## **Healthcare Technology Pilot Proposal Form**

Project Title
Organization/Department
Drive and Contact Name
Primary Contact Name
Contact Email
Contact Phone
Dunio et Summanu
Project Summary
Problem or Need Addressed
Proposed Technology Solution
Project Objectives & Expected Outcomes
Key Stakeholders Involved

Proposed Timeline/Duration	
Resources Required	
Evaluation Metrics & Success Criteria	
Potential Risks & Mitigation Strategies	