

Marketing System Foundation Assessment - Inventory Worksheet

On the following pages are a **series of services and data or information that I need to get from you or set up if you don't have them**, as part of the creation of your Marketing SYSTEM.

As you read these requests and they don't make sense or if you have questions, feel free to email or call me for clarification or answers. *Just fill it out the best you can and email back as a scanned attachment.*

Do you have a **Gmail/Google** Account? ___ Yes ___ No (if Yes, fill out form below)
(If you have a Gmail account then you have a Google Account however you can have a Google Account without having ever created or reserved an actual Gmail email address.)

Google Account Login Email Address	Password	Comments
What's your BIRTHDAY? (Google asks for this when SETTING UP an account)		
What's your CELL Phone #? (Google asks for this to VERIFY a new account)		

Do you have a **YouTube** Account? ___ Yes ___ No (if Yes, fill out the form below)

YouTube Account Login Email Address	Password	Channel / User Name

Do you have a **Linkedin** Account? ___ Yes ___ No (if Yes, fill out the form below)

Linkedin Account Login Email Address	Password	Comments

Do you have a **Facebook** Account? ___ Yes ___ No (if Yes, fill out the form below)
IF YES do you have a **FAN** Page ___ Yes ___ No (this is in addition to a Personal page)

Facebook Account Login Email Address	Password	FAN Page Name

Do you have a **Twitter** Account? ___ Yes ___ No (if Yes, fill out the form below)

Twitter Account Login Email Address	Password	Your @Name:

Do you have an **Angies List** Account? ___ Yes ___ No (if Yes, fill out the form below)

Angies List Account Login Email Address	Password	Comments

Any other **Local Directory Listing** or Search Service that you have actively gone in and set up an account on OR that clients review your firm on? *

Other Account Login Email Address	Password	Service Web Site / URL
1.		
2.		
3.		
4.		

* *please attach an additional sheet if you have more Local Directory Listings*

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Your # 1 Web Site URL	Created by	Hosted By
Do you own the web address or does the company that created it?	Hosting Company Name:	Your Acct Rep + Phone #:
<input type="checkbox"/> -They own it. <input type="checkbox"/> -I own it		
Do you have an Admin page for this site to view traffic & keyword reports?	Admin Page Login:	Admin Page Password:
<input type="checkbox"/> if Yes, list URL below. <input type="checkbox"/> No		
Any comments about this web site:		

Your # 2 Web Site URL	Created by	Hosted By
Do you own the web address or does the company that created it?	Hosting Company Name:	Your Acct Rep + Phone #:
<input type="checkbox"/> -They own it. <input type="checkbox"/> -I own it		
Do you have an Admin page for this site to view traffic & keyword reports?	Admin Page Login:	Admin Page Password:
<input type="checkbox"/> if Yes, list URL below. <input type="checkbox"/> No		
Any comments about this web site:		

Your # 3 Web Site URL	Created by	Hosted By
Do you own the web address or does the company that created it?	Hosting Company Name:	Your Acct Rep + Phone #:
<input type="checkbox"/> -They own it. <input type="checkbox"/> -I own it		
Do you have an Admin page for this site to view traffic & keyword reports?	Admin Page Login:	Admin Page Password:
<input type="checkbox"/> if Yes, list URL below. <input type="checkbox"/> No		
Any comments about this web site:		

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Do you have **Client Testimonials** in written, audio or video format in your practice, on your web site(s) or other locations? If so list in summary format below:

Source / Location URL	Fomats - (circle/color one or more)	Average Age (years / months)	# of Testimonials
	written / audio / video		
	written / audio / video		
	written / audio / video		
	written / audio / video		
	written / audio / video		

Do you have **Informational, Educational or Topic Specific** articles, white papers, reports, documents, audio CDs, audio MP3s, videos, tapes, in written, audio or video format in your practice, on your web site(s) or other locations? If so list in summary format below:

Title or Topic + Location	Fomats - (circle/color one or more)	Pages, Length or time
	written / audio / video	
	written / audio / video	
	written / audio / video	
	written / audio / video	
	written / audio / video	

Who is your **LOCAL Competition** in your market? They may be physically close to your or you see them advertise locally. You may have lost clients to them. List below:

Competitive Firm Name & Principal	Web site URL	Competitive Why?

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Your MARKET is best described by WHO is currently buying your services and MOST LIKELY to buy them in the future. Below describe your IDEAL Client and anything that makes them particularly valuable to you.

IDEAL Client Description

Sex: _____ Age: _____

Education:

HH Income:

Marital Status:

Geography:

Work Status:

Affiliation:

What **Concerns, Pain, Problems, Issues, Situations** does your Ideal Client typically have, experience or want to avoid when they start to look for you?

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In your opinion **WHY** would your Ideal Client **CHOOSE to hire or do business with you** as opposed to hiring or doing business with someone else (your competition) including the option of doing nothing at all (or doing what you do themselves)?

Is there a typical **ENTRY POINT** where someone hires you and then they proceed to have you perform additional services for them? What are these entry points?

Once a Lead comes through an Entry Point and becomes a Client, are there NOW or do you want there to be, one or more **Additional Services or Products** you would like them to BUY from your AFTER the initial sale or becoming a Client 'event' happens? These are sometimes referred to as UPSells, CROSSsells, Ascension Paths, DOWNsells...

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CURRENT NICHE MARKETS or INDUSTRIES or BUSINESSES are a group of similar people or companies that you currently have as clients & want to continue to attract as clients. Individual examples could be veterans or seniors or divorced women, etc.. Business examples could be restaurants or franchises or gas stations or dentists, etc..

Do you have a high number or concentration of certain types of people or companies in certain markets or industries, **as clients TODAY** that you would want MORE OF?

What about these people or companies **makes them good clients** for your firm?

What common **situations, problems or issues** do these people or companies have or tend to experience that you can help them solve, prepare for or avoid?

Are there **any firms or competitors** in your local or regional market that you run up against in vying for these niche clients? Who are they and how do you compare or compete against them (have them choose you over the competition)?

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NEW NICHE MARKETS or INDUSTRIES or BUSINESSES are a group of similar people or companies that you want to pursue and go after to become clients. Individual examples could be veterans or seniors or divorced women, etc.. Business examples could be restaurants or franchises or gas stations or dentists, etc..

If you have a New Target Niche Market in mind, **please describe** who they are as individuals or companies:

What about these people or companies would **make them good clients** for your firm?

What common **situations, problems or issues** do these people or companies have or tend to experience that you think you can help them solve, prepare for or avoid?

Are there **any firms or competitors** in your local or regional market that already serve this niche and you would be competing against? Who are they and how do you compare or compete against them (why would the niche choose you over the competition)?

Firm GROWTH Goal, Plans & Partners

What is your **GOAL** for your company/practice to reach 3 years from now? This can be in terms of *Sales or Customers/Clients/Patients or Staff or Territory or Involvement or Management* or any other criteria you use to measure your business's progress towards your goal?

Often as the owner you will have one or more Partners or Principals or key people involved in your business that you may want to participate in the creation of your Marketing System and/or ongoing management of it over time. Whether these people are part owners or not, if you will be including them in all or even some of the decisions of this process, **please list WHO they are and their ROLE in your firm** so I will know to include and work with them as we start this process.

CHECKLIST of Items & Lists to Generate, Create & Send/Email to Jeff at: jeffbell@mynewcpa.com

Below are several items or lists that I need you to generate or create and send to me via email. I've listed them in order of importance as they relate to building your marketing system. As you read through them if you have questions, concerns or problems getting them together, call or email me so I can help or answer questions. Thanks, Jeff

Sent	Item or List to send to Jeff	Why I need this info or item
	Fill out the pages before this checklist the best that you can, Scan it to a PDF file then Email it back to me as an attachment to: jeffbell@mynewcpa.com	SUGGEST you PRINT and KEEP this page on your desk and use it as a CHECKLIST, working on & checking off each item as you send it to me
	Spreadsheet with List of your CLIENTS. Need email address, first name, last name in separate columns.	If you don't have info on ALL of your Clients, just send me what you have now & then work on getting the rest to send me later. This list is for monthly newsletters sent from iContact
	Spreadsheet with list of any LEADS or PROSPECTS. Email address, first name, last name in separate columns.	
	Headshot photograph of you	Picture is for your Free Reports and to be put on Landing Pages. If you don't have a headshot, a cell phone camera picture will work. If you do need to take a pic of yourself I prefer you do it against a white or mono color background
	Exterior photos (4 or more) of your office or building your office is in	Photos are to add to your online listings (Google, Facebook, Yelp, etc)
	Interior photos (4 or more) of your office or building your office is in	Photos are to add to your online listings (Google, Facebook, Yelp, etc)
	Logos and color codes you use or have for your company	Prefer logos in HighResolution, any formats you have. Send me your Color Codes (Pantone, RGB, HEX, etc.) if you have them handy, if not ignore.
	Group or Staff photos	Photos are to add to your online listings (Google, Facebook, Yelp, etc)
	Hours of operation	To add to your online listings (Google, Facebook, Yelp, etc)
	Video of Interior and/or Exterior of your office or staff	If you happen to have one or more, great. If not you don't need to take or create one right now