

## Replication Project Request for Applications Part II: Exploratory Call Guide

<b>Date:</b>	<b>Facilitators:</b>	<b>Potential Applicants:</b>
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Time (min)	Questions/Prompts	Meets Criteria	Notes/Comments
<b>Capacity Building Support Questions</b>			
5	<b>Overview/Introductions</b> <ul style="list-style-type: none"> <li>Brief round of introductions</li> <li>Overview of the different types of support available</li> <li>Explain interview process/next steps</li> <li>See if any questions about the phone interview/process before getting started</li> </ul>	-----	
10	<b>Organizational Capacity</b> <ul style="list-style-type: none"> <li>Tell us more about your organization. Who do you primarily serve? What are your organization's values?               <ul style="list-style-type: none"> <li>What, if any, existing resources and infrastructure will help you successfully plan for/begin implementing the practice you identified?</li> </ul> </li> </ul>	<p>The applicant describes at least one way the organization (or partners) is already addressing the need identified.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p> <p>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.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	
10	<b>Need</b> <ul style="list-style-type: none"> <li>Which practice are you planning to replicate?</li> </ul>	<p>The applicant has selected an Innovation Hub practice replicate.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	

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	<ul style="list-style-type: none"> <li>Can you share more about the need you're hoping to address and how the practice you've identified will support that?               <ul style="list-style-type: none"> <li>Who was a part of this process?</li> <li>What, if anything, is your organization currently doing to address this need?</li> </ul> </li> </ul>	<p>The applicant indicates that community members/those who will be impacted by the practice participated in identifying the need and Innovation Hub practice.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	
5	<p><b>Team Composition</b></p> <ul style="list-style-type: none"> <li>Who will be responsible for leading/supporting your Replication Project?</li> <li>Can you share more about their role/background?</li> </ul>	<p>The applicant has a dedicated group (ideally 5-10 people) who will support the project.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	
3	<p><b>Funding</b></p> <ul style="list-style-type: none"> <li>If awarded, what ideas do you have for spending your funds? Have you talked to a representative of the practice you're planning to replicate to see what suggestions they have?</li> <li>Refer applicant to "What to Expect if Accepted" which outlines some suggestions on how to spend funds if they need ideas.</li> </ul>	-----	
10	<p><b>Evaluation/Vision of Success</b></p> <ul style="list-style-type: none"> <li>What are you hoping to accomplish by participating in this opportunity? How might you assess your progress towards achieving this?</li> <li>Do you have a way to determine how involved community members/partners are/will be in replicating this practice?</li> </ul>	<p>The applicant indicates they've thought about how they might assess their project's progress.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p> <p>The applicant indicates they've thought about how they might assess the degree to which community members/partners will participate in the project.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	

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5	<p><b>Adaptation</b></p> <ul style="list-style-type: none"> <li>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?</li> </ul>	<p>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.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	
<b>If checked “yes for all the previous questions, proceed to the next set of questions.</b>			
<b>Implementation Support Questions</b>			
3	<p><b>Communication</b></p> <ul style="list-style-type: none"> <li>What kind of communication channels/activities do you have in place to keep community members and partners informed of your activities?</li> </ul>	<p>The applicant indicates they have a communication channel and/or activities in place to share information with community members and partners.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	
3	<p><b>Problem Solving Capacity</b></p> <ul style="list-style-type: none"> <li>Do you have any processes you can use to identify challenges/barriers as they occur and problem-solve solutions/next steps with community members/ partners? (Ex. PDSA cycles, built-in feedback loops)</li> </ul>	<p>The applicant indicates they have a process in place to identify and problem-solve challenges/barriers with community members and partners.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	
3	<p><b>Evaluation Part II</b></p> <ul style="list-style-type: none"> <li>Can you speak to your capacity to keep track, measure, and report on the processes and outcomes of your Replication Project?</li> </ul>	<p>The applicant indicates they have the capacity to track, measure, and report on project processes and outcomes.</p> <p style="text-align: center;"><input type="checkbox"/> Yes   <input type="checkbox"/> No   <input type="checkbox"/> Unsure</p>	

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### Wrap-Up for All Applicants

5 min	<ul style="list-style-type: none"><li>• Are you still interested in applying for this opportunity?</li><li>• What questions do you have for us?</li><li>• 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.</li></ul>	
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