RI Partnership for Success

Community Strategic Plan Guidance Document

APPENDIX B - CAPACITY TEMPLATES

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| *Enter Name of Coalition/Task Force* Membership List |
| Member Name | Affiliation or Sector Represented | Length of time as member | Committee, Sub-Committee, Workgroup Participation  | Describe level of participation in coalition/task force |
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| Resource Assessment – Use of Evidence Based Practices, Policies and Programs 2008-2013 |
| Name of Intervention or Strategy | Priority Problem Addressed, Target Population & Setting  | Was this an evidence based practice? |
| Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Community Readiness Assessment |
| Tri Ethnic Center Community Readiness – Dimension | Score | Strengths | Areas Requiring Improvement | Mobilization or Capacity Building Activities Planned |
| Community Knowledge of the Issue | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Community Knowledge of Efforts | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Community Climate | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Leadership  | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Resources | Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |