

Sample form, not for offline completion.

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

Community-Based Child Abuse Prevention (CBCAP) FFY2026

The Kansas Children's Cabinet and Trust Fund (KCCTF) request proposals for the 2025-2026 (FFY2026) Community-Based Child Abuse Prevention (CBCAP) grant to develop, operate, expand, and enhance prevention-focused programs that strengthen and support families.

Organizations applying for this grant must demonstrate that they are investing other available financial resources and community support into their programs.

CBCAP awards will be granted for a 1-year funding period from October 1, 2025, through September 30, 2026. The Federal Administration for Children & Families is the sole funding source for this grant. Funding for 2024-2025 is dependent on the US Congressional budget and KCCTF receiving their Federal award notice.

In furtherance of recent [federal agency directives and executive orders on DEI-related funding](#), we request that all applicants review their application materials to ensure compliance prior to submission.

Please make sure your User Profile is up-to-date before submitting this application.

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

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](#).

Application Contact Information

First Name	Last Name	Title/Position	Email	Phone Number
1				

Applying Organization

Organization Name (Applicant)	Street 1	Street 2	City	State	Zip Code	Website
1						

The information above should match the applying organizations W9.

CEO or Executive Director (chief administrator of applying organization)

First Name	Last Name	Title/Position	Phone	Email
1				

Is the Fiscal Agent Organization the same as the Applying Organization listed above?

- Yes
- No

Fiscal Agent will be the agency the grant funds go to, i.e., serves as the fiscal agent for the organization applying for grant funds. The fiscal agent will be charged with ensuring the applying organization is completing grant funded activities if awarded.

Federal UEI Number

12 characters

A UEI (Unique Entity Identifier) number is required to receive federal funding.

- If the fiscal agent entity already has one, please log into [SAM.gov](https://sam.gov) to ensure the number is still active. If not, please reactivate as federal funds cannot be paid out until the UEI number is in active status.
 - If the fiscal agent entity does not currently have one, please visit [SAM.gov](https://sam.gov) to secure one for free.

Federal EIN/TIN

10 characters

EIN = Employer Identification Number TIN = Tax Identification Number This should be the number for the organization that will be receiving the funds if awarded. Please make sure the most current W9 is uploaded to the [User Profile](https://commonapp.grantplatform.com/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.

Project Overview

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

Populations Served

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

Please only count the children, caregivers, and their families that will receive direct services if the applicant is awarded CBCAP funds.

Children

Count children under the age they will be on 10/1/2025.

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

Children 0-1 Years	Children 2-3 Years	Children 3-4 Years	Children 4-5 Years	Children 6-11	Children 12- 18	Children 19+
1						

Caregivers, Families, etc.

Prenatal Supports: the number of caregivers reported on the table below that will be receiving prenatal supports if applicant is awarded CBCAP funds.

Families: only report the number of families that represent the children (reported in the table above) and caregivers (reported on this table).

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

Prenatal Supports	Caregivers	Families	Other	Other (Description)
1				

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](#).

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

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](#).

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

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...

Partner Assurances

Part of being able to successfully launch grant activities at the start of the grant period is making sure you have the necessary agreements from the partners you listed above in place and that they also understand and agree to all the requirements of the grant as laid out in the [RFP](#). Therefore, we are asking you to upload a signed assurance form for each of the partners listed above.

[Assurance Form Template \(PDF\)](#)



Please make sure the filename of the uploaded document has the applicant's name included as well as "FFY26 CBCAP Partner Assurances". 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: pdf, jpeg, jpg, png, tif, tiff, zip_

Involvement of Parents and Caregivers

The Kansas CBCAP program emphasizes authentic parent and caregiver involvement in all stages of CBCAP programs. List each program within your CBCAP proposal that you will engage parents and caregivers in the design, delivery, and evaluation of.

Reminder: parent and caregiver involvement is a grant requirement.

Program Name	Will FFY2026 be the first year for parent and caregiver program involvement? (Yes or No)
1	

Parent and Caregiver Involvement Plan

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

How will you engage parents and caregivers in the design, delivery, and evaluation of the program?

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)
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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
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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
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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)
			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)

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

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](#).

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

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.

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

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 Type

Please provide the proposed grantee budget by Fund Type. These should match the amounts in Column D for this specific program on the Budget Summary tab of the FFY2026 CBCAP Budget (Excel)

Total Amount in CBCAP column should be the requested amount for the application.

- Community-Based Grant: up to \$300,000
- Statewide grant: up to \$400,000

Program Name	CBCAP Funds	Cash Match Funds (10% minimum)	Total
1			

Budget Summary

For each program listed above, describe how you will use CBCAP funds if awarded.

- Please summarize by Funding Type (e.g., Personnel, Benefits, Travel, etc.).

DO NOT include amounts in this description. This should only be describing goods and activities the CBCAP portion of the budget (attached above) is funding.

Cash Match Requirements

Program Name: if not specified for a specific program, please enter "All Programs" in the Program Name column.

Confirmed: You have the cash donation already in hand **OR** a signed agreement the cash donation will be received regardless of whether receiving a CBCAP award or not.

Pending: Written agreement that cash donation will be received if awarded CBCAP funds.

Date of Receipt: enter an estimated date of when the cash donation will be received or when you can start requesting the cash donation.

Total Row: should match the total row for the respective column in the table above.

Program Name (if applicable)	Name of Funding Source	Cash Amount	Is Revenue Source Confirmed (in- hand) or Pending?	Estimated Date Funds or Donation will be received	Brief Description
1					

Cash Match Upload

Please upload documentation of the cash match listed in the table above.

Tip: Only one file can be uploaded here. If there are multiple files of supporting documentation to upload, please put them in a Zip (compressed) file and then upload the one Zip.

File Types accepted: links, doc, docx, pdf, ppt, pptx, xls, xlsx, jpeg, jpg, png, tif, tiff, m4a, m4p, mp3, mov, mp4, mpeg, mpeg4, mpg, m4v, zip



Acknowledgements

Acknowledgements

As an authorized representative of the Community-Based Child Abuse Prevention (CBCAP) Grant lead applicant, I hereby submit this application to Kansas Children's Cabinet and Trust Fund (KCCTF).

I represent that the information and financial data contained herein are true and correct to the best of my knowledge.

I understand the following conditions apply to this Application:

- Additional information may be requested
- Acceptance and consideration of this Application does not constitute commitment for financial assistance by the State of Kansas.
- I assure the alignment of this project with the CBCAP purpose, goals, and target outcomes as outlined in the RFP.

I have read and understand the grant requirements as stated in the RFP and defined in this application. By signing below, I agree to be bound by the relevant provisions thereof.

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.

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.

The following questions are for your Community Based Child Abuse Prevention (CBCAP) **FYF27** Renewal

If you have any questions regarding the FY27 Renewal, please contact Christie Wyckoff cnwyckoff@ksde.org, (785) 296-3767.

If you need technical assistance with the KS CommonApp, please submit a [request](#) (UPDATE THIS LINK)

Application Contact Information

Please list the person best able to answer questions about this application. This may be different from the person listed on the User Profile.

Renewal Applicant Contact Information

First Name	Last Name	Title/Position	Email Address	Phone Number
1				

Applying Organization

Organization Name (Applicant)	Street 1	Street 2	City	State	Zip Code	Website
1						

Note: The information above should match the applying organizations W9.

CEO or Executive Director
(chief administrator of applying organization)

First Name	Last Name	Title/Position	Phone	Email Address
1				

Is the Fiscal Agent Organization the same as the Applying Organization listed above?

Yes

No

Fiscal Agent will be the agency the grant funds go to, i.e., serves as the fiscal agent for the organization applying for grant funds. The fiscal agent will be charged with ensuring the applying organization is completing grant funded activities if awarded.

Federal UEI Number

Federal EIN TIN

Please provide a brief description of your project for the following areas.

For multiple programs, please include details in the below text boxes for each individual program.

Program Description: Program Model

Program Description: Purpose

Program Description: Goals and Objectives

Program Description: Participant Recruitment Strategies

Please describe how you will engage parents and caregivers in the design, delivery, and evaluation of your CBCAP program. Please include how you plan to compensate these individuals.

(Note: Include compensation under Contractual Services on Budget Spreadsheet)

Please use the following tables to indicate the estimated number of children to be served in by each age group, estimated number of families to be served, and the type of services that your program will provide.

Children Served

(Count children under the age they will be on 10/1/2026. Do not lean any field blank; enter "0")

	Ages 0-1 Years	Ages 2-3 Years	Ages 3-4 Years	Ages 4-5 Years	Ages 6-11	Ages 12-18	Ages 19+
1							

Caregivers, Families, etc. Served

Prenatal Supports: the number of caregivers reported on the table below that will be receiving prenatal supports if applicant is awarded CBCAP funds.

Families: only report the number of families that represent the children (reported in the table above) and caregivers (reported on this table).

(Do not leave any field blank; enter "0")

Prenatal Supports	Caregivers	Families	Other	Other (Description)
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1

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)
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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)
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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)
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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)
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1

Professional Development

(Use the table to indicate the number of providers that will receive professional development from CBCAP funding. Enter "N/A" if this service is not being proposed in this application.)

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

FY27 Proposed Program Changes

FY27 renewal applications should be based on the approved FY26 scope of work and budget, unless revisions are requested and approved through the renewal process. Changes are subject to approval.

Staffing

(If no changes, please list n/a)

Service Delivery

(If no changes, please list n/a)

Goals and Objectives

(If no changes, please list n/a)

Other Programmatic Shifts (e.g. partnership changes)

(If no changes, please list n/a)

Partner Assurances

Partnerships detailed in the FY26 application that are being renewed in FY27 must submit updated signed assurance forms. These forms confirm the partner's ongoing participation and agreement to comply with all grant requirements.



Note: Only one file can be uploaded here. If there are multiple partner assurance forms needing to be uploaded, please combine them into a single PDF and then upload the one file.

Budget and Narrative

Please complete the FFY2027 CBCAP Budget template and upload. Provide a clear, explicit (not general) description justifying costs in each row.



Cash Match Requirements

Program Name: if not specified for a specific program, please enter "All Programs" in the Program Name column.

Confirmed: You have the cash donation already in hand **OR** a signed agreement the cash donation will be received regardless of whether receiving a CBCAP award or not.

Pending: Written agreement that cash donation will be received if awarded CBCAP funds.

Date of Receipt: enter an estimated date of when the cash donation will be received or when you can start requesting the cash donation.

Total Row: should match the total row for the respective column in the table above.

Program Name (if applicable)	Name of Funding Source	Cash Amount	Is Revenue Source Confirmed (in- hand) or Pending?	Estimated Date Funds or Donation will be received	Brief Description
1					

Cash Match Upload

Please upload documentation of the cash match listed in the table above.



Note: Only one file can be uploaded here. If there are multiple files of supporting documentation to upload, please combine them into a single pdf and then upload the one file.

Acknowledgements

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I represent that the information and financial data contained herein are true and correct to the best of my knowledge.

I understand the following conditions apply to this Application:

- Additional information may be requested
- Acceptance and consideration of this Application does not constitute commitment for financial assistance by the State of Kansas.
- I assure the alignment of this project with the CBCAP purpose, goals, and target outcomes as outlined in the FY26 RFP and FY27 Renewal Program Instructions.

I have read and understand the grant requirements as stated in the RFP and defined in this application. By signing below, I agree to be bound by the relevant provisions thereof.

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.