| **Time**  **(min)** | **Questions/Prompts** | **Meets Criteria** | **Notes/Comments** |
| --- | --- | --- | --- |
| **Capacity Building Support Questions** | | | |
| **5** | **Overview/Introductions**   * Brief round of introductions * Overview of the different types of support available * 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  Unsure  The 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  Unsure  The 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  Unsure  The 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 Support 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 any 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 |  |

|  |  |  |
| --- | --- | --- |
| **Wrap-Up for All Applicants** | | |
| **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 early next week sharing if we think you’re a good fit. At that point, you’ll also receive a copy of the application to complete. |  |