Appendix 1: PCN Portfolio Project Application Form

Project Title	**[Project Title]**
Project Overview	[Provide a brief description of the project, its objectives, and expected outcomes.]
Project Lead	[Name of Project Lead]
Project Lead Contact Information	[Phone number or email address]
Project Team Members	[Name and role of each team member involved in the project]
Project Start Date	[Start Date]
Project End Date	[End Date]
Project Description	[Provide a detailed description of the project, including its purpose, goals, activities, and expected deliverables.]
Project Objectives	[List the specific objectives the project aims to achieve.]
Project Scope	[Specify the scope of the project, including any limitations or constraints.]
Project Timeline	[Outline the key milestones, activities, and timeline for the project.]
Evaluation and Monitoring	[Describe the methods or tools that will be used to evaluate and monitor the progress and success of the project.]
Resources Required	[List the resources, equipment, or materials needed for the project.]
Collaboration and Engagement	[Explain how the project will involve collaboration with other stakeholders, community partners, or healthcare professionals.]
Risks and Mitigation Strategies	[Identify any potential risks or challenges associated with the project and outline the strategies planned to mitigate them.]
Project Sustainability	[Describe how the project will be sustained or integrated into ongoing operations after completion.]
Approval	[CD signature - approving authority to sign off on the project application.]