

Membership Application - All Membership Types

This guide provides a step-by-step process for completing information that applies to all membership application types (Affiliate/Associate/Satellite) in the new grants portal. Please review the Associate or Satellite Membership Application instructions for additional information that applies specifically to those membership types.

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

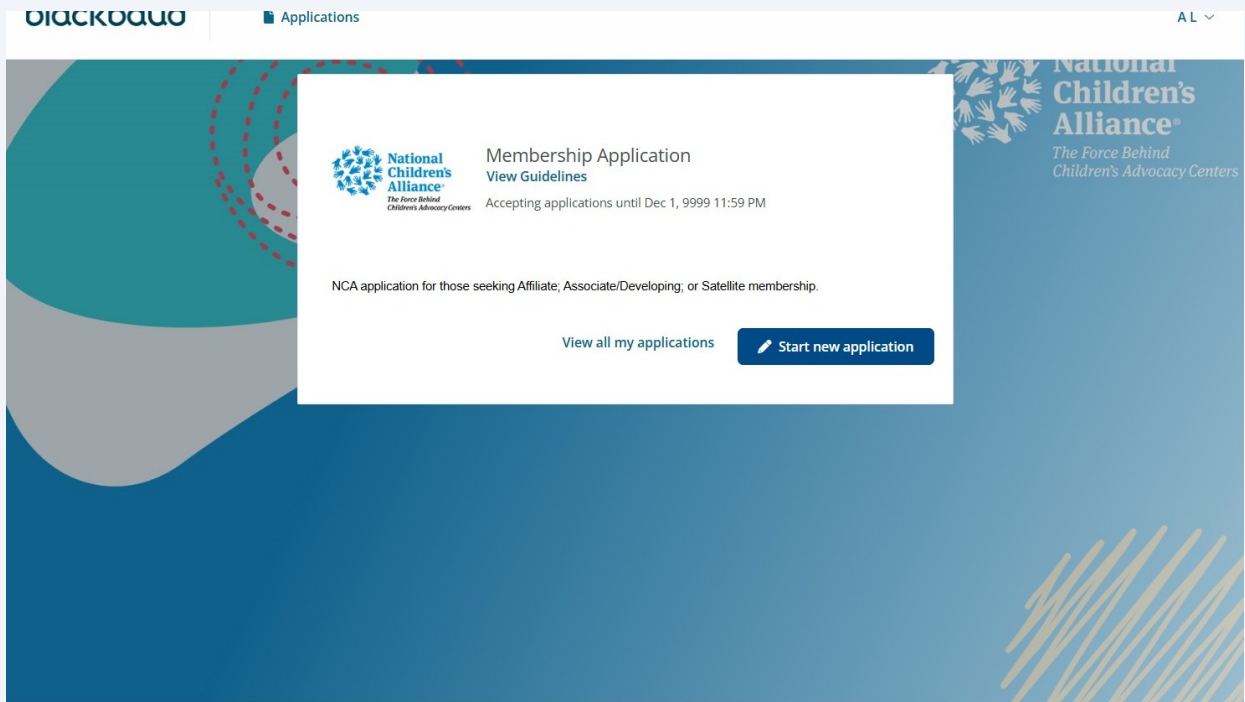
Applicants can use one central identity to securely sign into Blackbaud Grantmaking and the rest of the Blackbaud product suite

- 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 a form with fields for 'Email address', 'Password', 'Confirm password', 'First name', and 'Last name'. A password strength indicator below the password field states: 'Must contain at least 12 characters and 3 of the following: Capital letter, Lowercase letter, Number, Special character (&, #, %, etc.)'. Below the form is a 'Sign up' button and social login options for Google and Apple. On the right, the 'Applicant Portal' section is titled 'ENTER YOUR ACCOUNT DETAILS BELOW' and features an 'Email address*' field, a 'Remember me' checkbox, and a 'Sign in' button. A 'Need help signing in?' link and a 'Create account' button are located at the bottom of this section. A blue arrow points from the 'Create account' button in the Applicant Portal to the 'Sign up' button in the main form area.

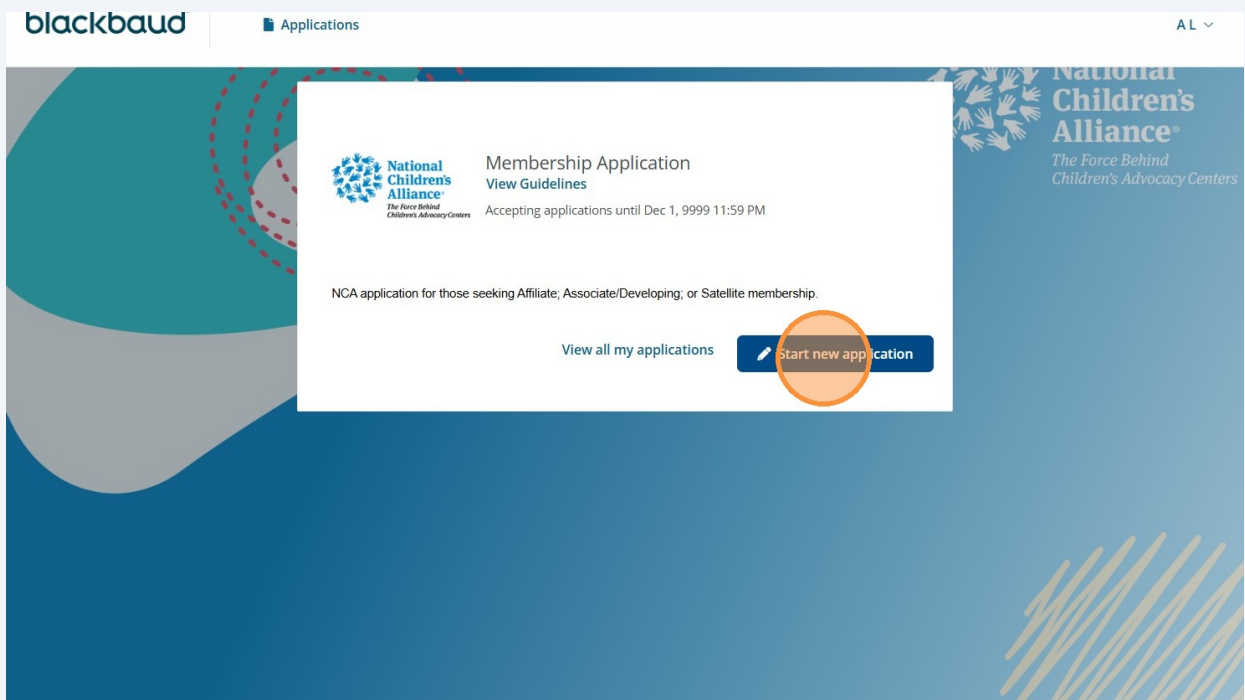
2

Navigate to <https://bbgm-apply.yourcausegrants.com/apply/programs/0a1aef10-f63b-4bd8-a629-991d63ab0483>



3

Click "Start new application"



4 Click "Search organizations"

This screenshot shows a web interface for selecting an organization. At the top, a message reads: "You have previously created applications for the organizations below. Choose one of these and continue to your application or click on 'Search organizations' to select another organization." Below this, three organization cards are listed, each with a logo and address information:

- FRIENDS OF THE SANGAMON COUNTY CHILD ADVOCACY CENTER**
4017 OLD MILL LN, SPRINGFIELD, IL, 62711-8095, US
37-1378145
- MINNESOTA CHAPTER OF THE NATIONAL CHILDRENS ALLIANCE**
165 WESTERN AVE N STE 8, SAINT PAUL, MN, 55102-4613, US
26-3318481
- NATIONAL CHILDRENS ALLIANCE INC**
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, US
63-1044781

At the bottom, there is a search bar with the text "Search organizations" circled in orange. To the right of the search bar are two buttons: "Go to my applications" and "Select". On the left side of the interface, there is a sidebar with the National Children's Alliance logo and a "View Guidelines" link. At the bottom right, there is a footer with the text: "©2026 YourCause - GrantsConnect (2.137.4) (kksig1) Terms of Service Privacy Policy".

5 Once you confirm your organization information including tax ID, select the organization.

This screenshot shows the "Select Your Organization" step in the application process. The interface has a search bar at the top containing the text "national children's alliance". Below the search bar, there is a dropdown menu for "All countries". The main content area is divided into two tabs: "Organizations" and "Other". Under the "Organizations" tab, four organization cards are listed, each with a logo and address information:

- NATIONAL CHILDRENS ALLIANCE INC**
921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, UNITED STATES
63-1044781
- MINNESOTA CHAPTER OF THE NATIONAL CHILDRENS ALLIANCE**
2301 WOODBRIDGE ST STE 200, ROSEVILLE, MN, 551134716, UNITED STATES
26-3318481
- NATIONAL ALLIANCE FOR CHILDRENS GRIEF**
4925 BOONSBORO ROAD 250 Suite A-2, LYNCHBURG, VA, 24503-2240, UNITED STATES
20-2464043
- INDIANA CHAPTER OF NATIONAL CHILDRENS ALLIANCE INC**
PO BOX 4125, EVANSVILLE, IN, 47724-0125, UNITED STATES
26-2269042


At the bottom right of the interface, there are navigation arrows: "<< < 1 2 > >>". On the left side, there is a sidebar with the National Children's Alliance logo and a "View Guidelines" link. At the top left, the "blackbaud" logo is visible. At the top right, there is a user profile icon labeled "AL".


6 Click "Select"


The Registration ID is the nonprofit's official ID


All countries

Organizations Other

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

 MINNESOTA CHAPTER OF THE NATIONAL CHILDRENS ALLIANCE
2301 WOODBRIDGE ST STE 200, ROSEVILLE, MN, 551134716, UNITED STATES
26-3318481

 NATIONAL ALLIANCE FOR CHILDRENS GRIEF
4925 BOONSBORO ROAD 250 Suite A-2, LYNCHBURG, VA, 24503-2240, UNITED STATES
20-2464043

 INDIANA CHAPTER OF NATIONAL CHILDRENS ALLIANCE INC
PO BOX 4125, EVANSVILLE, IN, 47724-0125, UNITED STATES
26-2269042

« < 1 2 > »


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


©2026 YourCause - GrantsConnect (2.137.4) [Terms of Service](#) [Privacy Policy](#)

7 Please read the Introduction section carefully.

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

 921 PENNSYLVANIA AVE SE SUITE 313, WASHINGTON, DC, 20003-2141, US 63-1044781 [Update organization](#)

 dustunderourfeet@gmail.com

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction Organization Information Application Narrative Attachments

What to expect from your NCA membership

Many resources are available to communities seeking to develop a Children's Advocacy Center. For instance, NCA offers grant funding, training, and technical assistance for developing and sustaining a CAC, and professional education through its annual Leadership Conference, as well as other national child maltreatment conferences.

The NCA Standards for Accredited Members should be closely consulted when developing a Children's Advocacy Center even if not applying for accredited membership.

As a requirement for ongoing membership, all Associate/Developing, Accredited, and Satellite members are required to submit statistical data on an annual basis, which covers the number of children seen, their demographics and services provided. The submission deadline is January 15th.

An application fee of \$400 is required for Associate, Affiliate and Satellite membership. Dues of \$400 are assessed annually.

If applying for Satellite Membership, please ensure the host organization is currently an accredited member of the National Children's Alliance and in good standing.

Your State Chapter serves as the leading resource within your state for Children's Advocacy Centers and facilitates a network dedicated to a coordinated and comprehensive response to child abuse, so it is vital to your membership success to stay connected with your State Chapter.

For more information on these resources, contact us at membership@nca-online.org. To stay informed of updates and changes, please visit our website www.nationalchildrensalliance.org and check the messages on the NCA Engage platform. If additional information is needed, you will be contacted within a month of receipt of your application.

[Saved](#)

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) [Privacy Policy](#)

8 Click "Organization Information"

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

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

update organization

dustunderourfeet@gmail.com

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction **Organization Information** Application Narrative Attachments

What to expect from your NCA membership

Many resources are available to communities seeking to develop a Children's Advocacy Center. For instance, NCA offers grant funding, training, and technical assistance for developing and sustaining a CAC, and professional education through its annual Leadership Conference, as well as other national child maltreatment conferences.

The NCA Standards for Accredited Members should be closely consulted when developing a Children's Advocacy Center even if not applying for accredited membership.

As a requirement for ongoing membership, all Associate/Developing, Accredited, and Satellite members are required to submit statistical data on an annual basis, which covers the number of children seen, their demographics and services provided. The submission deadline is January 15th.

An application fee of \$400 is required for Associate, Affiliate and Satellite membership. Dues of \$400 are assessed annually.

If applying for Satellite Membership, please ensure the host organization is currently an accredited member of the National Children's Alliance and in good standing.

Your State Chapter serves as the leading resource within your state for Children's Advocacy Centers and facilitates a network dedicated to a coordinated and comprehensive response to child abuse, so it is vital to your membership success to stay connected with your State Chapter.

For more information on these resources, contact us at membership@nca-online.org. To stay informed of updates and changes, please visit our website www.nationalchildrensalliance.org and check the messages on the NCA Engage platform. If additional information is needed, you will be contacted within a month of receipt of your application.

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

Saved

9 Complete "Point of Contact First Name".

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

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

update organization

dustunderourfeet@gmail.com

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction Organization Information Application Narrative Attachments

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

Saved

10 Complete "Point of Contact Last Name".

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

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

Update organization

dustunderourfeet@gmail.com

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction **Organization Information** Application Narrative Attachments

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name*

Point of Contact Last Name*

Point of Contact Email*

Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

Saved

11 Complete "Point of Contact Email".

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

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

Update organization

dustunderourfeet@gmail.com

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction **Organization Information** Application Narrative Attachments

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name*

Point of Contact Last Name*

Point of Contact Email*

Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

Saved

12 Complete "Point of Contact Phone #".

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

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

Update organization

dustunderourfeet@gmail.com

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction **Organization Information** Application Narrative Attachments

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* **Point of Contact Phone #***

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

13 Complete "Authorized Agent First Name".

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

Authorized Agent First Name* Authorized Agent Last Name* Authorized Agent Email* Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

14 Complete "Authorized Agent Last Name".

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

Authorized Agent First Name* **Authorized Agent Last Name*** Authorized Agent Email* Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

15 Complete "Authorized Agent Email".

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

Authorized Agent First Name* Authorized Agent Last Name* **Authorized Agent Email*** Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

16 Complete "Authorized Agent Phone #".

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

Authorized Agent First Name* Authorized Agent Last Name* Authorized Agent Email* **Authorized Agent Phone #***

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

Saved

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

17 Complete "Board President First Name".

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

Authorized Agent First Name* Authorized Agent Last Name* Authorized Agent Email* Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

Saved

Application Type*

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

18 Complete "Board President Last Name".

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

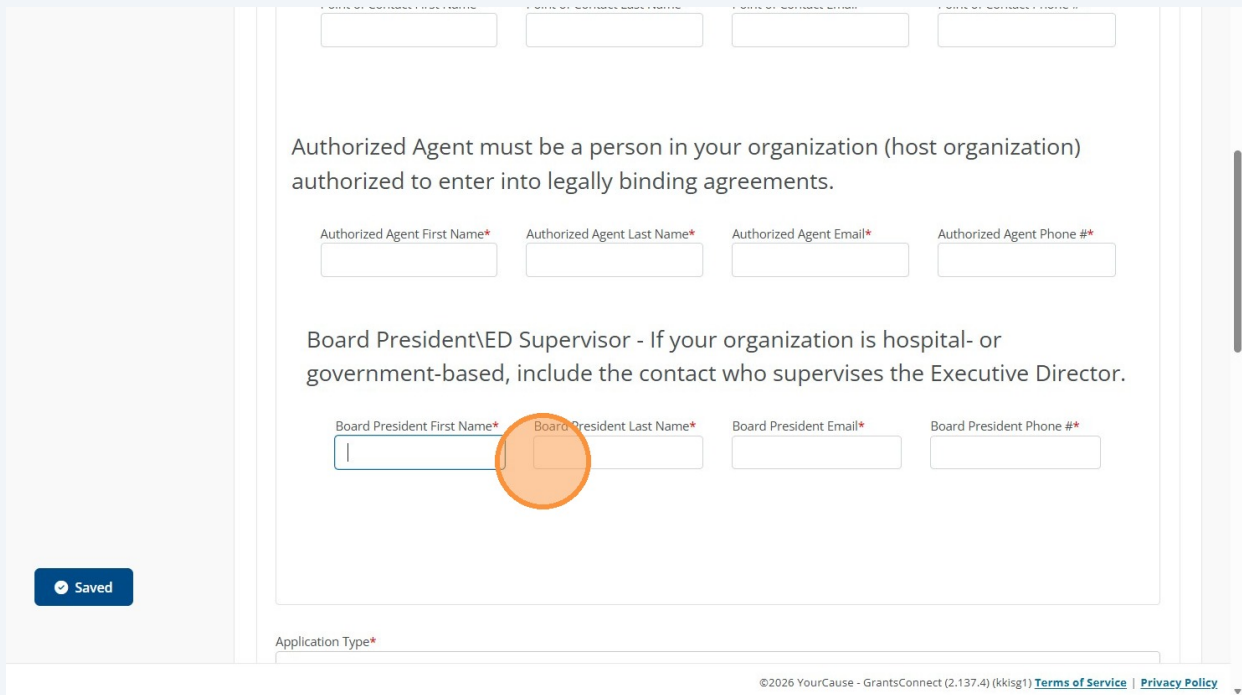
Authorized Agent First Name* Authorized Agent Last Name* Authorized Agent Email* Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

Application Type*

©2026 YourCause - GrantsConnect (2.137.4) (kklsg1) [Terms of Service](#) | [Privacy Policy](#)



19 Complete "Board President Email".

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

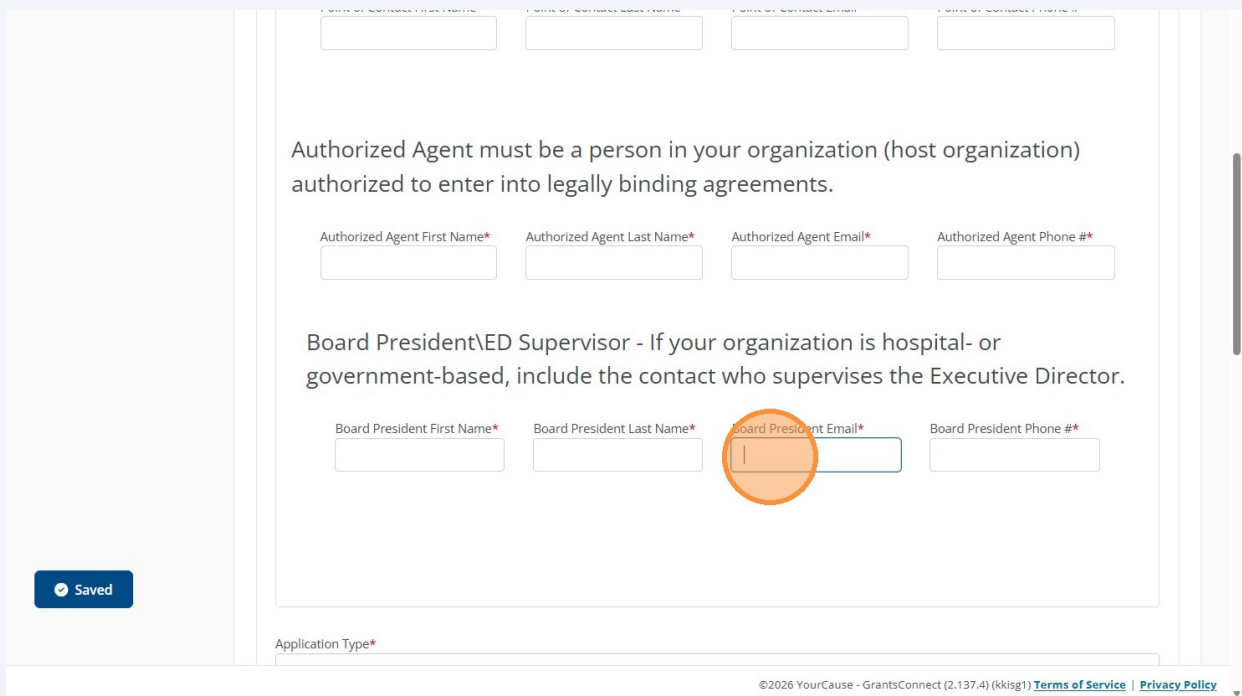
Authorized Agent First Name* Authorized Agent Last Name* Authorized Agent Email* Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

Application Type*

©2026 YourCause - GrantsConnect (2.137.4) (kklsg1) [Terms of Service](#) | [Privacy Policy](#)



20 Complete "Board President Phone #".

Authorized Agent must be a person in your organization (host organization) authorized to enter into legally binding agreements.

Authorized Agent First Name* Authorized Agent Last Name* Authorized Agent Email* Authorized Agent Phone #*

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

Application Type*

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

21 Select the Application Type from drop-down.

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name* Board President Last Name* Board President Email* Board President Phone #*

Application Type*

- Satellite
- Associate
- Affiliate

Organizational Structure*
Satellite Applicants include Host Organization Information.

If other, please specify:

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

22 Complete "Organization Name".

Board President\ED Supervisor - If your organization is hospital- or government-based, include the contact who supervises the Executive Director.

Board President First Name*

Board President Last Name*

Board President Email*

Board President Phone #*

Application Type*
Affiliate

Organization Name*
Satellite Applicants include Host Organization name here.

Organizational Structure*
Satellite Applicants include Host Organization Information.

If other, please specify:

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

23 Select "Organizational Structure" from drop-down.

Affiliate

Organization Name*
Satellite Applicants include Host Organization name here.

Organizational Structure*
Satellite Applicants include Host Organization Information.

Child Protective Services/Government Based CAC

Hospital Based CAC

Independent Non-Profit 501(c)(3)

Law Enforcement/Government Based CAC

Other

Program under umbrella of a larger non-profit 501(c)(3)

Respite/Government Based CAC

take place.

Street Address (POP)*

City (POP)*

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

24 Complete "If other, please specify", if applicable.

Application Type*
Affiliate

Organization Name*
Satellite Applicants include Host Organization name here.

Organizational Structure*
Satellite Applicants include Host Organization Information.
Independent Non-Profit 501(c)(3)

If other, please specify

Please indicate which of the following you consider your CAC's primary service area to be:

Place of Performance (POP) - Enter the CAC address where performance of services will take place.

Street Address (POP)*

Saving

25 Select "CAC's primary service" from drop-down.

Affiliate

Organization Name*
Satellite Applicants include Host Organization name here.

Organizational Structure*
Satellite Applicants include Host Organization Information.
Independent Non-Profit 501(c)(3)

If other, please specify

Please indicate which of the following you consider your CAC's primary service area to be:

Place of Performance (POP) - Enter the CAC address where performance of services will take place.

Street Address (POP)*

City (POP)*

Saved

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

26

Complete "Street Address (POP)" - CAC address where performance of services will take place.

Affiliate x v

Organization Name*
Satellite Applicants include Host Organization name here.

Organizational Structure*
Satellite Applicants include Host Organization information.

Independent Non-Profit 501(c)(3) x v

If other, please specify

Please indicate which of the following you consider your CAC's primary service area to be:*

Urban
Suburban
Rural

Street Address (POP)*

City (POP)*

✓ Saved

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

27

Complete "City (POP)".

Please indicate which of the following you consider your CAC's primary service area to be:*

Place of Performance (POP) - Enter the CAC address where performance of services will take place.

Street Address (POP)*

City (POP)*

State (POP)*

Postal Code (POP)*

Country (POP)*

✓ Saved

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

28 Select "State (POP)".

Please indicate which of the following you consider your CAC's primary service area to be:*

Place of Performance (POP) - Enter the CAC address where performance of services will take place.

- AL
- AK
- AZ
- AR
- CA
- CO
- CT

Postal Code (POP)*

Country (POP)*

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

29 Complete "Postal Code (POP)".

take place.

- AL
- AK
- AZ
- AR
- CA
- CO
- CT

Postal Code (POP)*

Country (POP)*

Previous Next **Sign and submit**

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

30 Select "Country (POP)".

take place.

Street Address (POP)*

City (POP)*

State (POP)*

Postal Code (POP)*

Country (POP)*

Previous Next Sign and submit

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

31 Click "Application Narrative"

NCA Membership Application Form: Affiliate; Associate; Satellite

View Guidelines

Application Forms

- Membership Application Form
- Draft on Jan 22, 2026

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 AL
dustunderourfeet@gmail.com

FORM QUESTIONS

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Download

Introduction Organization Information Application Narrative Attachments

Contacts

Please designate a point of contact to work directly with NCA throughout the membership application process.

Point of Contact First Name* Point of Contact Last Name* Point of Contact Email* Point of Contact Phone #*

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

32

Complete: "Explain your community's commitment to the long-term goal of developing a fully operational Children's Advocacy Center; include community support, development of a task force, multidisciplinary commitment, etc."

FORM QUESTIONS Download

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction **Organization Information** Application Narrative Attachments

Explain your community's commitment to the long-term goal of developing a fully operational Children's Advocacy Center; include community support, development of a task force, multidisciplinary commitment, etc.*

Describe the layout and structure of your facility. Include whether it is free-standing, shared space, separate space in another agency, etc.*

Provide a description of your child-focused forensic interview setting.*
Affiliate applicants may conduct interviews outside of a formal CAC; however, child interviews must still be conducted in a neutral & child-focused setting.
Associate/Satellite applicants must conduct interviews within the CAC in a space designated for child interviews.

Describe the composition of your multi-disciplinary team. Please list agency names.*
Affiliate applicants must have at a minimum representation from law enforcement, child protective services, and prosecution. **Associate/Satellite** applicants must have representation from law enforcement, child protective services, prosecution, medical and mental health professionals, and victim advocacy.

Saved

33

Complete "Describe the layout and structure of your facility. Include whether it is free-standing, shared space, separate space in another agency, etc."

FORM QUESTIONS Download

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction **Organization Information** Application Narrative Attachments

Explain your community's commitment to the long-term goal of developing a fully operational Children's Advocacy Center; include community support, development of a task force, multidisciplinary commitment, etc.*

Describe the layout and structure of your facility. Include whether it is free-standing, shared space, separate space in another agency, etc.*

Provide a description of your child-focused forensic interview setting.*
Affiliate applicants may conduct interviews outside of a formal CAC; however, child interviews must still be conducted in a neutral & child-focused setting.
Associate/Satellite applicants must conduct interviews within the CAC in a space designated for child interviews.

Describe the composition of your multi-disciplinary team. Please list agency names.*
Affiliate applicants must have at a minimum representation from law enforcement, child protective services, and prosecution. **Associate/Satellite** applicants must have representation from law enforcement, child protective services, prosecution, medical and mental health professionals, and victim advocacy.

Saved

34 Complete "Provide a description of your child-focused forensic interview setting."

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction ⓘ Organization Information Application Narrative Attachments

Explain your community's commitment to the long-term goal of developing a fully operational Children's Advocacy Center; include community support, development of a task force, multidisciplinary commitment, etc.*

Describe the layout and structure of your facility. Include whether it is free-standing, shared space, separate space in another agency, etc.*

Provide a description of your child-focused forensic interview setting.*
Affiliate applicants may conduct interviews outside of a formal CAC; however, child interviews must still be conducted in a neutral & child-focused setting.
Associate/Satellite applicants must conduct interviews within the CAC in a space designated for child interviews.

Describe the composition of your multi-disciplinary team. Please list agency names.*
Affiliate applicants must have at a minimum representation from law enforcement, child protective services, and prosecution. **Associate/Satellite** applicants must have representation from law enforcement, child protective services, prosecution, medical and mental health professionals, and victim advocacy.

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

35 Complete "Describe the composition of your multi-disciplinary team. Please list agency names."

Provide a description of your child-focused forensic interview setting.*
Affiliate applicants may conduct interviews outside of a formal CAC; however, child interviews must still be conducted in a neutral & child-focused setting.
Associate/Satellite applicants must conduct interviews within the CAC in a space designated for child interviews.

Describe the composition of your multi-disciplinary team. Please list agency names.*
Affiliate applicants must have at a minimum representation from law enforcement, child protective services, and prosecution. **Associate/Satellite** applicants must have representation from law enforcement, child protective services, prosecution, medical and mental health professionals, and victim advocacy.

Is your CAC conducting case review on a regularly scheduled basis, and is it attended by all MDT representative disciplines? Please describe your case review process in detail.*

©2026 YourCause - GrantsConnect (2.137.4) (kkisg1) [Terms of Service](#) | [Privacy Policy](#)

36

Complete "Is your CAC conducting case review on a regularly scheduled basis, and is it attended by all MDT representative disciplines? Please describe your case review process in detail."

Provide a description of your child-focused forensic interview setting.*
Affiliate applicants may conduct interviews outside of a formal CAC; however, child interviews must still be conducted in a neutral & child-focused setting. **Associate/Satellite** applicants must conduct interviews within the CAC in a space designated for child interviews.

Describe the composition of your multi-disciplinary team. Please list agency names.*
Affiliate applicants must have at a minimum representation from law enforcement, child protective services, and prosecution. **Associate/Satellite** applicants must have representation from law enforcement, child protective services, prosecution, medical and mental health professionals, and victim advocacy.

Is your CAC conducting case review on a regularly scheduled basis, and is it attended by all MDT representative disciplines? Please describe your case review process in detail.*

Previous Next Sign and submit

©2026 YourCause - GrantsConnect (2.137.4) (kkig1) [Terms of Service](#) | [Privacy Policy](#)

37

Click "Attachments"

NCA Membership Application Form: Affiliate; Associate; Satellite

View Guidelines

Application Forms
Membership Application Form
Draft on Jan 22, 2026

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 [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction [Organization Information](#) [Application Narrative](#) [Attachments](#)

Explain your community's commitment to the long-term goal of developing a fully operational Children's Advocacy Center; include community support, development of a task force, multidisciplinary commitment, etc.*

Describe the layout and structure of your facility. Include whether it is free-standing, shared space, separate space in another agency, etc.*

Previous Next Sign and submit

©2026 YourCause - GrantsConnect (2.137.4) (kkig1) [Terms of Service](#) | [Privacy Policy](#)

38 Upload Letters of Recommendation here.

FORM QUESTIONS [Download](#)

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction [Organization Information](#) [Application Narrative](#) **Attachments**

Letter of Recommendation*
To process your application a letter of recommendation from your Accredited State Chapter is required. This letter must directly reference the applicant's readiness for membership. You may also include letters of recommendation from Accredited NCA members, a member of the NCA Board of Directors, or the Director of your Regional Children's Advocacy Center, but these will not supplant the required letter from the NCA chapter. **Satellite** applicant letters must also include assurances that the Satellite does not duplicate the service coverage of any existing Accredited/Associate/Developing CAC; and a description of the technical assistance the Chapter provided to the Host Organization during the planning process.

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

Accepted file types include: pdf

Signed interagency agreement and MDT protocols*

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

Accepted file types include: pdf

[Saved](#) [Previous](#) [Sign and submit](#)

39 Upload Signed Interagency and MDT protocols here.

Complete the required fields below.
Accepting applications until Dec 1, 9999 11:59 PM

Introduction [Organization Information](#) [Application Narrative](#) **Attachments**

Letter of Recommendation*
To process your application a letter of recommendation from your Accredited State Chapter is required. This letter must directly reference the applicant's readiness for membership. You may also include letters of recommendation from Accredited NCA members, a member of the NCA Board of Directors, or the Director of your Regional Children's Advocacy Center, but these will not supplant the required letter from the NCA chapter. **Satellite** applicant letters must also include assurances that the Satellite does not duplicate the service coverage of any existing Accredited/Associate/Developing CAC; and a description of the technical assistance the Chapter provided to the Host Organization during the planning process.

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

Accepted file types include: pdf

Signed interagency agreement and MDT protocols*

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

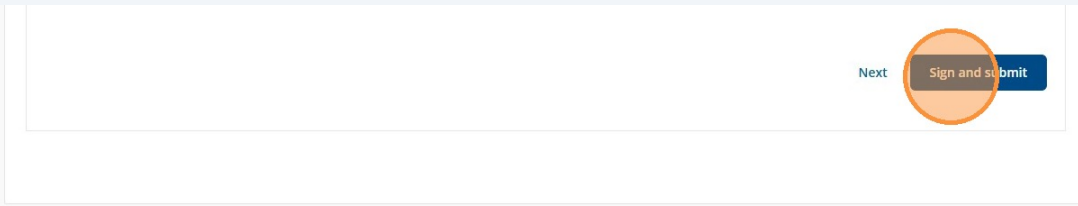
Accepted file types include: pdf

[Saved](#) [Previous](#) [Sign and submit](#)

©2026 YourCause - GrantsConnect (2.137.4) (kksig1) [Terms of Service](#) | [Privacy Policy](#)

40

When all required sections and fields have been completed, all documents uploaded, application has been reviewed, and you are ready to sign and submit, click "Sign and submit".



©2025 YourCause - GrantsConnect (2.121.2) (tv69cm) [Terms of Service](#) | [Privacy Policy](#)

41

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

