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| **Project Name:** |  | **N**ew Product  **Q**uality Issue  **M**anufacturing  **C**ost Savings  **R**&D  **O**ther (Please Specify) | **CFI Copy**:  DZEVCHIK  **CC:** |
| **Project Number:** |  |
| **Revision #** |  |
| **Initiated By:** |  |
| **Date Initiated:** |  |
| **Volume Impact:** |  |
| **Due Date:** |  |

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| **Stage:**  Screen  Feasibility  Development  Scale-up  To Market  Review |

**Objective**: **If applicable, Attach documents**

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| Competitive Review  New Formulations  Nutritionals  Bench top testing  Pilot Plant trials  Formula Optimization    Viscosity  Color  Texture  Flavor  Functionality  Manufacturing Instructions  Finished Product Specifications  New Raw Material Vendor  Product Format | Kosher Issues  Shelf-Life Data  Regulatory Info  Raw Material Identification  Packaging  Specification Adjustments    Ingredient Declarations  Formulation Development  Process Development  Statistical Analysis  Rate Verification  New Vendor Qualification  Target Work  Consumer preference | Other, please specify |

### Marketing Input Project Sheet

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| --- | --- |
| **Project Name:** |  |
| **Project Number:** |  |
| **Date:** |  |

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#### Project Objective

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### **Product Concepts**

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**Consumer Targets**

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#### Volume

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| --- | --- |
| Market Size |  |
| Key Competitors |  |
| Current Market Trends |  |
| Expected Incrementality |  |
| Source of Volume |  |
| Volumetric Test Results |  |
| Share Assumptions |  |

#### Financial Targets

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| --- | --- |
| COGS |  |
| Shelf Price |  |
| Pricing Studies |  |

#### Time Line

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| --- | --- | --- |
| Stages |  | Key Dates |
| Screen |  |  |
| Feasibility |  |  |
| Development |  |  |
| Scale-Up |  |  |
| To Market |  |  |
| Review |  |  |

#### Decision Hurdle Criteria

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##### Project Initiation Request Form

1. All project work must have a project request form filled out
2. Change to project scope will require revision form to be filled out with new goals.
3. Each stage of project work must have cover attached indicating phase of project. Use Project Request form.

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| **Stage:**  Screen  Feasibility  Development  Scale-up  To Market  Review |

1. The author is project leader/owner
2. All project requests must have appropriate sign off(s) prior to project launch.
3. All data coming in from CFI will be sent to the attention of Designated individual(s).
4. Review and status will occur during weekly conference calls.

**Example:**

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| **Project Name:** | New Project | **N**ew Product **(N)**  **Q**uality Issue **(Q)**  **M**anufacturing **(M)**  Example  **C**ost Savings **(C)**  **R**&D **(R)**  **O**ther (Please Specify) **(0)** | **CFI Copy**:  DZEVCHIK    **CC:** |
| **Project Number:** | **N**-001A |
| **Revision** | A |
| **Initiated By:** | B. Smith |
| **Date Initiated:** | MM/DD/YY |
| **Volume Impact:** | 1MM cases |
| **Due Date:** | MM/DD/YY |

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| **Stage:**  Screen  Feasibility  Development  Scale-up  To Market  Review |

**Objective**: IF applicable, Attach **Marketing Input Project Sheet**

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