**Contact Information**

|  |  |
| --- | --- |
| Submitting individual’s contact information |  |
| If selected, who should we contact to review and approve the final case study? |  |

**Project/Application Information (the following information will be utilized to develop the case study)**

|  |  |
| --- | --- |
| Name of Project/Application |  |
| Implementing Partner(s) |  |
| Project Contact | *Agency: Contact name, Title, Telephone Number, Email Address* |
| Funder & Funder Contact | *Agency: Contact name, Title, Telephone Number, Email Address* |
| Geographic Coverage | *Country, Region/State/City (optional)* |
| Overview of Project | *Who (target audience) , What (what is the mobile health application and associated project), When (implementation time frame), Where (geographic coverage), Why (health issue/potential for impact) (~2-3 paragraphs)* |
| How the Application/ Project Works | *~2-3 paragraphs* |
| Evaluation/Impact/Results | *~3 paragraphs (i.e. summary of methods and key evaluation findings, with a focus on the mHealth system’s effect on health outcomes, if available; include a graph if available)* |
| Lessons Learned |  |
| Conclusion | *~1-2 paragraphs* |
| Additional References | *Web links to articles, reports, etc.* |
| Picture/Credits | *Higher resolution images (at least 200 dpi) are preferred.* |

Please direct all inquiries and email your completed submission to   
Gayle Mendoza at [gmendoza@as4h.org](mailto:gmendoza@as4h.org) (cc: [lokoko@as4h.org](mailto:lokoko@as4h.org))   
by **Monday, September 8, 2014**.