

# CLIENT / Project Intake Form

This document is designed to more clearly define the challenge you and your organization is facing. It will support us to better understand what you and your stakeholders (members, customers, etc.) are dealing with and how an innovative solutions might help to address the need. In addition, we want to get an impression – as far as possible at this early stage – about your participation in the **Co-Innovation project** process.

Organization's Name	
Organization's Location	
Challenge Title	
Author	
Version	
Date	

Tell us a bit about your organization. What is its key mission?

Who are you and what is your role within your organization?

Who are your customers/stakeholders – both intermediary (e. g. employees, faculty, volunteers) and end users (e. g. students, customers, patients):

Now, tell us about your challenge. What problem or opportunity would like to address?

Do you already try to solve this problem today? How?

We cannot solve the problem without your help. Would you be willing and able to support (staff, data etc.)? How?

Let's imagine, we have been working on your challenge for a semester/term. How would you measure the success afterwards?

It is important to us to drive actual impact. Do you have executive support for this challenge? Who is this?

In your opinion, what are the next steps to implement a promising idea in reality / in your organization?