

Planning Your Prototype

What If...?

What filters did you choose (Select 3)

- | | | | |
|---------------------------------------|--|--|--------------------------------|
| <input type="checkbox"/> Feasibility | <input type="checkbox"/> Right Direction | <input type="checkbox"/> Personal Commitment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Desirability | <input type="checkbox"/> Most Urgent | <input type="checkbox"/> Social Return on Investment | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Viability | <input type="checkbox"/> Most Strategic | <input type="checkbox"/> Highest Unmet Need | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Quick Win | <input type="checkbox"/> Changes the Narrative | | <input type="checkbox"/> _____ |

Describe your solution:

What inspired your solution? (Is this a new or existing idea? What other efforts would this reinforce or connect to?)

Who benefits?

How do they benefit?

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What are you least certain about?

What resources do you need? (People, Materials, Technology, Financial)

What's the fastest test? (If you were to test your solution in one day with minimal resources, how would you do it?)

List the steps you would take to accomplish this test.

How will you know this test has been a success?

Project Name:

Lead (Name/Email)

Team (Names/Emails)