



Website Development Evaluation

Name:		Contact Date:	
Title:		Phone:	
e-Mail:		Fax:	
Company:		Start Date:	
Address:		Launch Date:	
Website:		Project Budget:	

Section 1: Website Goals and Objectives

1. Please describe your business: What do you do?

2. Do you currently have a website?

- No... go to question #3.
 Yes...

a. What is the website address?

b. What do you like about the website?

c. What do you dislike about the website?

3. What is the goal of your website? What do you need to accomplish with this website?

4. What are your website project parameters?

	Start date		Completion date		Project budget
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Section 2: Website Features

5. What website components / features are (R) required or (D) desired? (indicated all that apply)

<input type="checkbox"/> Audio/video	<input type="checkbox"/> Calculators	<input type="checkbox"/> Calendar system
<input type="checkbox"/> Content editing	<input type="checkbox"/> Content creation	<input type="checkbox"/> Content management system
<input type="checkbox"/> Database	<input type="checkbox"/> Document Library	<input type="checkbox"/> Document distribution
<input type="checkbox"/> e-Mail Accounts (#: _____)	<input type="checkbox"/> File uploads	<input type="checkbox"/> Flash animation
<input type="checkbox"/> Forms	<input type="checkbox"/> Logo/identity creation	<input type="checkbox"/> Newsletters
<input type="checkbox"/> Photography	<input type="checkbox"/> Photo gallery	<input type="checkbox"/> Search engine optimization
<input type="checkbox"/> Secure transactions	<input type="checkbox"/> Shopping cart	<input type="checkbox"/> Survey functionality
<input type="checkbox"/> Tracking reports/graphs	<input type="checkbox"/> Web hosting	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____	<input type="checkbox"/> Other: _____

6. Estimated total number of pages: _____

7. Estimated number of pages requiring::

<input type="checkbox"/> Content editing	<input type="checkbox"/> Content creation	<input type="checkbox"/> Photo editing	<input type="checkbox"/> Artwork editing
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8. Describe the pages (by title) you would like to have integrated into your website (Home, company info, product, contact, frequently asked questions, etc.):

9. Estimated frequency of website updates (check one):

<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Vary Rare
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10. Will you be selling something on your website?

No... go to question #11.

Yes...

a. Describe what you will be selling...

the number of item categories / items / item variables (size, color, etc.) and the frequency these categories, items and variables will need to be updated?

11. List websites that you like:

a) http://www.	
b) http://www.	
c) http://www.	
d) http://www.	
e) http://www.	

12. Do you have logo and site graphics and print materials (including marketing) available? (check one)

<input type="checkbox"/>	Yes, we would like the site's look and feel to be consistent with our current materials.
<input type="checkbox"/>	Yes, but we would like a new look and feel for this site.
<input type="checkbox"/>	No.

13. General Comments:

Please include the following with this completed form:

Your company literature and marketing materials (e.g., ads, brochures, etc.).

Please fax the completed document to our Toll Free Fax Number: 1.866.414.6165

or snail mail to IdeaOver10, LLC, 3140 Tilghman Street, #128, Allentown, PA 18104

If you have any questions, call us at 1.866.864.2836



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