

Treatment Services and Capital Improvement

GRANTS FOR FUNDING TO COUNTIES WITH EXISTING OR DEVELOPING CHILD ADVOCACY CENTERS FUNDING UP TO \$4,047,500 AVAILABLE.

For any questions about the RFA or survey, please contact us at DCF.ASKRFP@dcf.nj.gov NOTE: Do **NOT**

share the link to this survey.

Note: Required fields (*) must be complete to proceed to the next page. Click Save and Continue at the bottom of the page to record your answers. If you exit without saving, your data will not be recorded. When you have completed and saved all responses, submit by clicking "Done" at the bottom of the last page. You may return and edit responses after submitting until the due date (April 30, 2024).

* 1. Incorporated Name of Applicant

* 2. County to be served?

* 3. Is your agency public or non-profit?

Public

Non-Profit

* 4. Federal ID Number

5. Document showing **Unique Entity ID (SAM) Number** <https://sam.gov/content/duns-uei>

Choose File

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* 6. Applicant Mailing Address

Address

Address 2

City/Town

State/Province

ZIP/Postal Code

* 7. Primary Contact Person

Name

Phone

E-mail

8. Alternate Contact Person

Name

Phone

E-mail

* 9. Are you applying for **capital** funding or **treatment/service** funding or both?
(If applying for both, please make sure to include separate budgets for each)

- Capital
- Treatment/Service
- Both

* 10. Total dollar amount requested

* 11. Please explain how your Child Advocacy Center will use this funding and how the proposed project(s) fit with the goal/objectives of your organization.

* 12. For each proposed use of funding, please explain in detail how the use of this funding relates to moving towards or continuing accreditation with the National Children's Alliance. Additionally, please note to which Accreditation Standard the proposed use of funding applies.

* 13. Please provide information about your Child Advocacy Center's existing collaborations, partnerships and collaborative efforts with other community and systems partners.

* 14. Please explain how the requirements of this initiative will be met through your commitment to cultural competency and diversity and plans to ensure needs of various and diverse cultures within the target community will be met in a manner consistent with the Law Against Discrimination (NJSA 10:51 seq.);

* 15. Please provide a description as to how your organization will support the requirements of this initiative with collection, maintenance, and analysis of data.

* 16. Please describe how this initiative will be supported by your use of the data after it is analyzed and reported to evaluate program performance.

* 17. Submit **DCF Annex B Budget Form**

Separate budgets for Treatment Services and Capital Improvement. DCF Annex B can be found at https://www.nj.gov/dcf/providers/contracting/forms/Proposed.Budget.Form.NJ_DCF.xlsx

Choose File

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No file chosen

18. Additional budget upload (if necessary)

Choose File

Choose File

No file chosen

* 19. Submit **Budget Narrative**

Provide detailed information regarding how you will use these funds, the amount for each proposed activity, proposed implementation timeline, and proposed date of completion.

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No file chosen

20. Additional space for Budget Narrative (if needed)

Choose File

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No file chosen

21. Please upload quotes for each budget item

Choose File

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No file chosen

22. Additional upload space for quotes (if needed)

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23. Upload **Proposed Subcontracts / Consultant Agreements / Memorandum of Understanding** to be used for the provision of contract services for DCF review and approval.

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SAMPLE