|  |  |  |  |
| --- | --- | --- | --- |
| **Customer name:** |  | **Submission date:** | [Select Date] |
| **Customer contact:** |  | **Version number:** | 1 |
| **Product name:** |  | **Sample target date:** | [Select Date] |
| **Initial forecast:** |  | **Expected date of manufacture:**  |   |
| **Target Market(s):** |   | **Target cost/unit**: |  |
| **Product Classification:** |   | Batch managed (Y/N) |  |

|  |  |
| --- | --- |
| **Description / claims:** |   |
| **Attribute:** | **Must** | **Priority** | **Description** (include quantity where applicable) |
| Fragrance | [ ]  |  |   |
| Moisture | [ ]  |  |  |
| Shape / size / weight | [ ]  |  |  |
| Color | [ ]  |  |  |
| Other characteristics | [ ]  |  |  |
| **Predicate products (pros/cons):** |  |

|  |
| --- |
| **Primary Packaging:** |
| Direct Contact: |  |
| Indirect Contact: |  |
| **Secondary Packaging**:  |
| Labels: |  |
| Inserts: |  |
| **Notes:**  |

|  |
| --- |
| **R&D feedback - IBF use only** |
|  |

|  |  |  |
| --- | --- | --- |
| **Customer Approval:** |  | **IBF Acceptance:** |
| **Name/Title:** **Signature:****Date:** Click or tap to enter a date. |  | **Name/Title:** **Signature:****Date:** Click or tap to enter a date. |
| Name: Signature:Date: Click or tap to enter a date. |  | Name: Signature:Date: Click or tap to enter a date. |

**Process and Form instructions**

Complete the form with as much detail as possible. Submit the form to info@ibfteam.com. Definitions of the fields are provided below. Once the form is provided to IBF, IBF will respond within 3 business days with feedback or to schedule a meeting to discuss the product design.

|  |  |
| --- | --- |
| **Field** | **Description** |
| **Customer Contact** | The resource IBF will contact for questions regarding data entered on this form. |
| **Product Name** | The name the Customer and IBF will use to refer to the Product. |
| **Initial Forecast** | Customer’s expected first order quantity. |
| **Target Market(s)** | Check the appropriate target markets for the product. |
| **Product Classification** | Choose from the drop down menu (Cosmetic, Household, Drug, Medical Device, Misc.) |
| **Submission Date** | The date the form is submitted to info@ibfteam.com. |
| **Version number** | The iteration of the Design. Defined by a material change to one of the product attributes. |
| **Sample target date** | The date the Customer would like to have a sample product in hand. |
| **Expected date of manufacture:**  | Customer’s expected date for order placement. |
| **Target cost/unit** | The Customer’s target cost for formulation, filling and labeling. |
| **Batch Managed (Y/N)** | Batch management status. |
| **Description and Claims** | Primary product description and claims. |
| **Attributes – Must - Priority – Description** | List the key attributes required of the product along with the priority of the attribute. Indicate which attributes are a ‘must have’. Fragrance, size, shape, color (reference Pantones), texture, application behavior, shelf life, etc. Be as detailed as possible. |
| **Predicate products (pros / cons)** | Provide a sample or name of similar products available on the market or prior Customer products manufactured by IBF with like attributes. Provide the name, brand and/or links to similar products. Include the pros and cons of each product.  |
| **Primary packaging** | Direct product contact items: container, closure, decorations/art work, etc. |
| **Secondary packaging** | Indirect product contact items: unit carton, inserts, type of carton closure, etc.  |
| **Notes** | Include shipping package requirements (container, palette, divider, label, etc.), dunnage and any other packaging details not included in the Primary and Secondary Packaging sections. |