



PROCORE IMPLEMENTATION INQUIRY FORM

Company Name: _____

Main Contact: _____ **Email:** _____

Please answer the questions below:

Type of Company: _____

Is your company migrating from a different software program?

Current Software (if applicable): _____

Procore Modules Purchased (select all that apply):

Basic Project Management

Design Coordination

Workforce Planning

Project Management Pro

BIM

Resource Management

Quality & Safety

Bid Management

Preconstruction

Financial Management

Estimating

Training Center

Invoice Management

Field Productivity

Certification Center

_____ Average number of active projects

_____ Number of employees who will use Procore

_____ Number of employees who will use Procore in the office (web)

_____ Number of employees who will use Procore in the field (app)

_____ Does your company have someone employed to act as the Procore Administrator?

_____ Does your company require any training materials and/or services?

Scope

What is the extent of the implementation scope you are requesting?

Additional Comments or Concerns:

C.I.R. Professional Services, LLC

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