



Social Media Management Form

Contact Information

Name of Your Organization:	
Website:	
What is Your Name?	Email:
Phone:	Alternative Phone:

Your Online Accounts

Google Analytics	Yes	No
Do you currently have a blog?	Yes	No
Do you currently have a Facebook business page?	Yes	No
Do you currently have a Twitter business profile?	Yes	No
Do you currently have a LinkedIn Business page?	Yes	No
Do you currently have an email newsletter?	Yes	No
Do you currently have a business YouTube channel?	Yes	No
Do you currently use Instagram?	Yes	No
Do you currently have a Pinterest business account?	Yes	No
Do you currently have a podcast?	Yes	No

Brand Information

Please provide information about your products, services, messaging and what makes them unique.
What is your five-year marketing or brand strategy?
How do customers see the company brand?
Are there specific names and people associated with your brand?

Target Audience

Who are your target customers?

Where do your customers live or work?

Where or who are the markets you want customers from?

Client Deliverables

What specific logos, images, graphics and messaging is desired?

Are there any examples of social media pages you've seen that look attractive to you?

Competition Information

Who are your company's competitors?

What are your company's key advantages versus competitors? Disadvantages?

What are their websites or social media accounts if known?

Goals

What do you want social media to do for you?

What does your marketing plan target from social media?

What are your company goals with Internet presence in general?