



AMR

ASSOCIATION MANAGEMENT RESOURCES

ANN ARBOR | LANSING, MICHIGAN

PROVIDING SOLUTIONS THAT WORK

ASSOCIATION MANAGEMENT AND EVENT SERVICES

REQUEST FOR PROPOSAL (RFP)

*for Association Management and Event Services
from Association Management Resources (AMR)*

This guide was developed by Association Management Resources
Ann Arbor and Okemos, Michigan

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ORGANIZATION AND CONTACT PERSON:

Organization Name: _____

Acronym: _____

Address 1: _____

Address 2: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

Association Website Address: _____

Contact Person: _____

Title: _____

Telephone: () _____ Email: _____

(Provide the following information if different than above)

Address 1: _____

Address 2: _____

City/State/Zip: _____

Telephone: () _____ Fax: () _____

DELIVERY OF PROPOSAL:

Intention to Bid Deadline: _____
Month Day Year

Proposal Submission Deadline: _____
Month Day Year

Proposal Delivery Options *(Check those acceptable):*

U.S. Postal Service

United Parcel Service

FedEx

Fax

Email

Other: _____

Number of proposal copies required: _____

SPECIFIC SERVICES BEING REQUESTED (Check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Board of Directors/Administration | <input type="checkbox"/> Government Relations/PAC |
| <input type="checkbox"/> Financial Management | <input type="checkbox"/> Accreditation |
| <input type="checkbox"/> Membership | <input type="checkbox"/> Certification |
| <input type="checkbox"/> Publications | <input type="checkbox"/> Benefit Programs for Members |
| <input type="checkbox"/> Meetings and Conventions | <input type="checkbox"/> Website Services |
| <input type="checkbox"/> Exhibits/Trade Show | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Education and Training | <input type="checkbox"/> Other Services: _____ |
| <input type="checkbox"/> Public Relations | |

CURRENT MANAGEMENT SERVICES:

Who are you currently managed by? _____

Will current management service provider be submitting a proposal? Yes No

Number of years with current management company: _____

Current staff allocated to group: _____

What has prompted your search? _____

When do you expect a final decision to be made (date): _____

What is the expected start date: _____

OFFICE

Does your organization maintain a single central office address or do you have multiple office addresses? Single Multiple

Please explain: _____

Is there a specific geographic location which would be advantageous to your organization as far as office location is concerned? Yes No

Please explain: _____

Would meetings of the Executive Board, Officers, and/or Committees be held at the Office? Yes No

How many meetings per year? _____

Maximum number of people in each meeting? _____

OFFICE *(continued)*

Does your organization require active and dead storage of files and other organization materials? Yes No

Approximately how many 4-drawer vertical active files? _____

Approximately how many cubic feet of dead storage? _____

Please list any special equipment or software the organization owns at the present time that relates to the above services: _____

COMMUNICATIONS

What type of communications are currently used by your organization?

Telephone

Telephone message system (voice mail, answering machine)

Fax (individual)

Fax (broadcast)

Email

Other: _____

Is an 800 telephone number used by your organization? Yes No

Approximately how many incoming telephone calls are currently being received by your organization's office on a daily basis? _____

Approximately how many individual pieces of mail are currently being received by your organization on a daily/monthly basis? _____

BOARD OF DIRECTORS/ADMINISTRATION

Number of Board or Executive Committee meetings held per year:

In person: _____ Number of days per meeting _____

Via conference call: _____

Does your association have an executive committee? Yes No

If "yes," number of executive committee meetings per year? _____

In person: _____ Number of days per meeting _____

Via conference call: _____

How many of the meetings will the management services company you employ attend? _____

Year in which your most recent Strategic Plan was developed: _____

If your organization does not have a Strategic Plan, is it your Board's intention to develop one under new management? Yes No

FINANCIAL INFORMATION

Type of organization:

- Trade Association
- Professional Society
- Foundation
- Other: _____

What year was your organization established? _____

What is the IRS designation for your organization: 501(c)(3) 501(c)(6) Other: _____

Accounting method used: Cash Accrual

Accounting software used: _____

Number of accounts to be reconciled each month: _____

Is your organization up-to-date/reconciled with current bank statements? Yes No

Number of checks written per month: _____

Does your organization operate on a calendar year? Yes No

If no, when does the fiscal year begin? _____

Is your organization incorporated? Yes No

If yes, what state? _____

Will the management company have authority to sign checks? Yes No

If no, who will the check signing authority be handled by? _____

Have all appropriate IRS returns and government operating reports been filed to date? Yes No

Does the organization invest excess funds? Yes No

Does your organization accept payment by credit card? Yes No

Indicate which credit cards are accepted: Visa MasterCard American Express

Discover Other: _____

Association's current budget: \$ _____

Total annual revenues? \$ _____

Total expenses? \$ _____

Amount of fund balance at the end of last fiscal year? \$ _____

Please check the specific financial services being requested by your organization:

- Establish and monitor checking account(s)

FINANCIAL INFORMATION *(continued)*

- Establish and monitor savings account(s)
- Establish and monitor investment account(s)
- Establish and maintain payable and receivable accounts
- Coordinate IRS returns with CPA firm
- Assist organization leadership with budget planning
- Submit financial reports: monthly quarterly annually Other: _____

MEMBERSHIP INFORMATION

Membership history for past 3 years: Increasing Decreasing Consistent

Number of current members: _____

Number of potential members: _____

How many classes of Membership? _____

Does your Association have chapters? Yes No

If yes, number of chapters: _____

If yes, do the chapters have a separate dues structure? Yes No

Are members billed annually at the start of the fiscal year or on member anniversary date?

Annually Member Anniversary Date Other: _____

What software is your organization currently using for its membership database? _____

PUBLICATIONS

Please check all of the publications produced by your organization:

- | | | | |
|--|-----------------------------|-----------------------------|--|
| <input type="checkbox"/> Newsletter | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Journal | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Membership Directory | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Annual Report | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Event Brochures | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Conference Programs | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Registration Brochures | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Exhibitor Prospectus | # of pages: _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> Postcards | _____ | Produced _____ times a year | <input type="checkbox"/> Print <input type="checkbox"/> Digital Only |
| <input type="checkbox"/> e-News | Produced _____ times a year | | |
| <input type="checkbox"/> Training Materials - Please describe: | _____ | | |
| <input type="checkbox"/> Other - Please describe: | _____ | | |

PUBLICATIONS *(continued)*

Please check the specific services being requested to support publications:

- | | |
|---|--------------------------------|
| <input type="checkbox"/> Writing | Indicate Publication(s): _____ |
| <input type="checkbox"/> Editing | Indicate Publication(s): _____ |
| <input type="checkbox"/> Layout/Design | Indicate Publication(s): _____ |
| <input type="checkbox"/> Ad Sales | Indicate Publication(s): _____ |
| <input type="checkbox"/> Mailing | Indicate Publication(s): _____ |
| <input type="checkbox"/> Print Coordination | Indicate Publication(s): _____ |

MEETINGS AND CONVENTIONS

Please indicate the meetings and conventions that are held each year by your organization:

_____ | _____ | _____
Meeting/Convention | Location | Date

_____ | _____ | _____ | _____ | _____
Held Annually | # Attending | Registration Fee | # of Speakers | # Educational Sessions

_____ | _____ | _____ | _____ | _____
Meeting/Convention | Location | Date

_____ | _____ | _____ | _____ | _____
Held Annually | # Attending | Registration Fee | # of Speakers | # Educational Sessions

_____ | _____ | _____ | _____ | _____
Meeting/Convention | Location | Date

_____ | _____ | _____ | _____ | _____
Held Annually | # Attending | Registration Fee | # of Speakers | # Educational Sessions

_____ | _____ | _____ | _____ | _____
Meeting/Convention | Location | Date

_____ | _____ | _____ | _____ | _____
Held Annually | # Attending | Registration Fee | # of Speakers | # Educational Sessions

Will the management services company you employ be required to attend all meetings? Yes No

Indicate the meetings where attendance is required: _____

Number of Committee or Special Interest Group (SIG) Meetings per year:

- In person: _____
- Via conference call: _____

MEETINGS AND CONVENTIONS *(continued)*

Please check the meeting and convention services being requested by your organization:

- Event sponsorship solicitation
 - Event marketing
 - Meeting planning with committee or organization officer
 - Meeting set-up and coordination
 - Meeting attendance and participation
 - Event Program Development
 - Pre-registration services
 - On-site registration services
 - Collection of fees and/or payment for service vendors
 - Publication of meeting/convention programs, proceedings, etc. *(Please list under publication section)*
 - Other: _____
-

EXHIBITS/TRADE SHOWS

Are exhibits or trade shows held in conjunction with meetings or conventions? Yes No

If yes, please list the meetings/conventions and provide the information requested:

Meeting

_____	_____	_____	_____
Size of Booths	# of Booths	Booth Fee	Month Held

Meeting

_____	_____	_____	_____
Size of Booths	# of Booths	Booth Fee	Month Held

Meeting

_____	_____	_____	_____
Size of Booths	# of Booths	Booth Fee	Month Held

Meeting

_____	_____	_____	_____
Size of Booths	# of Booths	Booth Fee	Month Held

Please check the specific exhibit/trade show services being requested by your organization:

- Exhibit/trade show planning and operation
- Exhibit/trade show promotion
- Sale of exhibit space
- Financial planning and reporting
- Other: _____

EDUCATION AND TRAINING

Does your organization sponsor any education or training programs? Yes No

If yes, please list each program and provide the information requested:

Program

_____	_____	_____	_____
Program Hours	Times Held Annually	# Attending Annually	Individual Fee
Certifying agency if applicable _____			

Program

_____	_____	_____	_____
Program Hours	Times Held Annually	# Attending Annually	Individual Fee
Certifying agency if applicable _____			

Program

_____	_____	_____	_____
Program Hours	Times Held Annually	# Attending Annually	Individual Fee
Certifying agency if applicable _____			

Program

_____	_____	_____	_____
Program Hours	Times Held Annually	# Attending Annually	Individual Fee
Certifying agency if applicable _____			

Please check the education and training services being requested by your organization:

- Planning and coordination of education and training
- Registration of participants
- Collection of program fees
- Attendance reports
- Financial Reports
- Professional development coordination/process approval
- Design and duplication of program materials
- Other: _____

PUBLIC RELATIONS

Describe the services that would need to be provided by the management company in support of the public relations program:

GOVERNMENT RELATIONS/PAC

Describe the services that need to be provided by the management company in support of the government relations/PAC programs:

Will the management company be responsible for filing any required PAC reports? Yes No

ACCREDITATION

Services being requested by your organization:

- Administrative support (i.e., correspondence to schools, teams, etc.)
- Team Development
- Site Visit Scheduling with Team Assignments
- Advise on Policy and Standards
- Liaison with Federal Accrediting Recognition Agencies (i.e. Department of Education)
- Assist in formal review process (schedule hearings, organize/produce reports, etc.)
- Other: _____

CERTIFICATION

Services being requested by your organization:

- Administer Exam
- Database Tracking
- Renewal Processing
- Track CEU's
- Track PDU's
- Other: _____

BENEFIT PROGRAMS FOR MEMBERS

Describe support services to be provided by the management company for benefit programs:

WEBSITE SERVICES

Check any of the services being requested by your organization:

- New Website design
- Website hosting services
- Website creation (no Website currently exists)
- Website "reconstruction" (currently have a Website but would like it revised)
- Ability to accept on-line registrations (i.e., conference and membership)
- Ability to accept on-line credit card payments

PLEASE INCLUDE THE FOLLOWING WITH THIS RFP:

REQUIRED MATERIALS

- Copy of current Strategic Plan
- List of officers and directors
- Mission statement or purpose of the association
- Current financial statement
- Financial statement of last full year
- Board meeting minutes from the past year

REQUESTED MATERIALS

- Newsletter and/or magazine
- Membership application
- Membership brochure
- Annual meeting promotional materials
- Tradeshow promotional brochure and registration form