Devnet Company Group Service Assessment Sheet

Thank you for your interest in our services. Please fill out the following information to help us provide a customized quote tailored to your business needs.

1. Cor	npany Information
•	Company Name:
•	Industry:
•	Location(s) of Operation:
•	Contact Person:
	o Phone Number:
	o Email Address:
2. Cor	npany Size
•	Number of Employees:
	□ 1–10
	□ 11–50
	□ 51–200
	□ 201–500
	□ 500+
•	Do you have an in-house IT team?
	□ Yes
	□ No
3. Ser	vices You're Interested In
Select	the services your business requires:
•	☐ Remote Monitoring and Management (RMM): 24/7 monitoring, performance tracking, and proactive issue resolution.
•	□ Backup-as-a-Service: Comprehensive backup and recovery solutions for your critical data.
•	□ Enterprise Administration: Management of Microsoft ecosystems like Azure AD, Microsoft 365, Power Platform, etc.
•	☐ Managed Cybersecurity Solutions: Proactive threat detection, incident response, and compliance assurance.
•	□ Network Management & Solutions: Tailored network management for seamless and efficient operations.

•	 DevOps and Open Source Solutions: Multicloud management, DevSecOps, and application lifecycle support. 		
•	☐ Cloud Migration, Integration & Management: Assistance with secure migration and seamless cloud integration.		
•	□ Data Analytics & Business Intelligence: Unlock insights and drive growth with advanced analytics tools.		
•	☐ Infrastructure & Systems Support: End-to-end support for your IT infrastructure and employee systems.		
4. Cu	rrent IT Infrastructure		
•	Do you currently use any cloud solutions? ☐ Yes (Specify:) ☐ No		
•	Primary software/tools your company uses:		
•	Are you experiencing any specific IT challenges? ☐ Yes ☐ No		
5. Bu	siness Objectives		
•	What are your main goals for IT support and services? (Check all that apply): Improve operational efficiency Strengthen cybersecurity Reduce downtime Support business growth Upgrade IT infrastructure Others		
6. Bu	dget		
•	Do you have a budget range for these services? ☐ Yes ☐ No		
7. Tin	neline		
•	When do you want to start the services? ☐ Immediately ☐ Within 1–3 months		

☐ Within 6 months	☐ Within 6 months		
☐ Other:			
8. Additional Information			
Please provide any additional deta	ails or specific requirements for your IT needs:		

Thank You!

Once we receive your information, our team will review your requirements and provide you with a tailored quote.