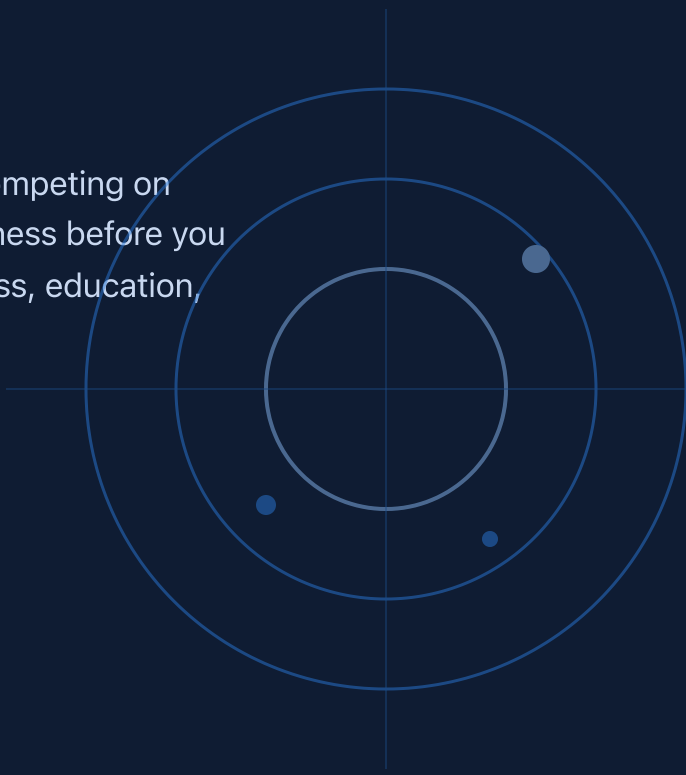
A SOFTVIBES PLAYBOOK · ROGER GV

Analysis-First

Sell the diagnosis, not the quote.

The method for winning technical work without competing on price: publish a diagnosis of your prospect's business before you propose anything. Validated across health, wellness, education, retail and real estate.



Roger GV — AI Product Builder & Agentic Systems Architect
Cancún, México · 2026

CHAPTER 01

The quote trap

> The moment you send a quote, you have agreed to be compared on price. Everything else about your work — judgment, method, the fact that you would tell a client not to launch — becomes invisible.

Here is the sequence almost every technical studio follows. A prospect describes what they think they need. You estimate hours and features. You send a document with a number at the bottom. The prospect puts your number next to two other numbers and picks one.

Notice what happened: three proposals that may represent radically different levels of competence were reduced to a single comparable dimension. Not because the prospect is unsophisticated, but because **a quote is the only artifact you gave them that they know how to evaluate**. They cannot assess your architecture decisions. They can absolutely assess whether $4,000 is more than $2,800.

This dynamic produces three predictable outcomes. The first is margin compression: you win by being cheaper, which means you have less room to do the work properly, which means the work goes worse, which justifies a lower price next time. The second is scope inflation: to justify your number against a cheaper competitor you add features, and now you have promised more work for the same money. The third is the worst — you win projects you should have refused, because at quote stage you did not know enough about the business to know it was a bad fit.

Why "free consultation" does not solve it

The common remedy is a discovery call before quoting. This helps, but it does not change the structure. A call produces no artifact. The prospect walks away with an impression, not evidence, and the next thing they receive from you is still a number. You have added a step without changing what gets compared.

The structural problem, stated plainly

You are asking someone to trust your judgment before you have demonstrated any. A quote asks for confidence. It does not earn it.

CHAPTER 02

The inversion

> Instead of quoting, produce and publish a navigable diagnosis of the prospect's business. Then let the diagnosis do the selling.

The method inverts the sequence. Before any proposal exists, you audit what is publicly observable about the business — what shows up when someone searches for it, what its channels communicate, where its intake process leaks, what opportunities sit unexploited — and you publish that as a page the prospect can actually navigate and share.

The shift this produces is not cosmetic. The conversation stops being *"how much do you charge"* and becomes *"this is what is happening in your business."* You are no longer a vendor presenting options; you are the person who noticed something they did not.

Three jobs, one artifact

A published diagnosis does three commercial jobs simultaneously, which is why the economics work despite the upfront effort:

1. **It demonstrates competence before asking for trust.** The prospect does not have to believe you are good. They can read the evidence.
2. **It filters clients.** Someone who does not value a rigorous diagnosis will not value rigorous implementation either. The people who dismiss it were going to be difficult clients. You found out for the cost of an audit instead of the cost of a project.
3. **It is reusable content.** Anonymized, a diagnosis becomes a case study, a post, a portfolio piece. The work does not evaporate when the deal closes or dies.

A quote says "here is what I would charge." A diagnosis says "here is what I already noticed." Only one of those is hard to replicate.

The uncomfortable part

This method requires you to do real work before you are paid — or to charge a small fixed fee for the diagnosis itself, which is the version I recommend and cover in Chapter 6. Either way you invest before you know the outcome. That is precisely why it works: most competitors will not do it. The barrier is not technical, it is willingness.

CHAPTER 03

The six phases

The full cycle runs from identifying a prospect to a recurring relationship. Each phase has one deliverable and one decision.

1 Selection

Identify a business whose operational friction is visible from the outside: incomplete digital presence, manual intake, information scattered across channels. You are not looking for businesses that are failing — you are looking for ones where the gap between what they do and how they show it is wide.

Deliverable: a shortlist. **Decision:** is the gap real, or am I inventing a problem to sell a solution?

2 Audit

Review presence, channels, messaging and observable process. Document only what is verifiable. Separate what you *observed* from what you *infer* — and label them differently. Never invent a metric to make a point.

Deliverable: raw findings with sources. **Decision:** is there enough here to be useful, or am I padding?

3 Publish the diagnosis

Build a navigable page: findings, prioritized opportunities, risks. This is a real deliverable, not a sales deck with your logo on it. It should be useful to the prospect even if they never hire you — that is the test of whether it is honest.

Deliverable: a URL. **Decision:** would this still be valuable if they hired someone else?

4 Convert to proposal

The diagnosis naturally produces a scope: which opportunity to address first, with explicit acceptance criteria. Because the reasoning is already public, the proposal is short. You are not justifying a number; you are picking the first item off a list you both already agree on.

Deliverable: a one-page scope. **Decision:** what is the smallest thing that proves the thesis?

5 Minimum viable build

Deliver the core flow working — site, catalog, agent or automation — with no infrastructure the current stage does not need. State clearly what is implemented, what is tested, and what is not yet production-ready. These are three different things and conflating them is how trust dies.

Deliverable: a working flow + evidence. **Decision:** go or no-go, documented.

6

Retention

Ongoing operation — supervision, content, adjustments, measurement — becomes a monthly agreement. The diagnosis produced a list of opportunities; you addressed one. The rest is the roadmap that justifies the retainer.

Deliverable: a monthly cadence. **Decision:** is there enough remaining value to justify recurring cost?

Why the order matters

Each phase produces the input for the next. Skipping the diagnosis to get to the build faster does not save time — it moves the discovery work into the build, where mistakes are expensive instead of cheap.

CHAPTER 04

What to audit

> A diagnosis is only credible if it is specific. These are the areas that consistently produce findings a business owner has not already considered.

Discoverability

- [ ] What appears when you search the business name — and what appears when you search what they *sell*, which is usually a different and more revealing result.
- [ ] Whether the business exists in the maps/local listings ecosystem with accurate hours, contact and category.
- [ ] Whether their own site can be found for the two or three phrases a real customer would actually type.
- [ ] What competitors occupy the results they are absent from.

The intake path

- [ ] How many steps from "interested" to "in contact." Count them literally, on a phone.
- [ ] Whether the primary contact channel is one the customer already uses (messaging) or one the business prefers (forms, email).
- [ ] What happens after contact: is there a response path, or does it land in a personal inbox with no process behind it?
- [ ] Whether anything captures interest that is not ready to buy today.

Message coherence

- [ ] Whether the site, the social profiles and the actual offering describe the same business. Divergence here is extremely common and extremely visible once named.
- [ ] Whether the value proposition is stated in the customer's language or the owner's.
- [ ] Whether proof exists — testimonials, work samples, credentials — and whether it is findable.

Operational load

- [ ] Which repetitive tasks are done by hand: follow-up, scheduling, quoting, answering the same five questions.
- [ ] Where information lives, and how many places it lives in simultaneously.
- [ ] What breaks when the owner takes a week off. This single question surfaces more real findings than any tool.

Risk and hygiene

- [ ] Whether the site is secure, current and actually loads on mobile in poor conditions.

- [ ] Whether customer data is collected with consent and stored somewhere defensible.
- [ ] Whether anyone other than the owner can access, edit or recover the digital assets.

CHAPTER 05

The diagnosis template

> Structure matters more than length. A diagnosis that is four screens long and ruthlessly specific outperforms twenty pages of observations.

STRUCTURE OF A PUBLISHED DIAGNOSIS	
Opening	One sentence naming what this business does, in the customer's words. It proves you understood before you critiqued.
What works	Two or three genuine strengths. Not flattery — anchors. If everything is a problem, the reader stops believing you.
Findings	Four to seven observations, each with what you saw and why it matters commercially. Label each as **observed** or **inferred**.
Opportunities	Prioritized, with effort and expected effect. The prioritization is the expertise — anyone can list ideas.
Risks	What could go wrong if nothing changes, and what could go wrong if they change it badly.
Next step	One concrete recommendation, scoped small. Not a menu — a recommendation.
Limits	What you could *not* assess without access. This is a credibility multiplier, not a weakness.

Three rules that make it work

Rule one: publish it as a page, not a file. A URL is shareable, updatable and feels like a product. A PDF attachment feels like a proposal, which puts you back in the quote frame.

Rule two: separate evidence from hypothesis, visibly. When you write "your intake takes six steps" that is observed. When you write "this is likely costing you leads" that is inference. Marking the difference is what distinguishes a diagnosis from a sales pitch that happens to be dressed as one.

Rule three: state what you could not see. "I could not assess your conversion rate without analytics access" is a stronger sentence than any claim you could invent to fill that gap. It tells the reader you are the kind of person who does not make things up — which is the entire value proposition.

The honesty test

Before publishing, ask: **would this still be useful to them if they hired someone else?** If the answer is no, you wrote a sales document. Rewrite it.

CHAPTER 06

Pricing the diagnosis

> Charging a small fixed fee for the diagnosis converts it from marketing cost into a product — and improves close rates rather than hurting them.

The instinct is to give the diagnosis away, because it is how you win the real work. That instinct is usually wrong, for a reason that has nothing to do with the money: **a free diagnosis attracts people who are not deciding anything.** A modest fee — enough to require a decision, small enough to be trivial against the eventual project — filters for prospects with budget, authority and intent.

MODEL	WHEN IT FITS	TRADE-OFF
Free, unsolicited	Cold outreach; building a portfolio; entering a new vertical	High volume, low conversion. Use to generate case studies, not revenue.
Free, on request	Warm referrals where trust already exists	Converts well but scales poorly and attracts browsers.
Fixed fee ($300–$800)	The default for inbound and qualified outbound	Lower volume, dramatically higher conversion. Fee is credited against the build.
Fixed fee, standalone	Larger organizations that want the assessment itself	Becomes its own product line; may not lead to implementation, and that is fine.

The mechanic that makes the fee easy to accept: **credit it against the project.** "The diagnosis is $500. If we work together, it comes off the first invoice." The prospect risks nothing but the decision, and you have converted a free favor into a transaction — which changes how both of you treat it.

What the fee buys you beyond money

- **Access.** A paying client will give you analytics, admin access and honest answers. A free prospect will not.
- **Attention.** People read what they paid for.
- **A precedent.** The first transaction establishes that you are paid for judgment, not just for output. Every subsequent conversation happens on that footing.

CHAPTER 07

What goes wrong

> This method fails in specific, recognizable ways. Knowing them is most of the defense.

You wrote a sales deck and called it a diagnosis

The most common failure. Every finding conveniently points to a service you sell. The prospect feels it immediately, even if they cannot name it. **Defense:** include at least one finding you cannot monetize, and one recommendation that does not involve you.

You inflated findings to justify the effort

You spent six hours auditing and found three real things, so you padded to eleven. The three real ones now sit among eight trivial ones and lose their force. **Defense:** a diagnosis with four specific findings beats one with twelve generic ones. Cut, do not pad.

You diagnosed a business that cannot act

The findings are correct, the opportunities are real, and the owner has no budget, no time or no authority to change anything. The diagnosis was excellent and completely wasted. **Defense:** qualify capacity to act during selection, not after publishing.

You made the prospect feel stupid

A diagnosis catalogs what someone got wrong. Delivered without care, it reads as an indictment of their competence, and people do not hire someone who made them feel small. **Defense:** open with genuine strengths, frame findings as context they lacked rather than mistakes they made, and never use the word "obviously."

You gave away the implementation

The diagnosis was so complete that a cheaper developer executed it. This happens, and it is survivable — but it means your diagnosis crossed from *what* into *exactly how*. **Defense:** diagnose problems and prioritize opportunities; do not deliver the architecture for free.

The meta-failure

Treating the diagnosis as a formality to get to the build. The moment it becomes a step you rush through, it stops being the thing that differentiates you and becomes a slower way to send a quote.

CHAPTER 08

Your first diagnosis

> A two-week plan to run the method once, end to end, on a business you do not yet work with.

WHEN	WHAT YOU DO
Days 1–2	Pick three candidate businesses in one vertical you find genuinely interesting. Same vertical matters: the second and third audits go three times faster because you already know what to look for.
Days 3–5	Audit one of them against Chapter 4. Time-box it to four hours. Write findings raw, labeled observed or inferred, with sources.
Days 6–8	Build the diagnosis page using the Chapter 5 structure. Apply the honesty test before publishing: would this help them if they hired someone else?
Day 9	Send it. One short message: what you noticed, the link, and no ask. The absence of an ask is what makes it land.
Days 10–14	Whatever the response, run the second audit. The method only compounds if you do it more than once — and the second one is where you learn what the first one taught you.

The self-check before you start

- [ ] Can I name the specific commercial problem this business has, in one sentence, without using the word "digital"?
- [ ] Do I have at least three findings that the owner has probably not considered?
- [ ] Is every claim I am making either observable or explicitly labeled as inference?
- [ ] Have I included something I cannot charge for?
- [ ] Have I stated what I could not assess?
- [ ] Would I be comfortable if this business published my diagnosis publicly with my name on it?

If the last one gives you pause, that is the diagnosis telling you something before the prospect does.

Want the diagnosis run on your business?

I run this exact method as a fixed-price service: I audit your digital presence, publish a navigable diagnosis you can actually use, and turn it into a prioritized plan — whether or not you build it with me. The same method has run across health, wellness, education, artisan retail and real estate. **Digital Presence Audit — from $500.**

Roger GV — AI Product Builder & Agentic Systems Architect · Cancún, MX (GMT-5)
Find me on Contra and LinkedIn.