



STATE OF ARKANSAS  
**Department of Finance  
and Administration**

**Office of Intergovernmental Services**

1515 West Seventh Street, Suite 400

Post Office Box 8031

Little Rock, Arkansas, 72203-8031

Phone: (501) 682-1074

Fax: (501) 682-5206

<https://www.dfa.arkansas.gov/intergovernmental-services>

# REQUEST FOR PROPOSAL

## Satellite CACs



**Application Deadline: July 7th, 2021**

### Proposal Application

Applications should be completed and submitted in the following order and in accordance with the instructions provided. Pages must remain numbered.

1. Application Checklist
2. Organizational Information
3. Needs Assessment [submit copy from last application]
4. Sustainability Plan [submit copy from last application]
5. Services To Be Provided [submit copy from last application]
6. Budget\* [unless making changes, submit copy from last application]
7. Budget Narrative [unless making changes, submit copy from last application]
8. Assurances
9. Required Attachments



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**\*Budgets**

**Submit updated form if changes are needed to budget categories or reallocations of amounts between categories. Please use budget categories listed.**

**Required Attachments**

Attachments should be received in the order requested. The original and the copy should both contain the attachments.

**All applicant information and attachments requested in this RFP are for the period of July 1, 2021 through June 30, 2022.**

**Questions?**

Email questions to [Betsy.Stokes@dfa.arkansas.gov](mailto:Betsy.Stokes@dfa.arkansas.gov)

We look forward to the receipt of your application.

**Funding Consideration**

**Process**

Funding for satellite centers will be considered in partnership with the regular DFA grant for host CACs. The satellite applications will be reviewed by the DFA and CAC Chapter.

DFA may request follow up information before a funding determination is made.



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## **Funding Requirements**

If a Center is approved to receive funds, expenditures must begin within sixty (60) days of receipt and spent by June 30, 2022. Activities will be monitored through quarterly financial and statistical reporting to DFA and CAC Chapter.

**All correspondence to the satellite CAC will be made through the host CAC.**

### **Quarterly Reporting**

Quarterly reporting requirements for satellite CACs follow the same timelines and guidelines as host CACs. **Host centers will be required to submit two statistical reports and two financial reports each quarter, clearly distinguishing activities between the host CAC and satellite location.**

### **Site Visits**

Site visits are determined as needed. Site visits can be conducted at any time. Visits may also be conducted if a center experiences changes in NCA accreditation status, CACA status, executive directors, or other major staff positions, or if it is deemed necessary for any other reason by DFA. Centers must produce requested site visit information before additional funding can be released.

### **Budget Modifications**

Budget modification requirements for satellite CACs follow the same guidelines as host CACs and can be submitted electronically at any time. Budget modifications for the satellite location must be clearly distinguished from those of the host CAC.



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## **Application Checklist**

Organizational Information

Budget

Budget Narrative

Assurances (signed and dated)

Attachments

### **Attachments required:**

- 1) MDT Local Protocol for satellite primary county [submit copy from last application]
- 2) Copy of MDT MOU with satellite primary county [submit copy from last application]
- 3) Copy of signed CAC Memorandum of Understanding with satellite primary county [submit copy from last application]
- 4) Complete satellite CAC staff listing with names and job titles
- 5) Board of Directors listing with names, positions, and contact info
- 6) Proof of Accredited membership with NCA and CACA
- 7) Need Assessment [submit copy from last application]
- 8) Sustainability Plan [submit copy from last application]
- 9) Services To Be Provided [submit copy from last application]



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## Organizational Information

### Host CAC Information

By checking this box, I certify that the host CAC is currently an accredited member, in good standing, of the National Children's Alliance and Children's Advocacy Center of Arkansas

Name of Host CAC: \_\_\_\_\_

Name of Host CAC Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Host CAC Board President: \_\_\_\_\_

Host CAC Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Host CAC Physical Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

(The above email address will be used for all communication with the satellite center)



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**Satellite CAC Information**

Name of Satellite CAC: \_\_\_\_\_

Name of Satellite CAC Authorized Representative: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Satellite CAC Advisory Board President (if applicable): \_\_\_\_\_

Satellite CAC Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Satellite CAC Physical Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: ( \_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_ ) \_\_\_\_\_

Satellite's Organizational Structure: (check one)

Hospital Based CAC

Independent Non-profit 501c(3)

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

Other (please specify)



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**CSC Satellite Budget for State Funds**

July 1, 2021- June 30, 2022

**Expenses**

\*Total Personnel: \_\_\_\_\_

Salaries: \_\_\_\_\_

Fringe: \_\_\_\_\_

Training: \_\_\_\_\_

Medical: \_\_\_\_\_

\*\*Travel: \_\_\_\_\_

Operational: \_\_\_\_\_

Other (Please specify): \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

**\* If satellite center employees are also employed by the host center and also receive partial or full-time salary support from another state funded position, clarification of hours/percentage of time being requested for salary support from this grant is required.**

**\*\*Current state mileage rate is \$.42/mile**



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**Total Satellite Program Budget:**

- Income: \$ \_\_\_\_\_
- Expenses: \$ \_\_\_\_\_





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**Budget Narrative**

Please describe in detail how each line-item amount will be utilized. Expenditures must begin within 60 days of receipt unless an extension is granted. If any of the funds being applied for through this RFP will be used to supplant existing funds, please explain.

[Complete budget narrative only if you have made changes to your budget]



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## **ASSURANCES**

By executing these assurances, the applicant agency agrees that any award under this application will be administered, and activities or services provided, in accordance with applicable state and federal laws and regulations. This agency agrees to use any funds awarded under this application only for those activities described in this application.

The applicant agency agrees to the following:

- 1) It shall maintain records that document the nature and outcomes of its activities, including records necessary for the appropriate accounting of funds received and disbursed.
- 2) It shall make available to DFA, CAC Chapter, authorized sub-contractors or the Arkansas Legislature all records or documents related to the activities funded under this application.
- 3) It shall make such reports (financial and programmatic) to DFA, CAC Chapter, authorized sub-contractors as may reasonably be required.
- 4) It shall protect confidentiality and prevent the inappropriate disclosure of information related to victims and shall be a signatory of a confidentiality agreement of any local or regional Multidisciplinary Team (MDT) which applicant agency participates in.
- 5) No person shall, on the basis of sex, race, disability, or religion be excluded from participation in, be denied the benefit of, or be subjected to discrimination under any program or activity funded in whole or part by awarded funds. Applicable laws include but may not be limited to 1) Title VI of the Civil Rights Act of 1964, 2) Title IX of the Education Amendments of 1972, 3) Section 504 of the Rehabilitation Act of 1973, and 4) Age Discrimination Act of 1975.
- 6) It shall initiate proposed activities within 60 days of award unless prior written approval of a delay is obtained from DFA.
- 7) It shall, where allowable and if applying for program funding which includes expenses for activities conducted previously which would have been eligible for funding by this source, provide necessary documentation requested to verify those activities.



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- 8) It shall be willing to collaborate locally and statewide.
- 9) It shall submit quarterly or other reports, as required.
- 10) It shall not permit any funds to be paid to any current or past member of the Arkansas legislature or current State employee without beforehand notifying DFA.
- 11) **It shall not permit any additional funds, during specified work hours per position, to be paid to current employees funded at 100% through this grant. Examples include funding employees at 100% through this grant if that employee is also being paid through another source such as VOCA and/or ARBEST.**

To the best of my knowledge and belief, all information in this application is true and correct as of \_\_\_\_\_. This application has been duly authorized by the applicant's governing body and the applicant will comply with all assurances and requirements should this project be awarded funding. Furthermore, I understand that this program will be required to complete progress reports (format to be provided by the DFA should the project be awarded funds).

Signature of Satellite Authorized Representative: \_\_\_\_\_

Signature of Satellite Advisory Board President: \_\_\_\_\_

Signature of Host CAC Authorized Representative: \_\_\_\_\_

Signature of Host CAC Board Chair or President: \_\_\_\_\_