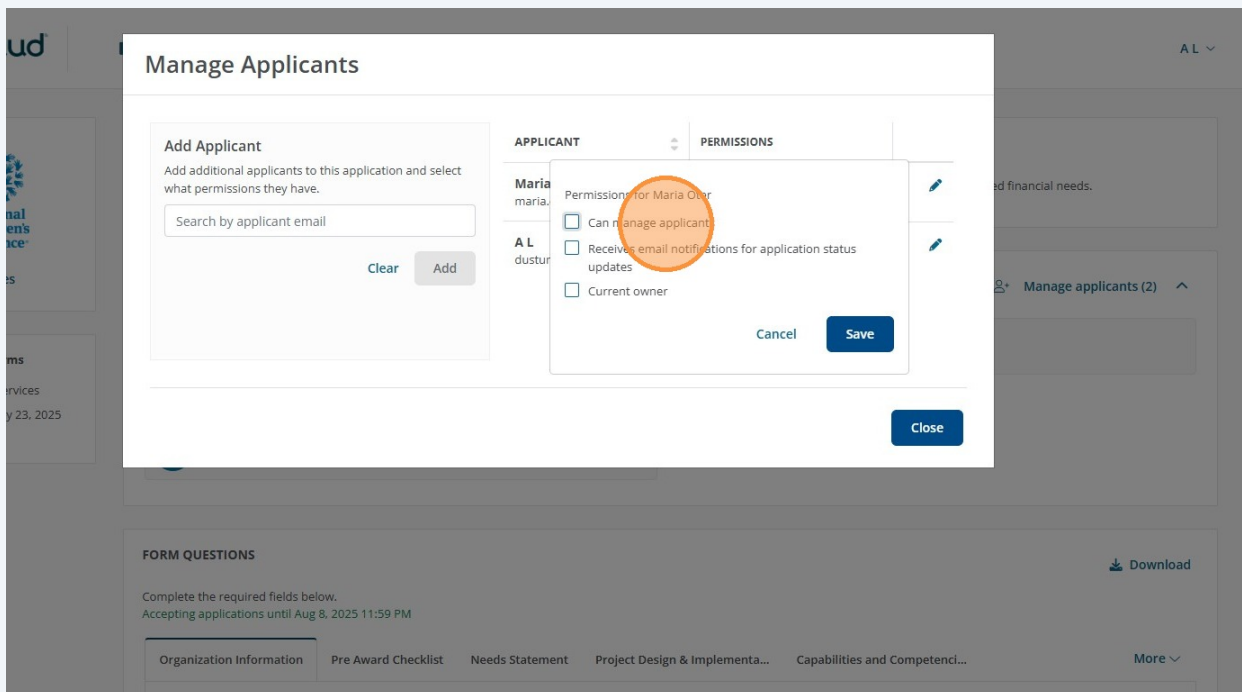
Saved

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12 Click here.



13 Select permissions for this additional applicant



14

Make a selection on: "Is the C.A.C. address for this application the same as the address listed in the Applicant Information above?" Keeping in mind that the address must be the place of performance for the grant award. P.O. Boxes are not acceptable.

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.

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

City*

State*

Postal Code*

16 Expand the Contacts section and complete 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 progress bar. The 'Pre Award Checklist' tab is highlighted. Below the tabs, there is a question: 'Is the CAC address for this application the same as the address listed in the Applicant Information above?*' with a 'No' response. Below this is an 'Organization Details' section with fields for 'Organization Name*' (Cosette Industries), 'Street Address*' (1254 Main St), and 'City*' (cincinnati). A question about RHC eligibility is also present with a 'No' response. A copyright notice '©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) Terms of Ser' is at the bottom right.

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

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

- Audit/General Information

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

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

MM/DD/YYYY

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

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

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

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

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

19 Make a selection from drop-down options

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

- Audit/General Information

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

Audited Financial Statements

None of the Above

Single Audit

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

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

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

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

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

20

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

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

- Audit/General Information

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

Single Audit

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

MM/DD/YYYY

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

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

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

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

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

21

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

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

- Audit/General Information

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

Single Audit

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

04/30/2025

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


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


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


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

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

22 Make a selection from drop-down options

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

Single Audit 

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

04/30/2025


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

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

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


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


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




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

- Audit/General Information


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

Single Audit 

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

04/30/2025

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

Unqualified Opinion 


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

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

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

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

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



24 Make a selection: True/False

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

Single Audit 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 assessment are used to assist in the National Children's Alliance's (NCA) evaluation of your accounting system to ensure the

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28

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

04/30/2025

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

Unqualified Opinion

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

True

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

No

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

na

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

Organization's Annual Budget*

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

na

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

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Saved

29

Make a selection: Yes/No

04/30/2025

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

Unqualified Opinion

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

True

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

No

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

na

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

No

Yes

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

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Saved

30 Enter your "Organization's Annual Budget" here

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

No

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

na

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

Yes

Organization's Annual Budget*

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

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

+ I certify that the following statements are true:

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

Saved

31 Expand the certifications section

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

Yes

Organization's Annual Budget*

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

1,000,000

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

+ I certify that the following statements are true:

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

Previous Next Sign and s

Saved

32 The applicant organization utilizes accounting software

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

- I certify that the following statements are true:

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

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

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

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

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

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

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

- I certify that the following statements are true:

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

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

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Records are maintained for each employee that track actual time spent performing work for each federal award, and to accurately allocate charges for employee salaries and wages for each federal award and maintain records to support actual time spent and specific allocation of charges associated with each employee.

34

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

✔ Saved

- I certify that the following statements are true:

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

True

x

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

True

x

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

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

The applicant has a system in place to track and accurately allocate employees actual time spent performing work for each federal award.*
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+ The following policies are board adopted/agency approved and currently in place and meet the requirements of 2 CFR 200 and/or the DOJ Financial Guide:

35

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

⇐ Saving

I certify that the following statements are true:

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

True

x

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

True

x

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

True

x

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

False

True

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

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

36

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

Employees must be identified as employees for the duration of the grant period in the accounting system.

True x

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

True x

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

True x

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

True

False

True

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

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

[Saved](#)

37

Expand the policies in place section

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

True x

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

True x

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

True

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](#)

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

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

True

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

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

Management of equipment, supplies and property.*

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

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

Record retention*

Travel Policies*

39 Management of equipment, supplies and property.

True

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

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

True

Management of equipment, supplies and property.*

True

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

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

Record retention*

Travel Policies*

Separation of financial duties.*

Saved

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

True

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

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

Management of equipment, supplies and property.*
True x

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

Record retention*

Travel Policies*

Separation of financial duties*

Saved

41 Checking the Excluded Parties List

True

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

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

Management of equipment, supplies and property.*
True x

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

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

Travel Policies*

Separation of financial duties*

Saving

42 Record retention

True ✕

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

True ✕

Record retention*

True

False

True

Separation of financial duties* 🔗

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

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

Previous Next Sign and s

43 Travel Policies

True ✕

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

True ✕

Record retention*

True ✕

False

Travel Policies*

Separation of financial duties* 🔗

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

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

Previous Next Sign and s

44 Separation of financial duties

True x

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

True x

Record retention*

True x

Travel Policies*

True x

Separation of financial duties* ?

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

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

Previous Next Sign and s

45 Appropriate background screening

True x

Record retention*

True x

Travel Policies*

True x

Separation of financial duties* ?

True x

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

False x

True x

Previous Next Sign and s

← Saving

46 Employee Eligibility Verification

Record retention*

True

Travel Policies*

True

Separation of financial duties*[?]

True

Appropriate background screening*

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

True

Employee Eligibility Verification*

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

False

True

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47 Click on "Capabilities and Competencies" tab

Services
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Organization

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

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

- 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

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49

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

FORM QUESTIONS

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

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

jfdkjdfjlkasdfasd

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

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

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

Accepted file types include: pdf

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50 Upload Organizational Chart in PDF here

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

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Organization

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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

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Organization

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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.*

jfdkjdfjkasdfasd 1 word

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

dfiladsifkjiasdfjas 1 word

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

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

Management Services

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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.

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54 Click "Budget" tab

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

Budget Other Required Attachments

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

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

dfidksiflkasidfljsdalkif 1 word

Previous Next Sign and submit

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

FORM QUESTIONS Download

Complete the required fields below.
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Organization Information Pre Award Checklist Needs Statement Project Design & Implementa... **Budget**

Budget

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

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

Personnel Amount

Fringe Benefits Amount

Travel Amount

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56

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

Indirect Costs
\$ 4,555

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

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

Required Field (400-word max)

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

Previous Next Sign and s

Saved

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

Previous Next Sign and s

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The remaining slides display Rural Capacity & Expansion Specific Sections


58

Click "Needs Statement"

ms
apacity
xpansion
y 30, 2025

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

ABSTRACT

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

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

Abstract*

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

Required Field (400-word max)

59 Respond to: "Abstract"

FORM QUESTIONS

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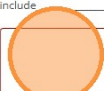
Organization Information Pre Award Checklist **Needs Statement** Project Design & Implementa... Capabilities and Competenci...

ABSTRACT

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

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


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




Required Field (400-word max)

Description of Issue/Needs Statement

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




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

- Intended beneficiary(ies) of the proposed project


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



Required Field (400-word max)


Description of Issue/Needs Statement

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



Required Field (400-word max)


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



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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*



61 Upload Supporting Documents here.

Required Field (400-word max)

Description of Issue/Needs Statement

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

Required Field (400-word max)

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

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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*

Required Field (400-word max)

Previous Next **Sign and submit**

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

to provide services.*

Required Field (400-word max)

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

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

Accepted file types include: pdf, xls, xlsx

Describe how the submitted documentation demonstrates need.*


Required Field (400-word max)


Previous Next **Sign and submit**

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63 Click "Project Design & Implementation"

Applicant Information Manage applicants (1)

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

ABSTRACT

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

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

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

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

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

63-1044781

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

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

Rural Focus Areas*

Establish Satellite Center

Increase SAC Core Service Capacity

Mobile/Teleservices Expansion

MDT Enhancement & Coordination

Organizational Capacity Building

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

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65

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

that can be fully completed during the award period and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that chosen objectives **does not** necessarily make for a stronger application.

Rural Focus Areas*
Establish Satellite Center

Rural Focus Areas 2

– Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*
Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA, which should be within the award period (January 1 - December 31, 2026).

MM/DD/YYYY

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

Describe how success will be measured.*

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

Saved

66

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

Establish Satellite Center

Rural Focus Areas 2

– Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*
Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA, which should be within the award period (January 1 - December 31, 2026).

MM/DD/YYYY

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

Describe how success will be measured.*

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

May 2025

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

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67

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

Establish Satellite Center

Rural Focus Areas 2

– Establish Satellite Member Center Objective & Outcome

Anticipated Date for Satellite Membership Application*
Please enter the anticipated date the CAC will submit their Satellite Membership Application to NCA, which should be within the award period (January 1 - December 31, 2026).

MM/DD/YYYY

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Describe how success will be measured.*

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

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

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

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

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

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Forensic Interview

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

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

Staffing Increase in Service Area 2

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

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Forensic Interview

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

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

Staffing Increase in Service Area 2

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

Saved

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Medical Services

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

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

Staffing Increase in Service Area 2

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

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Medical Services

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

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

Staffing Increase in Service Area 2

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

Saved

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

Saving

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

— Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health

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

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

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

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

Saved

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75

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

Increase CAC Core Service Capacity

Rural Focus Areas 2

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Mental Health ×

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

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

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

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

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

Staffing Increase in Service Area 1

Mental Health ×

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

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

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

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

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

Staffing Increase in Service Area 2

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

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77

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

Staffing Increase in Service Area 1

Mental Health ×

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

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

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

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

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

Staffing Increase in Service Area 2

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

Saved

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78

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

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Multi-disciplinary Team ×

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

Staffing Increase in Service Area 2

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

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

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

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

79

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

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Victim Advocacy x

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

1

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

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

Staffing Increase in Service Area 2

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

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

80

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

– Increase Core Service Capacity Objectives & Outcomes

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

Staffing Increase in Service Area 1

Victim Advocacy x

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

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

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

Staffing Increase in Service Area 2

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

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

81

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

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

Staffing Increase in Service Area 1

Victim Advocacy x

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

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

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

Staffing Increase in Service Area 2

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

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

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

Saved

82

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

Staffing Increase in Service Area 2

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

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

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

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

Optional Core Service Capacity Objective

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

Saved

83

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

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

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

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

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

Optional Core Service Capacity Objective

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

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84

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

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

Optional Core Service Capacity Objective

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

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

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

Saved

85

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

Rural Focus Areas 2

Development Mobile/Tele-Services Objectives & Outcomes

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

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

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

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

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

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

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

86

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

Development Mobile/Tele-Services Objectives & Outcomes

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

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

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

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

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

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

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

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

Saved

87

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

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

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

1

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

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

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

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

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

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

88

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

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

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

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

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

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

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

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

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

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

Saved

89

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

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

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

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

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

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

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

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

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Saved

90

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

assessments and treatments.

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

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

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

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

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

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

Optional Mobile/Tele-Services Objective

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

91

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

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

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

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

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

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

Optional Mobile/Tele-Services Objective

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

92

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

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

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

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

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

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

Optional Mobile/Tele-Services Objective

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

93

If hiring or enhancing role of dedicated MDT Coordinator is selected within the MDT Enhancement Focus Area, respond to: "Describe the projected increase in MDT participation, engagement, and coordination: case reviews total increase; increase in frequency of discussions/knowledge-sharing; increase in member participation; increased discussions regarding service delivery/issues, improved results of feedback surveys"

Rural Focus Areas*

MDT Enhancement & Coordination

Rural Focus Areas 2

- MDT Enhancement & Coordination Objectives & Outcomes

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

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

Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline.

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

94

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

Rural Focus Areas 2

- MDT Enhancement & Coordination Objectives & Outcomes

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

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

Enter the projected case review component(s) that has not yet been implemented that will be implemented, the process for implementation, and a timeline.

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

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


95

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

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

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

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

Enter the projected total number of MDT trainings to be completed. 

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

To implement or expand technology and systems to track/improve case management, case review, and/or MDT participation and decision-making.

96

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

new member orientation, and/or written agreements to reflect current best practices.

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

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

Enter the projected total number of MDT trainings to be completed. 

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

To implement or expand technology and systems to track/improve case management, case review, and/or MDT participation and decision-making.

Describe the anticipated technology and systems that will be implemented or improved, their timelines, and how these will impact case management, case review, and/or MDT participation and decision-making.

97

If implementing/expanding technology and systems is selected within the MDT Enhancement Focus Area, respond to: "Describe the anticipated technology and systems that will be implemented or improved, their timelines, and how these will impact case management, case review, and/or MDT participation and decision-making."

To implement or expand technology and systems to track/improve case management, case review, and/or MDT participation and decision-making.

Describe the anticipated technology and systems that will be implemented or improved, their timelines, and how these will impact case management, case review, and/or MDT participation and decision-making.

Optional MDT Objective

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

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

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98

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

Describe the anticipated technology and systems that will be implemented or improved, their timelines, and how these will impact case management, case review, and/or MDT participation and decision-making.

Optional MDT Objective

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

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

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

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99

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

Rural Focus Areas*

Organizational Capacity Building

Rural Focus Areas 2

Organizational Capacity Objectives & Outcomes

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

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

Describe the development or revision of a written strategic plan.

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

100

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

Rural Focus Areas*

Organizational Capacity Building

Rural Focus Areas 2

Organizational Capacity Objectives & Outcomes

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

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

Describe the development or revision of a written strategic plan.

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

101

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

Organizational Capacity Objectives & Outcomes

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

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

Describe the development or revision of a written strategic plan.

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

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

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102

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

Describe the development or revision of a written strategic plan.

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

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

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

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

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103

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

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

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

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

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

Previous Next Sign and submit

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

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

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

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

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

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105

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

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

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

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

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

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106

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

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

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


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 Click "More"

Applicant Information Manage applicants (1)

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

 A L
dustunderourfeet@gmail.com

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 and should be specific, measurable, achievable, relevant, and time-bound. Please keep in mind that choosing more objectives does not necessarily make for a stronger application.


Rural Focus Areas*
Organizational Capacity Building


Rural Focus Areas 2

— Organizational Capacity Objectives & Outcomes

108 Click "Other Required Attachments"

Applicant Information Manage applicants (1)

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

 A L
dustunderourfeet@gmail.com

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

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

Rural Focus Areas*
Organizational Capacity Building

Rural Focus Areas 2

— Organizational Capacity Objectives & Outcomes

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

Data Collection
Budget
Other Required Attachments

109 Upload Budget & Timeline using template.

Capacity
Expansion
by 30, 2025

63-1044781

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

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

[Program Improvement Objectives and Outcomes.xlsx](#)

Am I Rural Report*
Rural Health Information Hub

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

Accepted file types include: pdf

[Am-I-Rural \(2\).pdf](#)

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110 Click "Rural Health Information Hub"

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

[Program Improvement Objectives and Outcomes.xlsx](#)

Am I Rural Report*
Rural Health Information Hub

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

Accepted file types include: pdf

[Am-I-Rural \(2\).pdf](#)

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

111

Click the "Enter address" and enter the address for place of performance of grant award. It must be a **complete street address**.

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Am I Rural? – Report

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


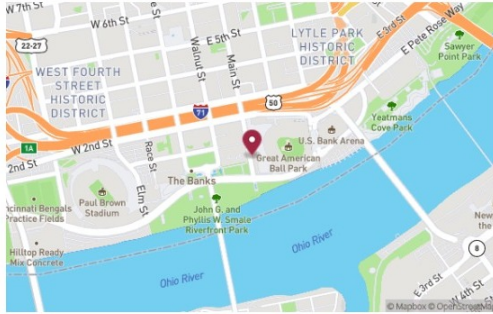
Location

Report Address:
124 Main St, Cincinnati, OH 45202

Latitude: 39.09685
Longitude: -84.50848

Census Tract:
39061026500 (2010 & 2020)

County:
Hamilton County, OH



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

 A L
dustunderourfeet@gmail.com

Application Forms

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

FORM QUESTIONS


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

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