



## Product description

In as few words as possible, explain what your concept or product is, and any strict, non-negotiable parameters. \_\_\_\_\_

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## Food application

Select the type of food product involved in the scope of this project.

- |   |                                       |  |
|---|---------------------------------------|--|
| <input type="checkbox"/> Beverage, dry blend      | <input type="checkbox"/> Baked good   | <input type="checkbox"/> Meat                |
| <input type="checkbox"/> Beverage, ready-to-drink | <input type="checkbox"/> Cereal       | <input type="checkbox"/> Egg                 |
| <input type="checkbox"/> Spread                   | <input type="checkbox"/> Puffed snack | <input type="checkbox"/> Dairy               |
| <input type="checkbox"/> Sauce or dressing        |                                       | <input type="checkbox"/> Finished ingredient |

This product will be:

- Plant-based     Animal-based     Hybrid

## Nutrition Content

Fill in any nutritional parameters that are essential. Amounts can be expressed as a precise number or range.

<b>Nutrition Facts</b>	
<b>Serving size</b>	
<b>Amount Per Serving</b>	
<b>Calories</b>	
	% Daily Value*
<b>Total Fat</b>	
Saturated Fat	
<i>Trans</i> Fat	
<b>Cholesterol</b>	
<b>Sodium</b>	
<b>Total Carbohydrate</b>	
Dietary Fiber	
Total Sugars	
Includes g Added Sugars	
<b>Protein</b>	
Vitamin D mcg	
Calcium mg	
Iron mg	
Potassium mg	
<small>*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.</small>	



### Serving size

Identify serving size as well as servings per container. \_\_\_\_\_

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### Flavors

Please list flavors of interest. \_\_\_\_\_

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### Certifications & Claims

Select the certifications and claims involved in the scope of this project.

- |   |                                     |  |
|---|-------------------------------------|--|
| <input type="checkbox"/> USDA Organic             | <input type="checkbox"/> Natural    | <input type="checkbox"/> Complete Protein                |
| <input type="checkbox"/> Non-GMO                  | <input type="checkbox"/> Vegan      | (I am declaring a %DV and making a front of label claim) |
| <input type="checkbox"/> Non-GMO Project Verified | <input type="checkbox"/> Vegetarian |  |
|   | <input type="checkbox"/> Paleo      | <input type="checkbox"/> Other: (please list)            |
|   | <input type="checkbox"/> Kosher     |  |
|   | <input type="checkbox"/> Halal      |  |
- 

If your product will have a "free from" claim, please identify all ingredients you would like to avoid. \_\_\_\_\_

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### Timeline

If this is not certain, please include any deadlines you are aware of. This may include meetings that require product samples, a tradeshow or event, and scheduled pilot and production trials. \_\_\_\_\_

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Please check if you require any of the following:

- |   |  |
|---|--|
| <input type="checkbox"/> Recipe development     | <input type="checkbox"/> Pilot and production trial attendance |
| <input type="checkbox"/> Ingredient suppliers   | <input type="checkbox"/> Routine site visits                   |
| <input type="checkbox"/> Contract manufacturers | <input type="checkbox"/> Travel                                |