

# Marketing Discovery Workbook

# BusinessGrow.co



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Section 1. Note: This Marketing Assessment will help you develop strategies and tactics to meet your marketing challenges and goals. Please fill it in as completely as possible using this form for all your business operating as a single market. Do you have offices in other markets? Just photocopy this Marketing Assessment for use with them. If you have any questions about completing your Marketing Workbook, just call us at (865) 470-2966.

## Your Basics (In this section, we need to know your basic business information.)

Date: \_\_\_\_\_

1. Name / Profession / Specialty: \_\_\_\_\_  
Total Years In Business: \_\_\_\_\_ Total Years in Current Location: \_\_\_\_\_
2. Business Address: \_\_\_\_\_
3. City/State/Zip: \_\_\_\_\_
4. Phone: \_\_\_\_\_
5. Mobile Phone: \_\_\_\_\_
6. E-mail: \_\_\_\_\_
7. Your Web site URL: \_\_\_\_\_

8. Top Keywords For Ranking:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Other Current Locations: (City & Zip) \_\_\_\_\_  
\_\_\_\_\_

10. Other Businesses Working With You:  
Name & Title: \_\_\_\_\_ Partner: ( ) Yes ( ) No Years in Business: \_\_\_\_\_  
Name & Title: \_\_\_\_\_ Partner: ( ) Yes ( ) No Years in Business: \_\_\_\_\_  
Name & Title: \_\_\_\_\_ Partner: ( ) Yes ( ) No Years in Business: \_\_\_\_\_

**Would You Like Someone To Go Over This With You?  
Schedule A Time - There is No Charge For This.**

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Section 1 **Your Business Today**

(In this section, we need to know the source of your new clients over the past 12 months. This will help to better identify untapped and under-tapped market sources.)

1. Do you consistently ask for client referrals? ( ) Yes ( ) No
2. Number of inactive clients/customers (those you have not seen in 1 - 5 years): \_\_\_\_\_
3. What is the average dollar value of each of the new clients/customers in the past 12 months? \_\_\_\_\_

Source:	Number	% of line (B)	Dollar Value
Referrals from clients:	_____	_____ %	\$ _____
Referrals from staff:	_____	_____ %	\$ _____
Other Referral Sources (see List):	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Other sources (please specify):			
_____	_____	_____ %	\$ _____
_____	_____	_____ %	\$ _____
Unknown source:	_____	_____ %	\$ _____
<b>Totals</b>	<b>(B) _____</b>	<b>100 %</b>	<b>\$ _____</b>

4. What percent or number of new clients came from these areas?
  - A. Professionals in your industry outside your area \_\_\_\_\_
  - B. Professionals in your industry outside your niche \_\_\_\_\_
  - C. Associations \_\_\_\_\_
  - D. Vendors/Associates \_\_\_\_\_
  - E. Friends \_\_\_\_\_
  - F. Professionals in other industries with similar market \_\_\_\_\_
  - G. Clubs/Groups/Affiliations \_\_\_\_\_
  - H. Networking groups \_\_\_\_\_
  - I. Special Interests \_\_\_\_\_
  - J. Media \_\_\_\_\_

Section 1: **Your Marketing**

In this section, we want to know three things: **1)**. Where have you spent your time and money marketing your business **2)**. Did you do this activity on your own or through someone else **3)**. Whether you see each item as an "Opportunity" for growth you want to pursue more; a "Challenge" you do not understand or you do not know how to do, or a "Non-Issue" for your business.

**Advertising/Marketing Efforts  
(1)**

(1)	(2)	(3)	☺	☹	☹
<input type="checkbox"/> Attend Business Networking Events	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Cold Calls To Area Businesses	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Telemarketing To Area Businesses	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Writing Articles For A Local Publication/Blog	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Direct Mailing to Targeted Prospects (home/business)	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Direct Mailing to Geographic Areas (home/business)	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Writing Articles on a Web Publication/blog	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Participating in a Strategic Alliance Group	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Participate in Tradeshows as An Exhibitor	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Attend Tradeshows	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Media Campaigns Through Radio, TV, Billboard, and/or Print	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Participating in a Community Service Group in a Leadership Role	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Participating in a Civic Organization Leadership	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Post to Social Media Channels at Least 3 Times a Week	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Post New Content To Your Blog at Least 1 Time a Week	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Email Brief to Subscription List at Least 1 Time a Month	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Recruit New Subscribers Actively	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Solicit Likes, Follows, Shares on Social Media	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Request Testimonials From Clients	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Update Your Website Content at Least Quarterly	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Review Your Google Analytics on A Monthly Basis	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Reserve Your Domain Name for 9 years at A Time	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Post to Other Organization's Blogs/Social Media/Email Brief	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Include Your Material In Target Market Packets	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Host/Sponsor Networking Events	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Host/Sponsor Customer Appreciation Events	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Sponsor Door Prizes for Events	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Pay Per Click Search Engine Advertising	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Paid Advertising on Social Channels	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Update Your Search Engine Optimization	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Review Competition on Social Media	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Review Competition on Search Engines	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Review Your Keyword Strategy	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Have a Written Marketing Plan	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Have a Written Mission Statement	<input type="checkbox"/>		☺	☹	☹
<input type="checkbox"/> Have a Written Value Proposition Statement	<input type="checkbox"/>		☺	☹	☹



## Section 3: **Client Acquisition Breakdown**

(In this section, we want to know three things: A) How much did you spend in marketing last year. B) What is each client worth over the course of a year. C) What category of marketing brought you the greatest return on your investment.

Part A: Advertising/Marketing budget spent last year \_\_\_\_\_

Part B:

What is the average dollar value of each new clients/customers for a 12 month period? \_\_\_\_\_

Source:	Number	% of line (C)	Dollar Value
Referrals from clients:	_____	_____ %	\$ _____
Referrals from staff:	_____	_____ %	\$ _____
Other Referral Sources (see List):	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Marketing _____:	_____	_____ %	\$ _____
Other sources (please specify):			
_____	_____	_____ %	\$ _____
_____	_____	_____ %	\$ _____
Unknown source:	_____	_____ %	\$ _____
Totals	(C) _____	100 %	\$ _____

Do you consistently ask for client referrals? ( ) Yes ( ) No

Number of inactive clients/customers (those you have not seen in 1 - 5 years): \_\_\_\_\_

Professionals in your industry outside your area \_\_\_\_\_

Professionals in your industry outside your niche \_\_\_\_\_

Associations \_\_\_\_\_

Vendors/Associates \_\_\_\_\_

Friends \_\_\_\_\_

Professionals in other industries with similar market \_\_\_\_\_

Clubs/Groups/Affiliations \_\_\_\_\_

Networking Groups \_\_\_\_\_



Section 4: **Your Clients & Competition**

(Building a buyer persona. *A profile of the attributes of your best clients.* There are some more in depth surveys that we will need to complete a comprehensive Buyer Persona. Naturally, we seek no information that could jeopardize client confidentiality.)

1. Do you have a "picture" of your best clients? Where do they live? Where do they work? What activities and interests do they share? Are they in your circle of influence? Where do they seek help related to your industry?

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2. Who are your most serious competitors in your market, and what do they claim is their competitive edge over your business?

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3. What do you see as the cause of the trend, be it positive, negative or flat, over the past two years in the acquisition of clients? My trend is

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4. To end this Marketing Assessment, we would like to know your views. What do you see as the "big picture" challenges you face in promoting your business? Do you think there are any questions or areas (challenges, opportunities, frustrations, and aspirations) we have left out? Do you have any general comments regarding your Marketing Assessment?

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# Marketing Plan

Be a positive influence on others.

P.O. BOX 24316 | KNOXVILLE, TN | 37933

Date:

Prepared By: \_\_\_\_\_

## Executive Summary:

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## Target Market Definition:

Primary Target:

Secondary Target:

Tertiary Target:

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**Resource List:** Circle of Influence, Associations, Business & Social Groups, Services, Subscriptions,

# Critical Issues: Top Three Areas To Work On

1.

2.

3.

4.

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Resources / Circle of Influence:

**Tracking:**

"Always remember that measuring (effectiveness) actually will double your efficacy and translate to dramatic increases in your profits — which is the whole purpose of guerrilla marketing."

Jay Conrad Levinson, Guerrilla Marketing

- ( ) Do you have a strong positioning statement?
- ( ) Is your marketing plan executed effectively?
- ( ) Is there continuity in your marketing support?

Marketing Vehicle	J	F	M	A	M	Ju	Jy	A	S	O	N	D
Sample Newspaper (1)	3	23	3	3	5	8	10	11	14	43	0	3

Total Marketing Budget	\$2,400.00 / 12
Total Circulation	10,000
Total Calls	130
Total Presentations	30
Total Units Sold	6
Average Retail/Unit	\$1,090.33
Sales Volume \$	\$6,541.98

**SAMPLE DATA**

Response Rate (Total Circ / Total Calls) 1.3%  
 Conversion Rate (Total Calls / Units Sold) 4.6%  
 Closing Rate (Presentations / Units Sold) 20%  
 Gross Profit: \$3270.99  
 The ROI = (Gross Margin-Budget)/Budget .363



# ACTION PLAN

**ACTION STEP TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**DEADLINE** \_\_\_\_\_ **ASSIGNED TO** \_\_\_\_\_ **COMPLETED** \_\_\_\_\_ **MINUTES** \_\_\_\_\_

**ADDITIONAL FEES ASSIGNED TO THIS:** \_\_\_\_\_

**ACTION STEP TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**DEADLINE** \_\_\_\_\_ **ASSIGNED TO** \_\_\_\_\_ **COMPLETED** \_\_\_\_\_ **MINUTES** \_\_\_\_\_

**ADDITIONAL FEES ASSIGNED TO THIS:** \_\_\_\_\_

**ACTION STEP TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**DEADLINE** \_\_\_\_\_ **ASSIGNED TO** \_\_\_\_\_ **COMPLETED** \_\_\_\_\_ **MINUTES** \_\_\_\_\_

**ADDITIONAL FEES ASSIGNED TO THIS:** \_\_\_\_\_

**ACTION STEP TITLE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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**DEADLINE** \_\_\_\_\_ **ASSIGNED TO** \_\_\_\_\_ **COMPLETED** \_\_\_\_\_ **MINUTES** \_\_\_\_\_

**ADDITIONAL FEES ASSIGNED TO THIS:** \_\_\_\_\_

# Key Word Positioning: Top 10 Keyword Descriptions

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

## TOP GEOGRAPHIC AREAS (CITY/ST)

- 1.
- 2.
- 3.
- 4.
- 5.

# Social Media Center

NOTES:

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**GOOGLE ACCOUNT**

USER NAME

PASSWORD

**FACEBOOK**

USER NAME

PASSWORD

**TWITTER**

USER NAME

PASSWORD

**LINKED IN**

USER NAME

PASSWORD

**INSTAGRAM**

USER NAME

PASSWORD

**PINTEREST**

USER NAME

PASSWORD

**BLOGGER / OR OTHER BLOG ACCOUNT**

USER NAME

PASSWORD

**YOUTUBE**

USER NAME

PASSWORD

**YELP**

USER NAME

PASSWORD