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| --- |
| ***(For CHAPTER use only)****Award ID Number:**Reviewed by:*  |



***SUBAWARD APPLICATION COVER PAGE***

Please use only the provided cover form-replications will not be accepted.

***Organizational Information***

|  |
| --- |
| **Name of Agency:**  |
| **Address:**  |
| **City:**  | **State:**  | **Zip:**  |
| **Authorized Agency Representative:**  |
| **Authorized Agency Representative’s Title:**  |
| **Telephone (include extension):**  |  | **Fax:**  |
| **Email:**  |
| **Website:**  |

***Tax Status***

**Independent Non-Profit**

|  |
| --- |
| Tax I.D. Number: |
| Registration Date: |
| DUNS Number: |

**Organizations Under Umbrella Agencies**

|  |
| --- |
| Umbrella Organization’s Name: |
| Umbrella Organization’s Tax I.D. Number: |
| Umbrella Organization’s Registration Date: |
| Umbrella DUNS Number: |

**In order to select your answer please enter “X” in the corresponding boxes the answer that applies to your organization:**

 Our center was granted a subaward in 2020

 Our center did not receive a subaward in 2020

***Organization Type***

Membership Status

(*Please check appropriate membership status*)

 NCAAccredited Member

  NCAAssociate/Developing Member

  NCAAffiliate Member

 NCA Satellite Member

  Multidisciplinary Team

***Internal Program Type***

Please check the appropriate box that best describes your program.

 Independent Non-Profit

 Hospital Based

 Public-CPS

 Public Law Enforcement

 Public Prosecution

|  |  |
| --- | --- |
|   Public – Other *(please describe):* |  |
|   Under 501(c)3 Umbrella Organization  *(please include name and description):* |  |

***Request***

|  |  |
| --- | --- |
| INDICATE GRANT AMOUNT REQUESTED: |  |

 *(Amount should match total amount requested on grant budget)*

***Total Program Budget***

|  |  |
| --- | --- |
| TOTAL ANNUAL PROGRAM BUDGET: |  |

 I certify that the annual actual expenses of our organization (as determined by United States generally accepted accounting principles) are **in excess of $750,000** and we conduct an annual audit of our financial statements and:

 I certify there was **no audit communication** with those charged with governance and/or communicated internal controls identified in the audit.

 I certify that I am **attaching all audit communications** with those charged with governance and/or communicated internal controls identified in the audit as part of this subawardee application.

 I certify that the annual actual expenses of our organization (as determined by United States generally accepted accounting principles) are **equal to or less than $750,000 and above $200,000** and we conduct a review of our financial statements. The review is in compliance with SSARS 19.

 I certify that there was **no management letter** issued by the independent accountant (CPA) as part of our finincial review.

 I certify that I am **attaching the management letter** issued by the independent accountant (CPA) as part of our finincial review as part of this subawardee application.

 I certify that the annual actual expenses of our organization (as determined by United States generally accepted accounting principles) are **equal to or less than $200,000.**

***Memorandum of Understanding/Interagency Agreement***

 I certify that our CAC has a current, signed Memorandum of Understanding with our partner agencies that I have already provided to our State Chapter.

 I am submitting our current signed Memorandum of Understanding as part of this subawardee application.

***Background***

Please write a brief statement describing how and why your program was started. Include an initial meeting date or important events that have helped spearhead your program. Please limit to **150** words or less.

|  |
| --- |
|  |

***Signature:***

By signing this document, I certify to the best of my knowledge and belief that the document is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729–3730 and 3801–3812).

**Authorized Agency Representative Signature**:

**Authorized Agency Representative Name:**

**Authorized Agency Representative Title:**

***Please print, sign, and scan this form. In order to prepare it for submission please name this file “City, Organization Name, Cover Page”***