# Title of solution

Organization Name:

*Contact Person(s):* (name and title of one or two people)

*Contact information*:

*Name:*

*Telephone:*

*Email:*

# ABSTRACT: (300 words)

# WHICH SPECIFIC AREAS OF THE MITRE TELEMEDICINE INNOVATION CHALLENGE DOES YOUR PROPOSAL ADDRESS? (Select one or more of the following.)

\_\_ Telehealth platform

\_\_ Vision testing

\_\_ Hearing testing

\_\_ Cardiovascular testing

\_\_ Pulmonary testing

\_\_ Musculoskeletal testing

\_\_ Neurologic testing

\_\_ Mental health assessment

\_\_ Remote monitoring

\_\_Data integration

\_\_Other

# SOLUTION OVERVIEW:

What is your idea for a telehealth solution which could be implemented within the next 24 months at scale?

# TECHNICAL BACKGROUND

What are the critical technical components and dependencies of your solution?

# CURRENT USE AND VALIDATION OF THE SOLUTION

Describe how your solution is currently used for patient care? Describe a typical adoption cycle and challenges for adoption.

# IMPACT

Describe how your solution would improve the process for medical certification for workers.

# ORGANIZATION BACKGROUND:

Interested, capable vendors (parties) are requested to submit the following information as part of their response.

1) Company Information:

* Company Name
* Mailing Address
* Name, telephone number, and e-mail address of a primary point of contact having the authority and knowledge to clarify responses with Government representatives.
* Dun & Bradstreet D‑U‑N‑S Number
* Tax Identification Number, and company structure (Corporation, LLC, partnership, joint venture, etc.).
* Length of time the Organization has been in business.
* Types of services provided by your Organization.
* Types of clients by industry (i.e., Federal, Commercial, Local Government, etc.)
* Is the Organization, U.S. based or International?
* Is the Organization a subsidiary of another Organization?
* Organizations website address
* Number of employees in the organization
* *GSA schedule(s) with period of performance to include option periods. (optional)*
* *Other contract vehicles/schedules, if any, to include period of performance and any option periods. (optional)*

2) Brief Summary (no more than one (1) page) of previous relevant experience.