

Sample form, not for offline completion.

Visit <https://commonapp.grantplatform.com> to apply.

Community-Based Child Abuse Prevention (CBCAP) FFY2025

Please note that applications are due 5:00pm (Central) on Friday, June 28, 2024.

Please review the CBCAP 2024-2025 RFP and other important information on the [CBCAP RFP webpage on the Children's Cabinet website](#).

[RFP TA Webinar](#) from Thursday, May 23, 2024.

Questions: All questions must be submitted via the [CBCAP Technical Assistance Request Form](#). Responses will be made directly to individuals within three business days. FAQs will be compiled as they are received and will be posted as quickly as possible on the CBCAP Website.

Before submitting this application, please ensure that all information in your [User Profile](#) is completed and up to date.

The information in your [User Profile](#) is the default 'Applicant Information' for all grant applications you submit on this platform. This information will be visible to reviewers and also included in the final downloadable PDF of your application, which will be available after after you hit the submit button. Please update and review the content in your [User Profile](#) prior to submitting your application.

In the **Your Application Name** field, please enter the applicant's **Organization Name**

CommonApp Navigation Tips:

- Only open the CommonApp in one web browser at a time.
- Do not use the back button.
- Use the Application Outline to draft your application info outside of the CommonApp, then copy and paste here.
- You can download a pdf copy of your current, saved application at any time for review by clicking on the "Preview" button at the bottom of any tab.

Your Application Name

Please enter the name of the organization applying for grant funds as the "Application Name" in the field above.

The Kansas Children's Cabinet and Trust Fund (KCCTF) announces the release of a Request for Proposals (RFP) through the Community-Based Child Abuse Prevention (CBCAP) Program. CBCAP funds support:

- Primary prevention: efforts targeted to the broader community to strengthen families and prevent the likelihood of abuse or neglect.
- Secondary prevention: efforts targeted to special populations as a means of providing preventative family-strengthening support.

The KCCTF is seeking proposals that are innovative, bold and promote evidence-based practice with clearly articulated strategies that will optimize child and family well-being as outlined in the Blueprint for Early Childhood. Strong proposals will include:

- Partnerships with communities, families, and systems of care that work to transform the current system to one of well-being, which prioritizes keeping families together.
- Commitment to combat, ameliorate and prevent racial inequity and promote equity, access, inclusion, and engagement.
- Evidence-based, evidence-informed, or evidence-supported program models that provide primary or secondary prevention services to parents of children birth through 5-years old, including prenatal services.

CBCAP awards granted will be for a 1-year funding period from October 1, 2024, to September 30, 2025. The Federal Administration for Children & Families is the sole funding source for this grant. 2024-2025 funding is dependent upon US Congressional budget action and KCCTF's Federal award notice.

Grant Type

Community-Based

Statewide

****Community-based**** grants fund targeted direct services and may include, but are not limited to: * Programs that promote: * early, comprehensive support to parents * increase family stability * improve family access to available resources and opportunities for assistance within communities * caregiver partnership, leadership, and engagement * Specific family resource and support programs such as respite care, substance use treatment services, mental health services, domestic violence services, housing services, and home visiting * Activities that advance equity for populations historically underserved, marginalized, and adversely affected by persistent poverty and inequality. ****Statewide**** grants build state infrastructure for child abuse & neglect prevention which may include, but are not limited to: * Professional education * Public awareness campaigns * Statewide collaborative efforts to foster development of a continuum of comprehensive child and family support and preventive services * Promote parent/ caregiver partnership, leadership, and engagement * Activities that remove barriers to family support services, making it easier for all Kansas families to access the resources they need to thrive.

Applicant Type

Kansas 501(C)(3)

Kansas County and City Governments

Kansas Unified School District (USD)

Applicant confirms that they meet the Eligibility Criteria listed to the right for this grant.

Eligible applicants are: * prepared to provide service delivery models that yield positive outcomes to Kansas families with children from birth through 5-years, including prenatal supports. * committed to evidence-based, data-driven practices. * proposing a community-informed, community-driven collaborative approach with partners from the private sector.

Application Contact Information

Please list the contact information for the person who will be able to best answer questions related to this application. This person may be different than the person on the [User Profile](#).

Contact First Name

Contact Last Name

Contact Title/Position

Contact Email

Contact Phone Number

A UEI number is required to receive federal funding. If the applying organization does not currently have one, please visit [Grants.gov](https://www.grants.gov) to secure one for free prior to submitting this application.

The UEI number should be added to your User Profile.

Project Overview

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

Only report/speak to activities and services that will be funded by the CBCAP grant if applicant is awarded funds.

In this application, "project" refers to your overarching organization while "programs" refer to the individual services you will provide to clients.

Example: Family Housing Support Center is considered the overarching "project." They are requesting CBCAP funding for housing service supports and parenting classes. These services are considered two separate "programs."

Project Abstract

150
words

Please provide a brief description (150 words max) that includes the amount requested, services that will be provided, number of children and families that will be served, geographic area, primary strategies, and anticipated outcomes.

Example: *Family Housing Support Center requests \$75,000 to house and provide case management to 50 families in Northeast Kansas. We anticipate that this funding will permanently house 50 families and provide concrete supports through case management.*

Counties Served

List all the counties your CBCAP program(s) will serve. If applying for a state-wide grant, only enter "State-Wide", do not enter all counties.

Please add as many rows as counties served and enter one (1) county name on each row.

Please ONLY include the county name (DO NOT include the word "county").

Counties

1

Population Served

The following should be an unduplicated estimate of children and families you plan to serve if awarded CBCAP funds.

Direct Services: population being reported is the population receiving the CBCAP funded service.

Indirect Services: population is not receiving the CBCAP funded service, but is a part of a family receiving the service or children within the family are receiving a service.

Example: Children are being served INDIRECTLY due to their family receiving DIRECT services via case management Report children on the row of the age they will be on 10/1/2024.

Do not leave any field blank; enter "0".

Children

	Population	Estimate to Receive Direct Services
1	0-1 Year	
2	2-3 Years	
3	4-5 Years	
4	6-11 Years	
5	12-18 Years	
6	19+ Years	

For reporting population ages, include children in each category until they age out to the next category. **Example:** A child 1 year and 11 months old should be included in the "0-1 Year" category.

Parents & Caregivers

	Population	Estimate to receive Direct Services
1	Parents & Caregivers	

Miscellaneous Served

	Population	Estimate to receive Direct services	Brief Description
1	Prenatal		
2	Other		

Other: Any recipient of services who does not fit into one of the other categories listed above.

Priority Populations to be Served

- Families: parents and primary caregivers of children birth through 5-years, including prenatal supports.
- Other participants: any recipient of services who does not fulfill one of the categories listed above, which may include professional staff or community partners.
- Special populations: racial and ethnic minorities
- Special populations: children and adults with disabilities
- Special populations: families experiencing homelessness or those at-risk of homelessness
- Special populations: adult former victims of child abuse and neglect or domestic violence
- Special populations: fathers and male caregivers
- Special populations: incarcerated parents and caregivers
- Special populations: parents and caregivers at-risk of or experiencing substance use disorder
- Special populations: LGBTQIA2S+ youth and families

Select all that apply.

Equitable Services

How will this project advance equitable services, programs and access to families historically underserved, marginalized, and adversely affected by poverty and inequality?

Logic Model

Using the [Logic Model template](#) provided, detail program alignment with each of the required CBCAP outcomes that align with your program design. The Logic Model is expected to align with the project description.



Please make sure the filename of the uploaded document has the applicants name included as well as "FFY26 CBCAP Logic Model".
Acceptable File Types: doc, docx, or PDF

Events & Trainings

Please describe the type of events or trainings this project is planning to have or will potentially have.

Examples may include car seat safety training, community baby showers, diaper/formula drive, community/family engagement, food drives, holiday events, parent leadership events, job support, literacy and education, school supply drive, health/nutrition/physical education, child maltreatment prevention training, early childhood support/child development.

Concrete Supports

Please describe the type of concrete supports this project is planning to provide or will potentially provide.

Examples may include caregiver drop-in support group, car seat resources, child care (drop-in play group), child care (respite), child care (financial assistance), clothing, community resource information, child development screening, fatherhood drop-in support group food assistance, rent and mortgage assistance, household and hygiene items, child care related items, benefit support services, health and medical goods, sanitization services (pest control, etc.), household tools and appliances, household furnishing, transportation assistance, gas/heat utility assistance, medical bill support.

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

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Needs, Gaps, and Challenges

Needs

Describe the needs for children from birth through five, and their families, in your service area as it relates to child abuse prevention.

Services Available

What services are currently available for children from birth through 5, and their families, in your service area to meet the needs described above?

Gaps

What gaps exist between the needs and services currently available for children ages birth through 5, and their families, in your service area as it relates to child abuse prevention?

Supporting Documentation

(optional)

Upload any additional supporting documentation about the gaps in your community here.



Tip: Only one file can be uploaded here. If there are multiple partner assurance forms needing to be uploaded, please [put them in a Zip (compressed) file](https://www.indeed.com/career-advice/career-development/how-to-create-zip-file) and then upload the one Zip file. _File Types accepted: doc, docx, pdf, jpeg, jpg, png, tif, tiff, zip_

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

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Partnerships

In this application, "project" refers to your overarching organization while "programs" refer to the individual services you will provide to clients.

Example: *Family Housing Support Center is considered the overarching "project." They are requesting CBCAP funding for housing service supports and parenting classes. These services are considered two separate "programs."*

Service Partner(s)

Use the table to list proposed partnerships and/or collaborations with your program(s).

Make sure to list all partner contacts on the "Contacts" tab of the CBCAP budget template.

Enter "NA" if you are not partnering with any organizations for this grant.

Partner Organization	CBCAP Program This Organization is Supporting	Is this a New Partner for FFY2026? (Yes/No)
1		

Partnership Collaboration

Answer the following question for each partner listed in the table above:

How will partnerships address the need more effectively than each partner working independently to meet grant outcomes?

Enter "NA" if no service partner organizations are listed above.

Example: (Partner Name): Will support.... (Partner Name): Will support....

Partnership Evaluation

Answer the following question for each partner listed in the table above:

How will you evaluate the effectiveness and impact of partnerships?

Enter NA if no service partner organizations are listed above

Example: (Partner Name): evaluation will... (Partner Name): evaluation will...

Co-Design (Persons with Lived Expertise)

Program Name	Will FFY2025 be the first year for Co-Design? (Yes/No)
1	

Co-design is an approach to designing with, not for, people and communities with lived experience. Use the table to indicate if this is the first year that your program(s) will co-design with lived experts. As a reminder, working with people with lived expertise is a grant requirement.

Co-Design Plan

For each program, please describe how you plan to authentically engage and include parents, caregivers, and others with lived experience in the design, delivery, and evaluation of programs. As a reminder, working with people with lived expertise is a grant requirement.

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

Only report/speak to activities and services that will be funded by the CBCAP grant if applicant is awarded funds.

Program(s)

In this application, "project" refers to your overarching organization while "programs" refer to the individual services you will provide to clients.

Example: *Family Housing Support Center is considered the overarching "project." They are requesting CBCAP funding for housing service supports and parenting classes. These services are considered two separate "programs."*

Program Name(s)

Please list each program/service that you are requesting CBCAP funding for.

Programs
1

**Example:** 1. Housing Support_ 2. Parenting Classes_

Program Model

Answer the following for each program listed above:

Describe the program model including all strategies and key activities of the project and how they will meet the stated purpose of the grant

Example: (Program 1 Name): program model, key activities, and strategies include.... (Program 2 Name): program model, key activities, and strategies include....

Goals & Objectives

State the Goals & Objectives of each program listed above.

Example: (Program 1 Name): Goals & Objectives include... (Program 2 Name): Goals & Objectives include...

Assessment Tools

For each program listed above, describe the measurement or assessment tool that you propose using, if applicable. Otherwise, enter, "NA."

Example: (Program 1 Name): Assessment Tools include... (Program 2 Name): Assessment Tools include....

Services

Use the tables below to indicate the type of services that your program(s) will provide.

If your program's service is not listed, include the program in the "Other" table.

Enter "NA" in the table if the service does not apply to you.

Home Visiting Services

Enter "N/A" if this service is not being proposed in this application.

Program Name	Duration of Services (in Weeks)	Average Visits per Month	Average Minutes per Visit	Topic	Additional Info (Optional)
1					

Parent Education

Enter "N/A" if this service is not being proposed in this application.

Program Name	Duration of Program (in Weeks)	Number of Sessions	Average Minutes per Session	Topic	Additional Info (Optional)
1					

Case Management

Enter "N/A" if this service is not being proposed in this application.

Program Name	Average Weeks Served	Average Visits per Month	Average Minutes per Session	Additional Info (Optional)
1				

Mental & Behavioral Health Services for Children

Enter "N/A" if this service is not being proposed in this application.

Program Name	Average Weeks Served	Average Visits per Month	Average Minutes per Session	Additional Info (Optional)
1				

Child Care or PreK

Enter "N/A" if this service is not being proposed in this application.

Program Name	Duration of Services (Academic Year, Summer Only, or Year-Round)	Length of Day (Partial or Full Day; if Partial, add time of day offered)	Hours per Day	Days per Week	Additional Info (Optional)
1					

Other Services

Enter "N/A" if this service is not being proposed in this application.

Program Name	Average Weeks Served	Average Services per Month	Average Minutes per Service	Topic or Focus	Additional Info
1					

Outreach

For each program listed above, describe how you will conduct program outreach efforts to children and families.

Example: (Program 1 Name): outreach efforts include.... (Program 2 Name): outreach efforts include....

Implementation

Challenges & Barriers

For each program listed above, what will the potential challenges or barriers to implementation of this program be?

Example: (Program 1 Name): challenges & barriers include.... (Program 2 Name): challenges & barriers include....

Strategies to Overcome Challenges & Barriers

For each program listed above, what strategies will be used to overcome the challenges & barriers listed above in order to implement the proposed program(s)?

Example: (Program 1 Name): Strategies to overcome challenges & barriers include.... (Program 2 Name): Strategies to overcome challenges & barriers include....

Evidence-Based Practices

Use the table to indicate each program name and the type of evidence-based practice used with the program

Program Name	Evidence-Based Practices
1	

Evidence-Based Practices

For each program in the Evidence-Based Practices table above, please provide the following:

- How will the services outlined above keep fidelity to an evidence-based, evidence-supported, or evidence-informed model?
- If the project includes innovating models or strategies, please provide a clear description of the evidence to support your service selection.

Example: (Program 1 Name): fidelity will be kept by.... (Program 2 Name): fidelity will be kept by....

Continuous Quality Improvement

Data Collection Efforts

For each program listed at the top of this page, how will required data collection will be monitored to ensure timelines for collection are met, if applicable?

Example: (Program 1 Name): data collection will be monitored by.... (Program 2 Name): data collection will be monitored by....

Data Review & Outcomes

For each program listed at the top of this page, how will services provided be enhanced based on the review of the data and how will those enhancements assist in meeting outcomes?

Example: (Program 1 Name): data review will enhance services by.... (Program 2 Name): data review will enhance services by....

Data Collection System

List data collection software or process you are using (other than DAISEY).

Data Collected

Please describe what data the software or process is collecting (e.g., child, caregiver and environment profile information, assessment scores, etc.).

Note: This is to inform us on how you are organizing the data for us to better assist you with technical needs.

Personnel

List all personnel by position that will be funded with CBCAP funds if applicant is awarded.

In the FTE column, only indicate the portion of each person's FTE that will be funded by CBCAP.

FTE CANNOT be more than headcount.

Program Name	Position Name	Headcount	FTE (full-time equivalency)
1			0.00

Professional Development

Use the table to indicate the number of providers that will receive professional development from CBCAP funding.

Type	Headcount	Average Hours per Month	Total Amount Spent (budgeted amount)
1			

Professional Development

For each type of professional development listed above, please provide a brief description, including subject matter, that will be provided.

****Example:**** _(Professional Development Type 1): (enter description and subject matter)_ (Professional Development Type 2): (enter description and subject matter)_

Program Contact Information

Program Name	First Name	Last Name	Title/Position	Phone	Email
1					

For each program listed at the top of this page, enter a contact for the person who can best answer questions related to the program. This may, or may not, be the same contact as listed on the Start Here tab.

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

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Letters of Support

(optional)

Please upload any letters of support.

Most file types are accepted, however, if you find a file type is not accepted please [compress to a zip file](#) and then upload.

Partner Assurances

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

Only report/speak to activities and services that will be funded by the CBCAP grant if applicant is awarded funds.



Partner Assurances

Using this [assurance template] (LINK), please upload a signed assurance document between you and each of your partners.

Budget

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

Only report/speak to activities and services that will be funded by the CBCAP grant if applicant is awarded funds.

Budget

(20 Points)

Budget

Please complete the [FFY2026 CBCAP Budget template](#) and upload.

- Make sure to provide a clear, explicit (not general) description justifying costs in each row.
- **Budgets missing justifications or short descriptions will reflect negatively in the review process.**



Please make sure the filename of the uploaded document has the applicant's name included as well as "FFY26 CBCAP Budget". _File formats accepted: xls and xlsx_

Funds by Program

Program Name	CBCAP Funds	Cash Match Funds	Additional Info (Optional)
1			

Please provide the proposed program budget by Fund Type and give a brief description of fund use. These should match the amounts in Column E for each specific program on the Budget Summary tab of the FFY2025 CBCAP Budget (Excel). Please provide the proposed grantee budget by Fund Type. Enter "0" if none; do not leave blank.

Please review the [CBCAP 2025-2026 Request for Proposals](#) and other important information on the [CBCAP RFP Webpage](#).

Only report/speak to activities and services that will be funded by the CBCAP grant if applicant is awarded funds.

Attachments

Please upload your organization's Transmittal Letter for Audit, Form 990, or most recent year-end Financial Statement Insert.

Please upload your organization's 501©(3) verification, if applicable.

Please upload your list of Board Members, with Conflict of Interest Statement, if applicable

Acknowledgements

Acknowledgements

Supplanting of Grant Funds: The grantee shall not replace or supplant funding of another existing program with funds provided for in this Grant. Funds awarded under this Agreement may not be used for any purpose other than the one defined in this document.

Debarment: As part of the Code of Federal Regulations (45 C.F.R. Part 76), all governmental entities receiving funding from the Federal Government must participate in a government wide system for non-procurement debarment and suspension. A person or entity that is debarred or suspended shall be excluded from Federal financial and non-financial assistance and benefits under Federal programs and activities. Debarment or suspension of a participant in a program by one agency shall have government wide effect. The Deputy Commissioner of Education is authorized to impose debarment. Before any person or entity enters into an agreement, grant or contract with the KCCTF, the Excluded Parties Lists shall be researched for potential debarred persons or entities.

Compliance with Laws and Regulations: The Grantee agrees that it will comply with all federal, state, and local laws and regulations in effect at any time during this Grant. The Grantee shall certify to the KCCTF Executive Director that it will provide a drug-free workplace and as a condition of the Grant, the Grantee will not engage in the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance in conducting any activity with the Grant.

Nondiscrimination and Workplace Safety: The grantee agrees to abide by all state, federal and local laws, rules, and regulations prohibiting discrimination in employment and controlling workplace safety. Any violation of applicable laws, rules and regulations may result in termination of this Grant.

ADA Compliance: The contractor agrees:

- to comply with the Kansas Act Against Discrimination (K.S.A. 44-1001) and the Kansas Age Discrimination in Employment Act (K.S.A. 44-1113) and the applicable provisions of the Americans with Disabilities Act (ADA) 42 U.S.C. 12101 and to not discriminate against any person because of race, religion, color, sex, disability, national origin or ancestry, or age in the admission or access to, or treatment or employment in, its programs or activities;
- to include in all solicitations or advertisements for employees, the phrase "Equal Opportunity Employer";
- to comply with the reporting requirements set out at K.S.A. 44-1031 and K.S.A. 44-1116;
- to include those provisions in every subcontract or purchase order so that they are binding upon such subcontractor or vendor;
- that a failure to comply with the reporting requirements of (c) above or if the contractor is found guilty of any violation of such acts by the Kansas Human Rights Commission, such violation shall constitute a breach of contract and the contract may be cancelled, terminated or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration;

- if it is determined that the contractor has violated applicable provisions of ADA, such violation shall constitute a breach of contract and the contract may be cancelled, terminated, or suspended, in whole or in part, by the contracting state agency or the Kansas Department of Administration.

Parties to this contract understand that the provisions of this paragraph (except for those provisions relating to the ADA) are not applicable to a contractor who employs fewer than four employees during the term of such contract or whose contracts with the contracting state agency cumulatively total \$5,000 or less during the fiscal year of such agency.

Audit Requirements: Awards containing Federal funds are subject to the Audit Requirements listed in OMB Circular A-133. Organizations expending Federal award funds more than \$500,000 during their fiscal year must have an audit completed in accordance with this Circular. Organizations spending less than \$500,000 annually in Federal awards may be subject to other audit requirements which will be established at the time of the award.

Cost Principles: Funds awarded through this agreement are subject to the following requirements as established by the Office of Management and Budget:

- OMB Circular A-102 – Grants and Cooperative Agreements with State and Local Governments
- OMB Circular A-110 – Uniform Administrative Requirements for Grants and Other Agreements with Institutions of Higher Education and Other Non-Profit Organizations
- OMB Circular A-21 – Cost Principles for Educational Institutions
- OMB Circular A-87 – Cost Principles for State, Local and Indian Tribe Governments
- OMB Circular A-122 – Cost Principles for Non-Profit Organizations

Electronic Signature

For this to be considered an official application, an authorized person must enter their electronic signature below, which means they have read and agree to the above statement on behalf of the applying organization.

Position Title

Technical Assistance

Request Technical Assistance via the CBCAP Technical Assistance Request Form

Response time: three (3) business days, with follow-up phone calls as needed.

Technical assistance is intended to provide an opportunity for applicants to ask questions and think through concerns or challenges. Technical assistance is not intended to help applicants complete or edit an application, or develop project plans, rather as a tool to aid applicants in this work. Please note that utilization of technical assistance has no influence on the application review process and scoring or final award determination.

Information from technical assistance conversations may be used to populate additional applicant and grantee resources to ensure shared learning, which will be shared on the [CBCAP RFP Webpage](#).

The KCCTF is committed to supporting access to CBCAP grant funding and has developed the following ways to support applicants and grantees.

- **CBCAP RFP & Application Webinar | Thursday, May 15, 2025**
Provides an overview of the CBCAP RFP, Kansas CommonApp portal and application process.
Recording to be posted no later than Monday, May 19 on the [CBCAP RFP Webpage](#)
- Questions related to purpose of funding and eligibility requirements as outlined in the RFP

- Questions related to navigation and interaction with the Kansas CommonApp portal Help Desk support.
- **FAQs:** These can be found at the bottom of the [CBCAP RFP Webpage](#) and are updated as needed.