

OneNet Implementation Project Application

You are logged in as Western and Pacific CW Implementation Center (WPIC)

WPIC IP ID Number: IP107

[Help on this page](#)

The OneNet IP Application Form records descriptive information from any initial concept paper or application submitted to an IC by the State/Tribe for an implementation project. The purpose of the form is to capture and describe the State/Tribe's initial reason for seeking an implementation project.

Items with an asterisk after the label are required.

IP Title*:

State/Tribe/Territory participating in IP*:

Select State/Tribes

- Yankton Sioux
- Ysleta del Sur
- Yurok
- Zuni
- American Samoa

Added State/Tribes

Click to ADD >>

<< Click to REMOVE

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

Region*:

Brief Description of the Implementation Project*:

0 characters (6000 max)

[Access Standard Initiation Request Tool and Project Concept/Application in TTACC Portal](#)

Project Duration: **Years** **Months**

Project Start/End Dates: -

Practice Area(s)*:

Select Practice Area(s)

- Cultural Competence
- Working with Diverse and Special Populations
- Case documentation
- Other (specify)
- Primary CA/N Prevention

Added Practice Area(s)

Click to ADD >>

<< Click to REMOVE

Other (Specify):

Organizational/Systemic Area(s)*:

Select Organizational/Systemic Area(s)

- Stakeholder/Partner/Community Relationships & Involvement
- Interagency/Interorganizational Relationships/Collaboration
- Interjurisdictional Relationships/Collaboration
- Other (specify)
- Policies & Procedures

Added Organizational/Systemic Area(s)

Click to ADD >>

<< Click to REMOVE

Other (Specify):

Outcomes Targeted*:

Select Outcomes Targeted

Added Outcomes Targeted

Other (Specify):

Federal Plan or Review*:

Select Federal Plan or Review

Added Federal Plan or Review

Other (Specify):

Applicant's Contact Information*:**Name*:**

Email*:

Phone*:

Extension:

*(XXX-XXX-XXXX)***Address: Organization:**

Street:

City:

State:

Zip:

Application Entered By*:

Optional Field:

Assessment Authorization Information**Status of Assessment Decision:** Authorized Not Authorized More Information Required Cancelled**If Not Authorized, please explain:**

0 characters (2000 max)

Date Authorized*:

Name of Authorizer*:

Assessment Authorization Entered By*:

Cancel

Save