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Request for Proposal

Please submit to cmg@custommanagement.com or fax/mail to the information above.

Deadline to respond to RFP _____ Anticipated start date _____

Organization Information

Organization Name _____

Acronym _____

Contact Person _____ Title _____

Street Address _____

City _____ State/Province _____

Post Code _____ Country _____

Telephone _____ Fax _____

Email _____ Website _____

Year Founded _____ IRS Tax Status 501(c)3 501(c)6 Other _____

Current Management _____ Years with Management _____

If this organization is not currently managed by an AMC, does it have management staff and a headquarters? Yes No

Is current management staff aware of the search for new management? Yes No

How many full-time equivalents provide services to your organization? _____

Is this number adequate? If not, please explain. _____

Organization Scope

International Countries served _____

National Country served United States Other _____

Regional Region(s) served _____

Please describe the profession/industry served by this organization _____

Membership

Membership Type Individuals Companies/Institutions Both

Number of individual members _____ Number of company/institution members _____

Membership is growing decreasing constant

Individual Member Goal _____ Company/Institution Member Goal _____

Does the organization have chapters? Yes No Number of chapters _____

Please describe the chapters and any services to be provided to them. _____

Board of Directors

Number of Members _____

Meetings are held Face-to-face Number per year _____ Number of days per meeting _____

By teleconference Number per year _____

Committees/Special Interest Groups

Number _____ Focus areas _____

Meetings are held Face-to-face Number per year _____ Number of days per meeting _____

By teleconference Number per year _____

Financial Information

Current annual revenue _____ Current annual expense _____

Fiscal year begins _____ Dues billing begins _____

Conferences/Meetings

Meeting Name and Dates	Number of Attendees	Registration Fee	Number of Sessions	Number of Speakers	Number of Exhibits

Does the organization exhibit at other conferences/meetings? Yes No

Please provide the conference/meeting names and dates where your organization plans to exhibit in the next 12 months. _____

Services to be Provided

- Membership Management
- Financial Management
- Meeting Management
- Certification
- Website Design
- Website Maintenance
- Graphic Design
- Publications
- Data Management
- Workshops
- Webinars
- Marketing
- Strategic Planning
- Leadership Training
- Journal Subscriptions
- Other

If other, please explain _____

Does your organization engage in lobbying/legislative affairs? Yes No

Please note that CMG will work with the client to outsource all lobbying/legislative affairs.

Areas for Improvement

1. _____
2. _____
3. _____

Publications/Communications

- Print Newsletter Monthly Quarterly Annual Other _____
- Online Newsletter Monthly Quarterly Annual Other _____
- Print Directory Online Directory
- Other If other, please explain _____

Does your organization accept advertising? Yes No

Who is responsible for producing publications? Members Staff Contractor Other

If other, please explain _____

Additional Materials

Please include as many the following documents as possible: Articles of Incorporation/Bylaws, strategic plan, financial statement with budget (current and last full year), most recent 990, copies of program brochures and calendar of events. If there is any further information that is important for CMG to consider, please include it with your organization's RFP.