



Project Number _____

**New Product Proposal Form
Market Verification Phase I**

Date Assigned _____
Date Due _____

Prepared by _____ Product Line _____

Market Need Filled _____

Market Analysis _____

Market Segment _____

Size of Market _____

Region(s) _____

Basis of Estimate _____

Strategic Impact

Create New Market _____ Increase Existing Market _____ Product Improvement _____

Impact on Existing Products _____

Description _____

Quantity Estimates

	Year 1	Year 2	Year 3	Year 4	Year 5
One Time Project? Yes No					
Committed Quantities by Customer	_____	_____	_____	_____	_____
Forecasted Quantities	_____	_____	_____	_____	_____
Source of Above Information	_____				

Will customer invest in tooling/start-up costs for this project?

___ Yes ___% or \$___ ___ No

Pricing

Target Sell Price _____

Maximum Sell Price _____

Price Probability

<u>Price</u>	<u>Probability to Get Business</u>
\$ _____	_____ %
\$ _____	_____ %
\$ _____	_____ %

Competition

Manufacturer	Model	Sales Feature	Market Share
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Basis of Validation _____

Product Introduction

Is there a market window? ___ No ___ Yes What is it? _____

Estimated Introduction Date _____

Target Audience(s) _____

Probable Marketing/Communications Media Requirements Development & Placement Cost

Required	Optional		
_____	_____	Tradeshow(s)_____	\$ _____
_____	_____	Trade Advertising_____	\$ _____
_____	_____	Direct Mail_____	\$ _____
_____	_____	Publicity_____	\$ _____
_____	_____	Catalogs_____	\$ _____
_____	_____	Brochures/Collateral_____	\$ _____
_____	_____	Other_____	\$ _____

Can we market through existing sales force? ___Yes ___No

Approved for Specifications Development (Signatures of Project Review Committee)

	*	
	*	
		Date _____

Notes

_____ Need for Further Market Research

Focus Group Cost_____

Plant Visit Cost_____

_____ Need for Model Development

Project Number _____

Product Description (checklist) Phase II

Date Assigned _____

Date Due _____

Concept Development and Commitment Phase/Step 8

Product Name _____

1. Description of Product or Application _____

Customer Validation

Following Information Validated by Customer (Names) _____

Method(s) of Validation _____

Waiver of Signature _____ (V.P. of Sales/Marketing) _____ (Date)

Requirements

Customer _____

User _____

2. Physical

Size: Length _____ Width _____ Height _____

Capacity/Volume _____

Mounting Requirements _____

Critical Dimensions _____

Tight Tolerances _____

Use _____

Barrier Free _____

Features _____

Further Descriptions _____

3. General

Life Expectancy_____

Sales Samples Required_____

Target Factory Cost_____

Material_____

Metal Gauge_____

Stainless Steel Type_____

Process_____

Patent/Search_____

Instructions, Labels, Guarantees_____

Retrofit_____

Misuse, Safety Hazards, and Warnings_____

4. Controls & Adjustments

Installed_____

Maintenance_____

User_____

5. Reliability, Quality, Safety

Life Expected/Cycles_____

Special Safety_____

6. Appearance

Industrial Design_____

Aesthetics_____

Ergonomics/Human Engineering_____

Match Existing Product Line_____

Transparent_____

Color_____

Surface Finish

Inside_____

Outside_____

Texture_____

Plated/Metallized_____

Painting_____

Molding Requirements_____

Special Appearance_____

Bonding_____

7. Mechanical (to be filled out by Sales, Engineering, R&D)

Loading Requirements_____

Strengths_____

Operating Force Requirements (Internal/External)_____

Mating Surface (Block Wall, etc.)_____

Supports_____

Methods of Joining_____

Special Features_____

Circle Mechanical Requirements Needed

Bending Force_____

Impact Weight_____

Number of Impacts/Minutes_____

Pull Out Force_____

Forces Acting On_____

Resistance:

Chemical

Friction

Staining

Sealing Requirements:_____

Plastic to Plastic

Plastic to Metal

Metal to Metal

Water-proof

Vandal-proof

Finish_____

Abrasion Resistant

Surface Repairable

Special Lubricants

Load Bearing Surface

Hardness Requirements

Special Threads

8. Environmental

Operating Temperature: MIN.____ MAX. ____ NORMAL ____

Thermal Expansion_____

Chemical Resistance (Continuous, Intermittent, Occasional)_____

Water Pressure: MIN. _____ MAX. _____ NORMAL _____

Water Quality_____

Outdoor Exposure_____

Altitude_____

Relative Humidity_____

Condensing_____

Non-condensing_____

9. Shipping and Storage
Temperature_____
- Humidity_____
- Handling_____

10. Regulatory Agency Approvals and Standards Conformance (circle needs)

1. Underwriters Laboratories (UL)
 2. Canadian Standards Association (CSA)
 3. Foreign Approval
 4. National Sanitation Foundation (NSF)
 5. American Society of Testing and Materials (ASTM)
 6. American National Standards Institute (ANSI)
 7. Plumbing Codes
 8. State and Local Building Codes
9. State Products Approvals
-
10. National Electrical Code (NEC)
11. American Society of Plumbing Engineers (ASPE)
12. Americans with Disabilities Act (ADA)
13. American Society Sanitary Engineers (ASSE)
14. Federal Specs
-

11. Assembly Required Technologies
To be assembled to_____
-
-

- Assembly to be:
- Permanent_____
- Serviceable_____
- Leak-proof_____
- Mechanical – screws or inserts:_____
- Mechanical – press or snap fit:_____
- Adhesive_____
- Solvent_____
- Heat Sealing_____
- Threads or Fasteners_____
- Special Assembly Needs_____

Flexibility in Design of Mating Parts_____

Special Fixtures Required_____

Machining Required _____

Model Making Required _____

Number of Parts Pieces Required _____

Testing Requirements _____

12. Special Design Features (Regional or Sales) _____

13. Packaging _____

14. Special Handling Requirements _____

15. Testing Required _____

Qualification _____
Pilot Production _____
Production _____

16. Additional Requirements _____

Approved by _____ (Sales) Date _____
_____ (Eng.) Date _____
_____ (R&D) Date _____

Project Number _____

Phase III Profit Contribution Analysis

<u>Per Unit</u>	<u>Year 1</u>	<u>Year 2</u>
Target Price	_____	_____
- Target Cost	_____	_____
<hr/>		
Gross Profit	\$_____ / _____%	\$_____ / _____%
- Commission	_____	_____
- 1% Shipping/Handling	_____	_____
<hr/>		
Profit Contribution per Unit	\$_____ / _____%	\$_____ / _____%
X Forecast	_____ Units	_____ Units
<hr/>		
Total Profit Contribution	\$_____	+ \$_____
Two Year Profit Contribution =	\$_____	Profit Contribution Index

Project Number _____

Order of Merit Phase IV
Calculation Worksheet

Date Assigned _____

Date Due _____

I. Profit Contribution

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 1 + Year 2</u>
Avg. Per Unit Sales Price	\$ _____	\$ _____	N.A.
- Standard Cost Per Unit	\$ _____	\$ _____	N.A.
Gross Profit	_____ %	_____ %	
- Commission Per Unit	\$ _____	\$ _____	N.A.
- 1% (other Variable Cost)	\$ _____	\$ _____	N.A.

Per Unit Profit Contribution \$ _____ % \$ _____ % \$ _____ %

(Unit Volume) (Per Unit Profit Contribution Year 1 & Year 2) = _____ (Total Profit Contribution)

II. Total Investment

Engineering Design Days _____ (\$ Value)	=	\$ _____
+ Tooling		\$ _____
+ Fixtures		\$ _____
+ Contract Service		\$ _____
+ Testing Agency Fees		\$ _____
+ Other Non-Recurring Costs		\$ _____
+ Communications Media		\$ _____
Total Investment	=	\$ _____

III. Time to Market (Weeks) = _____

IV. Order of Merit

Project Number _____

BIT Analysis Cover Sheet Phase V

Date Assigned _____

Date Due _____

Project Title _____ Date _____

Description _____

I. Profit Contribution

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 1 + Year 2</u>
Avg. Per Unit Sales Price	\$ _____	\$ _____	N.A.
- Standard Cost Per Unit	\$ _____	\$ _____	N.A.
Gross Profit	_____ %	_____ %	
- Commission Per Unit	\$ _____	\$ _____	N.A.
- 1% (other Variable Cost)	\$ _____	\$ _____	N.A.

Per Unit Profit Contribution \$ _____ % \$ _____ % \$ _____ %

(Unit Volume) (Per Unit Profit Contribution Year 1 & Year 2) = _____ (Total Profit Contribution)

II. Total Investment

Engineering Design Days _____ (\$ Value)	=	\$ _____
+ Tooling		\$ _____
+ Fixtures		\$ _____
+ Contract Service		\$ _____
+ Testing Agency Fees		\$ _____
+ Other Non-Recurring Costs		\$ _____
+ Communications Media		\$ _____
Total Investment	=	\$ _____

III. Time to Market (Weeks) = _____

IV. Order of Merit

COSTING REQUEST FORM

Part Number _____

Existing Product: _____ or New Product: _____

Quantity Per Year: _____

Lot(s) Quantity: _____

Material Type: #3 _____ 2B _____

Priority: _____

Requested by: _____

Date Requested: _____

Date Needed: _____

DETAILED DESCRIPTION OF COST REQUEST:

PLEASE ATTACH A COPY OF ANY PREVIOUS INFORMATION REGARDING THIS COSTING REQUEST.

Signature _____

Project Number _____

Order of Merit Phase VI
Calculation Worksheet

Date Assigned _____
Date Due _____

I. Profit Contribution

	<u>Year 1</u>	<u>Year 2</u>	<u>Year 1 + Year 2</u>
Avg. Per Unit Sales Price	\$ _____	\$ _____	N.A.
- Standard Cost Per Unit	\$ _____	\$ _____	N.A.
Gross Profit	_____ %	_____ %	
- Commission Per Unit	\$ _____	\$ _____	N.A.
- 1% (other Variable Cost)	\$ _____	\$ _____	N.A.

Per Unit Profit Contribution \$ _____ % \$ _____ % \$ _____ %

(Unit Volume) (Per Unit Profit Contribution Year 1 & Year 2) = _____ (Total Profit Contribution)

II. Total Investment

Engineering Design Days _____ (\$ Value)	=	\$ _____
+ Tooling		\$ _____
+ Fixtures		\$ _____
+ Contract Service		\$ _____
+ Testing Agency Fees		\$ _____
+ Other Non-Recurring Costs		\$ _____
+ Communications Media		\$ _____
Total Investment	=	\$ _____

III. Time to Market (Weeks) = _____

IV. Order of Merit

A. I
II = _____ = Profit Contribution/Effort

B. I
II = _____ = $\frac{\text{Profit Contribution/Effort}}{\text{(Time to Market)}}$
III = _____

Submitted by Project Review Committee

Date _____