

### Implementation Project Information Form

IP Title\*

State/Tribe/Territory participating in IP\*

Select States/Tribes/Territories

- AL
- AK
- AR
- CA
- CO

Click to ADD >>

<< Click to REMOVE

Added States/Tribes/Territories

If other than the State/Tribal child welfare agency, specify the primary participant(s) in the IP (e.g., county or local jurisdiction, court, private agencies operation on behalf of the state, etc.)

Region\*

Brief Description of the Implementation Project\*

Re-attach Abstract (if revised)

Browse...

Project Duration Years  Months

Project Start/End Dates Start  End

Estimated Project Budget Year 1  Year 2  Year 3  Year 4

IC Contact Info\*  Email\*  Phone\*

State/Tribe Contact Info\*  Email\*  Phone\*

Additional Network Members Needed to Deliver T/TA

Select Network Members

- Child Welfare – Organizational Improvement
- Child Protective Services
- Child Welfare – Legal and Judicial Issues
- Family – Centered Practice and Permanency Planning
- Child Welfare Data and Technology

Click to ADD >>

<< Click to REMOVE

Added Members

Practice Area(s)\*

Organizational/Systemic Area(s)\*

NRC/IC Optional Category

NRC/IC Optional Category #2

IP Logic Model Attached\*  Yes  No  Browse...

NRC tabs for Implementation Projects will be the same as NRC T/TA Work Plan form tabs

Save List

IC 1 TTA1 TTA2

Brief narrative description of activities planned

Workplan attached\*  Yes  No  Browse...

State/Tribal Contact\*  Email\*  Phone\*

Optional Field:  Optional Field:

Cancel Save

#### IP CLOSE OUT

Has this implementation project concluded?  Yes  No

Date T/TA work completed

Further T/TA expected to be needed  Yes  No

Name of Closer\*

Date of Closeout\*

Comments/Notes