

Internal Client Intake Form:



Project/Client Information

Company Name: _____

Contact Name: _____

Phone: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Company team member(s) we will be engaging with during this project.

Collaboration Contact: _____

Email: _____ Phone: _____

How can Lengo help you?

Expected Goal of this Engagement

Company Foundational Value

Mission:

Vision:

Strategic Goal Analysis

Strategic Goal #1:

Strategic Goal #2:

Strategic Goal #3:

Identify Barriers

Known obstacles/challenges related to client, market, industry or audience that are keeping you meeting your goals?

Project Timeline

Help us understand your anticipated project timeline. How long do you think this engagement should last? Do you have pending growth plans that are dependent on this engagement? How much time would you like to devote this project overall?

Confidentiality Commitment

All information provided herewith, will be considered confidential and only used during the continued engagement with client. Information will not be released to any other party but the client at the clients' request.

*Thank you for trusting us with your business. We will be following up with you **within 48 hours** of receiving this documentation.*