



PHOENIX2000 GROUP Technology Appraisal

Company Information

Company Name			
Address			
City, State, Zip			
Web Site Address			
Main Contact		Second Contact	
Email		Email	
Phone		Phone	
Mobile		Mobile	
Fax		Fax	

Description	Yes	Additional																																																									
Written strategic business plan?	<input type="checkbox"/>	If yes, please provide copy.																																																									
Written strategic IT plan?	<input type="checkbox"/>	If yes, please provide copy.																																																									
Percent IT budget increase/(decrease) from last year?		Enter percentage																																																									
Company's total revenue last 12 months?		Enter amount (rounded to millions)																																																									
IT budget as percentage of revenue?		Enter percentage																																																									
Number of IT users in company?		Enter number																																																									
Number of IT support staff?		Enter number																																																									
Number of IT development staff		Enter number																																																									
Written confidentiality document signed by all IT staff?	<input type="checkbox"/>	Please provide copy of document.																																																									
Does IT have responsibility for:																																																											
<table border="1"> <thead> <tr> <th>Functional Area</th> <th>Yes</th> <th>Vendor name (attach contact information)</th> </tr> </thead> <tbody> <tr><td>Computer rooms</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Desktop servers</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Departmental servers</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Help Desk</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Internet access</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Application selection</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Application implementation</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Telephone systems</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Remote sites computer operations/support</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Computer networks</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Disaster recovery planning</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Project management</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>IT maintenance & project vendors</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Internal web services</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>External web sites</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Email systems</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Anti-virus systems</td><td><input type="checkbox"/></td><td></td></tr> <tr><td>Voice mail</td><td><input type="checkbox"/></td><td></td></tr> </tbody> </table>			Functional Area	Yes	Vendor name (attach contact information)	Computer rooms	<input type="checkbox"/>		Desktop servers	<input type="checkbox"/>		Departmental servers	<input type="checkbox"/>		Help Desk	<input type="checkbox"/>		Internet access	<input type="checkbox"/>		Application selection	<input type="checkbox"/>		Application implementation	<input type="checkbox"/>		Telephone systems	<input type="checkbox"/>		Remote sites computer operations/support	<input type="checkbox"/>		Computer networks	<input type="checkbox"/>		Disaster recovery planning	<input type="checkbox"/>		Project management	<input type="checkbox"/>		IT maintenance & project vendors	<input type="checkbox"/>		Internal web services	<input type="checkbox"/>		External web sites	<input type="checkbox"/>		Email systems	<input type="checkbox"/>		Anti-virus systems	<input type="checkbox"/>		Voice mail	<input type="checkbox"/>	
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Do the Web Servers generate any revenue?		How much as a percentage of revenue?																																																									
Has the external website had a security assessment?	<input type="checkbox"/>																																																										
E-trading agreements	<input type="checkbox"/>	If yes, provide general details.																																																									



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Description	Yes	Additional																																													
Written procedures controlling access to systems?	<input type="checkbox"/>																																														
Have your systems passed a penetration test?	<input type="checkbox"/>																																														
Written disaster recovery plan?	<input type="checkbox"/>	If yes, please provide copy.																																													
Written data backup plans?	<input type="checkbox"/>																																														
Anti-virus software	<input type="checkbox"/>	Name, version?																																													
Firewall?	<input type="checkbox"/>																																														
UPS?	<input type="checkbox"/>																																														
Recovery test?	<input type="checkbox"/>																																														
Network architecture map?	<input type="checkbox"/>	If yes, please provide copy.																																													
Inventory of hardware & software?	<input type="checkbox"/>																																														
Written security schema?	<input type="checkbox"/>																																														
Operations performance statistics?	<input type="checkbox"/>																																														
Written failure log?	<input type="checkbox"/>																																														
Is there an ERP system installed?	<input type="checkbox"/>	Name, version?																																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Does IT have responsibility for systems in</th> <th style="text-align: center;">Yes</th> <th style="text-align: left;">Application Name or Custom</th> </tr> </thead> <tbody> <tr> <td>Corporate Finance & Accounting</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Budgeting</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Order Entry & Billing</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Help Desk</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Inventory & Warehouse Management</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Payroll & Time Accounting</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Human Resources</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Workload Management</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td>Facilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </tbody> </table>			Does IT have responsibility for systems in	Yes	Application Name or Custom	Corporate Finance & Accounting	<input type="checkbox"/>		Budgeting	<input type="checkbox"/>		Order Entry & Billing	<input type="checkbox"/>		Help Desk	<input type="checkbox"/>		Inventory & Warehouse Management	<input type="checkbox"/>		Payroll & Time Accounting	<input type="checkbox"/>		Human Resources	<input type="checkbox"/>		Workload Management	<input type="checkbox"/>		Facilities	<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>			<input type="checkbox"/>	
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Vendor performance measurements?	<input type="checkbox"/>																																														
Project management tools used in projects?	<input type="checkbox"/>																																														
Written development methodology?	<input type="checkbox"/>																																														
How many projects in process?		Please provide number & total budget.																																													
Formal application/project acceptance process?	<input type="checkbox"/>																																														
Written software license policy?	<input type="checkbox"/>																																														
IT assets insured?	<input type="checkbox"/>																																														

Click on box to check for Yes. Fill in gray boxes (blanks) with response in text or numbers. If possible, please provide document in electronic versions.

Call Toll Free (866) 828-8652 with any questions.