



BEAM WORKSHEET			
<p>Completing the BEAM Worksheet is the first step in the four-part BEAM application process. This is done to ensure that applicants not only receive accurate quotes for their web projects, but in addition, applicants gain a better understanding of the direction of their projects and how to initiate and complete projects for their businesses.</p> <p>You must complete this document and submit it to Blue Sky Net before you speak to a vendor. BEAM worksheets can be submitted to Blue Sky Net by email, fax, post or submitting a copy at our location.</p>			
SECTION 1 : CONTACT INFORMATION			
BUSINESS NAME:		Business or Incorporation Number:	
FIRST NAME:		LAST NAME:	
PHONE NUMBER:	EXT:	EMAIL ADDRESS:	
CITY:	Years in operation:	Industry: <input type="checkbox"/> Service <input type="checkbox"/> Tourism <input type="checkbox"/> Retail <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other, (specify):	
SECTION 2: WHAT IS YOUR PROJECT TYPE?			
<i>Please select the appropriate category for your project (Select more than one if it applies)</i>			
Are you completing a website for the first time or updating an existing one? <i>If you answered "Yes" please complete "Section 3" of the worksheet</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you completing a software solution which will assist your business? <i>If you answered "Yes" please complete "Section 4" of the worksheet</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Are you completing a project to establish or revamp your social media presence? <i>If you answered "Yes" please complete "Section 5" of the worksheet</i>			YES <input type="checkbox"/> NO <input type="checkbox"/>
Please provide a brief explanation of your project goals:			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			

SECTION 3 : WEBSITE PROJECT

You may skip this section if you are not completing a new website or you are not updating an existing website with your project.

WEB ADDRESS

Do you currently have an existing website?

YES NO

If Yes, please provide your web address: www.

Provide your new website address(es): If it will change

www.

www.

www.

GOALS

Briefly describe the goals you hope your website will fulfill :
(Business objectives, sales, etc)

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AUDIENCE

How will you market your website to your audience:

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WEBSITE FEATURES

Will your site be informational? Will you be selling products online? Do you need an online community to interact with?

- An e-commerce component so that customers can complete online purchases
- A "website form" which visitors can contact me with
- My page requires social media plug-ins
- My website will provide information only to customers about my business and my products
- Other, please describe in the space below additional website functions which are required to enhance your business:

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DEVELOPMENTAL ASSISTANCE

By knowing in advance how much and what kind of help your project requires, you can confirm that the developer you are considering can (and will) provide the level of service you need:

- | | |
|--|--|
| <input type="checkbox"/> I need a full site design along with concepts | <input type="checkbox"/> I require a new or re-worked logo |
| <input type="checkbox"/> I have the concept and need pages developed | <input type="checkbox"/> I want to manage and update the information |
| <input type="checkbox"/> I need both a graphic and site makeover | <input type="checkbox"/> I don't want to update information myself and will need maintenance and updates |

Share details regarding the level of assistance you will require from your developer:

(For example, with training will you (or staff) be able to do your own updates or will on-going support be required?)

SECTION 4: SOFTWARE PROJECT

Please complete this section if you're completing a project which you're integrating software into your business

Are you purchasing software which will enhance your business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Do you require a custom software solution from a developer for your business?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Will you require ongoing support for your software solution?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
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Please describe your software project and how it will positively impact your business:

SECTION 5: SOCIAL MEDIA PROJECT

Please complete this section if you are planning a revamp or integrate social media into your business

If you are using social media now, please indicate which outlets and complete the following:

Social Media Outlet:	Last Update:	Number of Followers:
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Social Media Outlet:	Last Update:	Number of Followers:
Social Media Outlet:	Last Update:	Number of Followers:

How often do you engage with your followers? (Please choose the option which closest applies to you)

- I keep up with my followers on a daily basis
- I occasionally engage with my followers on a weekly basis
- I check in with my followers on a monthly basis
- I have social media but I don't currently use it
- I do not have social media at this time

Do you want to increase your level of activity on social media? (Please select all which apply)

- Yes, I want to put more time into social media and I need help with a strategy
- No, I'm comfortable with how active I am now but I need assistance with a campaign strategy
- I want to increase my level of activity on social media but I don't have the time to do it myself

Please describe how adding or revamping a social media presence for your business will assist you: