



## ASSOCIATION RFP BACKGROUND INFORMATION

### GENERAL INFORMATION

Association Name: _____	Acronym: _____
Contact Person: _____	Title: _____
Address: _____	City, State, Zip: _____
Telephone: _____	Email: _____

### ORGANIZATION INFORMATION

1. Primary geographic scope of your organization: <input type="checkbox"/> International <input type="checkbox"/> National <input type="checkbox"/> Regional <input type="checkbox"/> State <input type="checkbox"/> Local	3. Primary type of membership in your association: <input type="checkbox"/> Companies/Institutions <input type="checkbox"/> Individuals <input type="checkbox"/> Both
2. Primary industry or profession served by your association: _____	4. IRS tax status of your association: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501©(6) <input type="checkbox"/> Other _____

### MEMBERSHIP INFORMATION

1. Total number of current members: _____	3. Does your association have chapters? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, number of chapters: _____	
2. Number of potential members: _____		
4. Categories of membership in association:		
Category/Description	Number of Members	Annual Dues Rate Per Category



**BOARD OF DIRECTORS**

<p>1. Number of members on board of directors: _____</p>	<p>3. Does your association have an executive committee?  <input type="checkbox"/> Yes <input type="checkbox"/> No            If yes, number of executive committee meetings each year:                a. In person: _____                    Number of days per meeting: _____                b. By teleconference: _____</p>
<p>2. Number of board meetings each year:            a. In person: _____                Number of days per meeting: _____            b. By teleconference: _____</p>	<p>4. IRS tax status of your association:  <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501©(6)  <input type="checkbox"/> Other _____</p>

**FINANCIAL MANAGEMENT**

<p>1. Association's current budget:            Total annual revenues: \$ _____            Total expenses: \$ _____</p>	<p>3. Amount of fund balance at end of last fiscal year: \$ _____</p>
<p>2. Month in which fiscal year begins: _____</p>	<p>4. How often are association's financial statements prepared? _____</p>

**SERVICES, PROGRAMS, AND ACTIVITES**

Which current services, programs and activities are offered to membership? *(Use additional sheets if necessary).*

<input type="checkbox"/> Statistical Reporting	<input type="checkbox"/> Standardization	<input type="checkbox"/> Continuing Education Credits	<input type="checkbox"/> Long-Range Planning
<input type="checkbox"/> Marketing Research	<input type="checkbox"/> Marketing Promotion/Advertising	<input type="checkbox"/> Training	<input type="checkbox"/> Education
<input type="checkbox"/> Chapter Programs/Assistance	<input type="checkbox"/> Testing & Certification	<input type="checkbox"/> Public Relations	<input type="checkbox"/> Other (please describe): _____
<input type="checkbox"/> Government Relations	<input type="checkbox"/> Credit/Collection	<input type="checkbox"/> Surveys	_____ _____



**LOBBYING**

<p>1. Does association regularly retain or employ a lobbyist?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>If yes, what is the scope of lobbying activities?          _____          _____</p>
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**MANAGEMENT STAFF**

<p>1. Is your association currently being managed by an association management company?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, how many years has association been managed by the company? _____</p>	<p>5. Has a request for proposal (RFP) been developed for this search?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, what is the deadline to respond to the RFP?          _____</p>
<p>2. Is the company aware of the search?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>6. What is the anticipated start date for the new association management company?          _____</p>
<p>3. If association is not being managed by an association management company, does it currently have a management staff and a headquarters?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, if the current management staff aware of the search for new management?  <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>7. Your preferred method of contact?  <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> Email  <input type="checkbox"/> Other (please specify): _____</p>

**MEETINGS, CONFERENCES, AND TRADESHOWS**

Type of Event	No. of Meetings Per Year	City/Cities Where Event Last Held	No. of Days Per Event	Total Attendance	No. of Sessions	No. of Exhibitors



**COMMUNICATIONS**

<p>1. Does your association produce a newsletter?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes:          a. How often is it published? _____          b. Number of pages: _____          c. Does it carry advertising? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>4. Approximately how many times a year are bulletins or other mailings sent to members?          _____          Explain, if necessary: _____          _____</p>
<p>2. Does your association produce a magazine or newspaper?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes:          a. How often is it published? _____          b. Number of pages: _____          c. Does it carry advertising? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>5. Who is responsible for producing the publications?  <input type="checkbox"/> Outside Contractor <input type="checkbox"/> Members  <input type="checkbox"/> Staff <input type="checkbox"/> Combination: _____</p>
<p>3. Does your association produce a membership directory or roster?  <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes:          a. How often is it published? _____          b. Number of pages: _____          c. Does it carry advertising? <input type="checkbox"/> Yes <input type="checkbox"/> No          d. What other information does it contain? _____          _____          _____</p>	<p>5. Who is responsible for producing the membership directory?  <input type="checkbox"/> Outside Contractor <input type="checkbox"/> Members  <input type="checkbox"/> Staff <input type="checkbox"/> Combination: _____</p>

Please email completed RFPs to Brittni Rhoads at [brittni@associationdev.com](mailto:brittni@associationdev.com).