**Part 1: Project Summary**

**\*** Indicates required fields

**\*** **Organization Name:**

|  |
| --- |

**\* Brief Project Description:** please provide a one or two sentence description of the project. For example, “Formulate a detailed three year strategic market entry plan for the U.S. and Canadian markets.”

If your project is staffed with a student team, we may use this description (or an abbreviated version of it) in published informational materials targeted at potential students and sponsors. For examples of this informational use, [click here](https://michiganross.umich.edu/programs/map/projects).

|  |
| --- |

**\* Organization Type:**

|  | Corporate |
| --- | --- |
|  | Non-profit / NGO |
|  | Entrepreneurial – Mature |
|  | Entrepreneurial – Development Stage |
|  | Startup |
|  | Government |

**\* Primary Focus (select one):**

|  | Brand Positioning and Communication |
| --- | --- |
|  | Customer Experience Enhancements |
|  | Employee Experience Enhancements |
|  | Financial Analysis and Planning |
|  | Market Analysis and Assessment |
|  | Go-To-Market Strategy |
|  | Strategic Roadmapping |
|  | Operations Enhancements |
|  | Supply Chain Optimization |

**Secondary Focus (if applicable):**

|  | Brand Positioning and Communication |
| --- | --- |
|  | Customer Experience Enhancements |
|  | Employee Experience Enhancements |
|  | Financial Analysis and Planning |
|  | Market Analysis and Assessment |
|  | Go-To-Market Strategy |
|  | Strategic Roadmapping |
|  | Operations Enhancements |
|  | Supply Chain Optimization |

**Part 2: Organization Information**

**\* Industry of your organization or your unit within the organization:**

|  | Consulting |
| --- | --- |
|  | Consumer Packaged Goods |
|  | Education / Government / Non-profit |
|  | Energy |
|  | Financial Services |
|  | Healthcare |
|  | Manufacturing |
|  | Media / Entertainment / Sports / Gaming |
|  | Real Estate |
|  | Retail |
|  | Technology- please describe below |
|  | Transportation / Logistics Services |
|  | Other |

**If you specified “Other” above, please describe industry:**

|  |
| --- |

\* **Website:**

|  |
| --- |

**\* Years in Business:**

|  |
| --- |

**\* Number of Employees:**

|  |
| --- |

**\* Annual Revenue:**

|  |
| --- |

**\* Mission / Objective:** What is the mission or objective of your organization or your unit within the organization? What are the primary activities, products, or services that your organization or your unit provides?

|  |
| --- |

Please check all that apply:

|  | This organization is designated as MBE or is at least 51% owned, operated, and controlled by individual(s) that have been racially/ethnically minoritized |
| --- | --- |
|  |
|  | This organization is designated as WBE or is at least 51% owned, operated, and controlled by women |
|  |
|  | This organization is at least 51% owned, operated, and controlled by member(s) of the LGBTQ community |
|  |

**Part 3: Project Information**

**\* Project Context and Need:**

Please describe the context and need for the project: why is this project important to your organization, what are the factors, conditions, or situations that are driving this project, or what new challenges are you facing that make this project valuable.

|  |
| --- |

**\* Project Description:**

Please detail the specific issue you would like the team to examine, and any steps or tasks you feel are necessary for successful completion of the project. It may be helpful to break the overall project up into phases.

|  |
| --- |

**\*Which of these best describe the anticipated impact of the project on your organization?**

* Revenue Generation
* Cost Savings
* Other

**Estimate the project’s potential impact on revenue generation / cost savings: limit to 9 digits**

| $ |
| --- |

**If not quantifiable please explain the impact below: (limit to 25 characters)**

|  |
| --- |

**\* Expected Project Inputs and Outputs:**

Describe any specific data resources you think will be necessary for the project to be successful and whether you can provide those resources. Examples might include sales or product data, prior market research, or competitive benchmarks.
Describe what outputs/deliverables you would like the team to produce at the conclusion of the project. Typical deliverables might include: marketing plan; financial impact assessment; situation analysis; competitive landscape assessment; market entry plan; optimized business model; etc.

|  |
| --- |

**Part 4: Team Information: Student Requirements**

**\* Will team members be required to sign a non-disclosure agreement?**

|  | Yes |
| --- | --- |
|  | No |

**\* Will team members be required to assign created intellectual property to the sponsoring organization?**

|  | Yes |
| --- | --- |
|  | No |

**\* Students who currently work for and/or have accepted internship or job offers with a listed competitor should not be placed on this project. Please note: confidentiality concerns can typically be managed via an NDA. Excluding students who work for or have accepted internship/job offers with specific companies may negatively impact the school’s ability to staff the project.**

|  | No, exclusions are not necessary |
| --- | --- |
|  | Yes, exclude students from the specific companies listed below |

**Excluded competitors:**

|  |
| --- |

**Part 5: Site Visits**

The primary goal of MAP is to provide students with the opportunity to apply their core curriculum knowledge and leadership skills in a real-world setting. Spending time on-site at the sponsor organization can be a very important aspect of this experience, allowing for an enhanced understanding of the organization’s culture and valuable interpersonal connections. The student time on-site could include their project orientation, data gathering, and primary research. **Michigan Ross will manage team travel and expense processes.**

**MAP projects run for the full Winter semester, from January – April. Site visits take place early in the project, typically on a Friday in late January. Due to classes and other previously planned student events, there will be limited flexibility for that date.**

**\* Site visit options (select one):**

|  | **Regional Project:** Local sites with intermittent day trips (no overnight stays) within a 100 mile radius of Ann Arbor. – no cost. |
| --- | --- |
|  |
|  |  |
|  | **Other:** site visit occurs outside of a 100 mile radius of UM campus, and could involve an overnight visit. The Office of Action-Based Learning will submit a budget to sponsor based on proposed travel and project needs prior to final project approval. |
|  |
|  |

**\* Site visit location(s), dates, and travel description:**

Example: “Travel to corporate headquarters in downtown Detroit to meet with corporate executives and conduct project research”

|  |
| --- |

**Part 6: Project Personnel**

**\* Executive Project Sponsor:** Executive who provides the team access to the data and people necessary for project success

| First name |  |
| --- | --- |
| Last name |  |
| Title |  |
| Email |  |
| Phone |  |
| Address | Street |  |
|  | City |  |
|  | State |  |
|  | Country |  |
|  | Zip |  |
| UM Degree (if applicable) |  |
| UM Year (if applicable) |  |

**\* Prior MAP Experience:**

|  | Yes, this contact has been a sponsor / liaison for a past MAP project |
| --- | --- |
|  | No past experience as a MAP project sponsor / liaison |

**\* Project Liaison #1:** Project liaisons are the main point of contact with the students

| First name |  |
| --- | --- |
| Last name |  |
| Title |  |
| Email |  |
| Phone |  |
| Address | Street |  |
|  | City |  |
|  | State |  |
|  | Country |  |
|  | Zip |  |
| UM Degree (if applicable) |  |
| UM Year (if applicable) |  |

**\* Prior MAP Experience:**

|  | Yes, this contact has been a sponsor / liaison for a past MAP project |
| --- | --- |
|  | No past experience as a MAP project sponsor / liaison |

**\* Project Liaison #2:** Project liaisons are the main point of contact with the students. FT projects must identify at least 2 separate project liaisons.

| First name |  |
| --- | --- |
| Last name |  |
| Title |  |
| Email |  |
| Phone |  |
| Address | Street |  |
|  | City |  |
|  | State |  |
|  | Country |  |
|  | Zip |  |
| UM Degree (if applicable) |  |
| UM Year (if applicable) |  |

**\* Prior MAP Experience:**

|  | Yes, this contact has been a sponsor / liaison for a past MAP project |
| --- | --- |
|  | No past experience as a MAP project sponsor / liaison |

**Additional Contacts:** If you would like additional people included on communications from the Office of Action-Based Learning, please list them below.

**Additional Contact #1:**

| **First name** |  |
| --- | --- |
| **Last name** |  |
| **Email** |  |

**Additional Contact #2:**

| **First name** |  |
| --- | --- |
| **Last name** |  |
| **Email** |  |

**Part 7: MAP Program Connections**

**\* Are you a first time MAP sponsor?**

|  | Yes |
| --- | --- |
|  | No |

**Please describe your past MAP participation, including year, type of MAP program, and your role:**

|  |
| --- |

**List anyone you have been in contact with at the Ross School of Business about this project:**

|  |
| --- |

**Part 8: Review of Sponsor Responsibilities**

**Please check the boxes below to confirm that you understand the expectations set forth regarding your sponsorship of a MAP team:**

**Project Agreement:**

**\* I understand that acceptance of this project is pending a signed agreement between the University of Michigan and my organization**

|  | **I agree** |
| --- | --- |

**\* I understand that acceptance of this project is pending Ross faculty review**

|  | **I agree** |
| --- | --- |

**Travel and Expenses**

**\* I understand that acceptance of this project is pending approval of project travel policies by the Office of Action-Based Learning**

|  | **I agree** |
| --- | --- |