Letter of Intent template

Dear Scale AI,

We are writing to you to express our intent in participating in the project [INSERT NAME OF PROPOSED PROJECT]. We confirm all the following conditions are met to successfully.  In particular, as described in more detail in our eligibility submission, we hereby confirm that:

1. Our Hospital will direct and lead this project;
2. This project has already received all internal (and external, if applicable) support, approvals and endorsements required to empower us to proceed with this project (subject to receiving Scale AI approval and signing the necessary contracts).  All the relevant governance bodies, executives, staff and physicians are committed to contribute to the Scale AI submission and to partake in the project by [describe activities on the project];
3. Our Hospital has the necessary digital maturity and experience to successfully develop and integrate an AI solution in our operations, including:
   1. that we performed a digital maturity assessment, providing key metrics and in partnership with an organization with the relevant expertise; and
   2. our Hospital already has experience integrating AI solutions with metrics showing the solution is actually used and is impacting the efficiency of the operations;
4. Our project team has the relevant AI expertise and experience described in our submission;
5. We have completed an initial feasibility study, in which:
   1. we have created detailed, structured descriptions of the processes to be improved that will provide a solid basis on which to build our AI solution; and
   2. we have validated that the required data for the successful project completion is available to be used and is accessible;
6. Our project plan includes provision for ongoing maintenance and improvement after project completion, to ensure a sustainable adoption of the solution by the Hospital.  In particular:
   1. the following organization will be responsible for overseeing maintenance and continuous improvement of the solution:  [Name of organization]
   2. we have already secured the funding, or necessary assurances for the funding, required for ongoing maintenance and improvement after project completion until at least [DATE] or [months after project completion].
7. We understand that Scale AI requires that we sign all contracts and commence our project by **October 1, 2023**, failing which Scale AI will immediately revoke its offer to fund our project.

**Project Benefits:** [Describe how the Hospital will benefit from this project].

The Clinical Lead for the project will be [Name of the Clinical Lead, Title].

Sincerely,

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| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name [of Clinical Lead]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature [of Clinical Lead] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name [of Hospital’s Executive Sponsor]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature [of Hospital’s Executive Sponsor] | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name [of Hospital’s CEO]  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature [of Hospital’s CEO] |