



AMCI Full Service RFP

Instructions

Welcome to the AMC Institute RFP Program. For assistance, please contact us at info@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 headquartered in a specific location?*

Yes

No

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?*

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 formalized search committee?*

Yes

No

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

Yes

No

20. Is the RFP being distributed through any other organizations or platforms?

Yes

No

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?*

Yes
No

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

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?

Yes

No

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)*