

AMCI Full Service RFP

Instructions

Welcome to the AMC Institute RFP Program. For assistance, please contact Heather Koolmeyer at hkoolmeyer@amcinstitute.org. Phone 703-570-8955.

Key Information

- 1. Organization Name*
- 2. Acronym*
- 3. Website Address*
- 4. What prompted the search?*
- 5. Proposal Deadline
- 6. What is your current budget for AMC services?*

7a. Must your new AMC be headquarted in a specific location?*

b. If yes, specify which country, region, state or metro area

8. Membership history for the past 3 years*

Current Management Structure

9. What is your current management structure?*

Yes

No

If managed by an AMC as shown above, please answer questions 10-14. If not, please proceed to question 15.

- 10. If managed by an AMC, which one?
- 11. How many years does the organization have with its current administrator?
- 12. Has the current administrator been asked to submit a proposal?
- 13. Has the current management been notified of the search?
- 14. Will current management submit a proposal to continue?
- 15. Has the organization's board authorized this search?
- 16. How many full time equivalent (FTE, 2,000+ hours per year) personnel manage the association?
- 17. Services Requested (select all that apply)

Membership Management
Financials
Meeting & Conventions
Web Management
Publications
Marketing
Other

18. Describe any special skills or credentials your new CSO should have (e.g. CMP, CAE).*

Search Process and Contact Information

19a. Does the

organization have a Yes formalized search committee?*

b. If yes, are you using a third party? Yes

20. Is the RFP being

distributed through any other

Yes

organizations or platforms?

- 21. Contact Name*
- 22. Contact's position within the organization*
- 23. Contact's Email Address*
- 24. Mailing Address Line1
- 25. Mailing Address Line 2
- 26. City*
- 27. State*
- 28. Postal Code* (Zip Code)
- 29. Country*
- 30. Phone*
- 31. How did you hear about the AMC Institute RFP process?
 32a. How would you like proposals to be delivered to you?
 - b. If by mail, how many copies are required?

33a. Are any members of your organization's search committee employed by an AMC?*

Yes

No

- b. If yes, explain
- 34. What is the date for initial screening of proposals by the Search Committee?*
- 35. What is the target date for completion of due diligence on short listed proposals?*
- 36. What is the date for selected proposal presentation(s)?*
- 37. What is the location for selected proposal presentation(s)?*
- 38. What is the start date for the transition process?*
- 39. What is the formal start date?*

More About the Organization

- 40. Year Established*
- 41a. Type of Organization*
 - b. If 'Other', please describe
- 42a. IRS Classification
 - b. If 'Other', please describe
- 43. Geographic Scope of Organization*
- 44. Number of Chapters or Regional Groups*

45. Number of Board Members*

46a. Does your organization have a strategic plan?*

b. If yes, what year was the most recent strategic plan developed?

47. Do you plan to include your strategic plan with the RFP?

48. Key Membership Benefits (select all that apply)*

Education
Networking
Lobbying
Other

Yes

No

- 49. Do you plan to redevelop a strategic plan under new management?*
- 50. Total number of individual members (all classes)*
- 51. Total number of company members
- 52. How many classes of membership are there?*
- 53. What software does your organization use for its membership database?

Conferences and Meetings

- 54. Number of in-person board/executive meetings per year*
- 55. Number of in-person committee/Special Interest Group meetings per year*

56. Indicate all future conferences and events (of any size) for the current calendar year (Include meeting name, location, hotel, registration fee and number attending)*

- 57. What was the total Gross Income from all sources for the most recent fiscal year?*
- 58a. Dues Billing Cycle*
 - b. If 'Other', please describe
- 59. What was the total income from membership dues alone?
- 60. Equity at last fiscal year end?*
- 61. When does your fiscal year begin?*
- 62. Accounting Method*
- 63a. Are the financials routinely audited/reviewed by an independent CPA?
 - b. If yes, when was the most recent audit performed?
- 64. Describe your dues amounts (Include the amount, applicable member type, and the # of members in each type)*

Yes

No