[Company Name / Logo]

Competitive Analysis

[DD/MM/YYYY]

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| **Purpose & Objectives:** |
| *Use this space to explain why a competitive analysis is being conducted. Is it for a specific product or service line? Or is it for the company as a whole?*  |
| **Purpose** | **Objectives** |
| *2-3 sentence description giving some context and describing the purpose of this analysis.* | * [Objective 1]
* [Objective 2]
* [Objective 3]
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| **Competitive Analysis** |
|  | **Your Company** | **Main Competitors** | **Secondary Competitors** |
| Competitor #1 | Competitor #2 | Competitor #3 | Competitor #4 |
| **General Info** |
| Company Profile |  |  |  |  |  |
| Product/Service Overview |  |  |  |  |  |
| Online Presence |  |  |  |  |  |
| **Financial** |
| Gross Income |  |  |  |  |  |
| Profitability |  |  |  |  |  |
| Key Investors |  |  |  |  |  |
| **Marketing** |
| Target Market |  |  |  |  |  |
| Market Share |  |  |  |  |  |
| Pricing |  |  |  |  |  |
| Distribution |  |  |  |  |  |
| Branding |  |  |  |  |  |
| Value Prop. |  |  |  |  |  |
| **SWOT** |
| Strengths |  |  |  |  |  |
| Weaknesses |  |  |  |  |  |
| Opportunities |  |  |  |  |  |
| Threats |  |  |  |  |  |

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| **Notes:** |
| *Leave this space open for additional notes and thoughts that may arise as a part of the analysis.*  |

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| **Action Items** |
| *What specific action items arose as a result of this analysis? Write them down in the space below.*  |
| **Action Item** | **Associated Department** | **Project Lead** | **Follow-up** |
| [Task Name] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Department Name] | [Name] | [DD/MM/YYYY] |
| [Task Name] | [Department Name] | [Name] | [DD/MM/YYYY] |

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| **Participants:** |
| *Include a list of all of the participants and their respective departments who contributed to this analysis.* |
| **Analysis Lead(s):** [First Name] [last Name] / Department, [First Name] [last Name] / Department |
|  |
| **Other Participants:** |
| * [First Name] [Last Name] / Department
 | * [First Name] [Last Name] / Department
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| * [First Name] [Last Name] / Department
 | * [First Name] [Last Name] / Department
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 | * [First Name] [Last Name] / Department
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Finalized Analysis On: [DD/MM/YYYY]

Document Approved On: [DD/MM/YYYY]

Signature/Initials (Analysis Leads) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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Signature/Initials (Participants) *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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