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| --- | --- | --- |
| **Date:** | **Facilitators:** Laura, Lynda, Noeli, Salome | **Potential Applicants:** |

| **Time****(min)** | **Questions/Prompts** | **Meets Criteria**  | **Notes/Comments** |
| --- | --- | --- | --- |
| **Capacity Building Track Questions** |
| **5**  | **Overview/Introductions** * Brief round of introductions
* Explain interview process/next steps
* See if any questions about the phone interview/process before getting started
 | -------------------- |  |
| **10**  | **Organizational Capacity** * Tell us more about your organization. Who do you primarily serve? What are your organization’s values?
	+ What, if any, existing resources and infrastructure will help you successfully plan for/begin implementing the practice you identified?
 | The applicant describes at least one way the organization (or partners) is already addressing the need identified. [ ]  Yes [ ]  No [ ]  UnsureThe applicant describes having resources and infrastructure to plan to implement/implement the practice. These may include but are not limited to having dedicated staff to support the project, strong partnerships, additional funding, plans for training staff, etc.[ ]  Yes [ ]  No [ ]  Unsure |  |
| **10** | **Need*** Which practice are you planning to replicate?
* Can you share more about the need you’re hoping to address and how the practice you’ve identified will support that?
	+ Who was a part of this process?
	+ What, if anything, is your organization currently doing to address this need?
 | The applicant has selected an Innovation Hub practice replicate. [ ]  Yes [ ]  No [ ]  UnsureThe applicant indicates that community members/those who will be impacted by the practice participated in identifying the need and Innovation Hub practice. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **5**  | **Team Composition** * Who will be responsible for leading/ supporting your Replication Project?
* Can you share more about their role/ background?
 | The applicant has a dedicated group (ideally 5-10 people) who will support the project. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **10** | **Evaluation/Vision of Success** * What are you hoping to accomplish by participating in this opportunity? How might you assess your progress towards achieving this?
* Do you have a way to determine how involved community members/partners are/will be in replicating this practice?
 | The applicant indicates they’ve thought about how they might assess their project’s progress. [ ]  Yes [ ]  No [ ]  UnsureThe applicant indicates they’ve thought about how they might assess the degree to which community members/partners will participate in the project. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **5** |  **Adaptation*** Have you identified what changes your organization might need to make to its trainings, processes, policies, or activities to replicate this practice successfully in your context?
 | The applicant describes changes that may need to occur. It sounds like these changes are feasible/there is organizational support for these to occur if needed. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **If checked “yes for all the previous questions, proceed to the next set of questions.**  |
| **Implementation Track Questions** |
| **3**  | **Communication*** Can you speak to any communication channels/activities you have in place to keep community members and partners informed of your activities?
 | The applicant indicates they have a communication channel and/or activities in place to share information with community members and partners. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **3** | **Problem Solving Capacity** * Do you have any processes you can use to identify and challenges/barriers as they occur and problem-solve solutions/next steps with community members/ partners?
 | The applicant indicates they have a process in place to identify and problem-solve challenges/barriers with community members and partners. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **3** | **Evaluation Part II** * Can you speak to your capacity to keep track, measure, and report on the processes and outcomes of your Replication Project?
 | The applicant indicates they have the capacity to track, measure, and report on project processes and outcomes. [ ]  Yes [ ]  No [ ]  Unsure |  |
| **5 min** | * Are you still interested in applying for this opportunity?
* What questions do you have for us?
* In terms of next steps, we’ll send you an email at the end of today sharing if we think you’re a good fit. At that point, you’ll also receive a copy of the application to complete.
 |  |  |

**Recommendation**

* Apply for Capacity Building Track (can check “yes” some but not all criteria in first section – at least organizational capacity and need)
* Apply for Implementation Track (can check “yes” on all criteria in first section but does not check “yes” on all criteria in second section)
* Participate in other/additional TA opportunities and consider applying in the future (cannot check “yes” on any criteria in first section or unable to check “yes” on organizational capacity and need)
* Recommend for other opportunities – too advanced for Replication Project (can check “yes” for each criteria
* Other
	+ Explanation: