

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