

Link to Office, LLC

Virtual Administrative Support

Client Needs Assessment

Company Name: _____

Industry: _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Owner's Contact Information:

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Primary Contact Information:

Title: _____

First Name: _____ Last Name: _____

Phone: _____ Email: _____

Years in Business: _____ # of Employees _____ # of Departments: _____

Please describe your products, services and/or lines of business:

Please describe the duties performed by each employee:

Title: _____

Duties:

Title: _____

Duties:

Title: _____

Duties:

Title: _____

Duties:

Title: _____

Duties:

Title: _____

Duties:

Title: _____

Duties:

Title: _____

Duties:

Back Office Needs

Finance	Documents	Database	Communications	Marketing / PR
Bookkeeping	Contracts	Data Tracking	Social Media	Event Planning
Accounting	Proposals	Data integrity	E-Marketing	Graphics Design
Compliance	E-forms	Member Serv.	Advertising	
		Reports	Website	

Other Administrative Needs:

Owner's Signature

Date

Cassandra Roumo, Lead Consultant Link To Office

Date