



Request for Information

Don't have a formal "Request for Proposal"? Don't have time to create one? Answering the questions on this form will give Magellan's proposal unit much of the information we need to provide you with a proposal for your organization's future management. When completed, simply mail it to us at 1650 S. Dixie Hwy, Suite 500, Boca Raton, FL 33432; or **fax it to 561-395-8557**. Questions? Call 561-395-7557.

General Information

Organization Name: _____

Organization Address: _____

Organization Web site: _____

Contact Person: _____ Association Position: _____

Contact's Company: _____

Contact's Address: _____

Contact's Phone: _____ Contact's Fax: _____

Contact's E-mail: _____

Organization

Primary Geographic Scope: International National Regional State Local

Primary Industry/Profession Served: _____

Primary Member Type: Companies/Institutions Individuals Both

Is the Organization incorporated? Yes No In What State: _____

IRS Tax Status: 501(c)3 501(c)6 Other: _____

Is the Organization's tax exemption letter of determination on file? Yes No

Membership

Total # of Current Members: _____ # of Prospective Members: _____

Is the Membership... Increasing Decreasing About the same as the previous year

Is your membership information computerized? Yes No If "Yes", What Software Is Used? _____

Membership Categories:

<u>Category/Description</u>	<u># of Members</u>	<u>Voting</u>	<u>Non-voting</u>	<u>Annual Dues</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

Meetings (Board Meetings / Conferences / Schools / Seminars / Trade Shows / Etc.)

Please list all meetings, conferences, and trade shows produced by/for your organization, and provide a copy of any/all promotional and other materials related to these events, if available.

<u>Event/Type</u>	<u># of meetings per year</u>	<u>City/Cities Where Last Held</u>	<u># Days per Event</u>	<u>Total Attendance</u>	<u># of Sessions</u>	<u># of Exhibitors</u>	<u>Total Net Square Feet of Exhibit Space</u>

Does your association typically attend meetings/conferences/trade shows other than those it produces? Yes No
 If yes, please complete the following:

Meeting Name/Type: _____ # of Days _____ By title, who from your organization typically attends? _____

Communications

Please list all of your organization’s publications (newsletters, magazines, journals, membership directories, etc.) and provide a recent copy of each, if available.

Publication/Description	Published How Often	Number of Pages	Carries Advertising?	Published in Print?	Published On-Line?
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your association have a Web site? Yes No

If yes, who maintains it? Volunteer(s) Current Staff Web Design Company

What is your Organization’s primary means of communicating with members? E-mail Fax Postal Mail Other: _____

Approximately how many times/year are bulletins, advisories, etc., or other mailings sent to members: _____

Financial Management

For your Organization’s last completed fiscal year, what were: Total Revenues: \$ _____ Total Expenses: \$ _____

In what month does your fiscal year begin: _____ How often are your financial statements prepared? _____

What was your Organization’s fund balance at the end of the last completed fiscal year? \$ _____

Please indicate the total number of each of the following account types: Checking Accounts: _____ Savings/Investment Accounts: _____ Other Account Types: _____

How often are your organization’s books audited: _____

Board of Directors

of Directors on the Board (including officers): _____ How long do they serve? _____

How often does the Board meet each year in person? _____ # of days per meeting: _____

How often does the Board meet by teleconference? _____ How often by Internet Chat Session? _____

Who takes the Minutes? _____ Who plans the Agenda? _____

List Board meetings in the past year:

<u>Dates</u>	<u>City</u>	<u>Was the meeting held in conjunction with a Conference/Seminar or Trade Show?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Executive Committee

Does your organization have an Executive Committee? Yes No If yes, how many members are on it? _____

How often does the Executive Committee meet in person each year? _____ # of days per meeting: _____

How often does the Executive Committee meet by teleconference? _____ How often by Internet Chat Session? _____

Who takes the Minutes? _____ Who plans the Agenda? _____

List Executive Committee meetings in the past year:

<u>Dates</u>	<u>City</u>	<u>Was the meeting held in conjunction with a Conference/Seminar or Trade Show?</u>
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Committees & Task Forces

Please list all other committees/task forces/groups below, and provide meeting information for each (per year):

Name of Committee/Task Force	# On Committee	# of Meetings/Year	# Days per Meeting	Staff Presence Required?	Does Staff Arrange for Meeting Location/food/etc.?
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

Member Services, Programs, and Other Activities

Please indicate which current services, programs, and activities your association offers its membership (attach informational brochures/flyers and order forms, if available):

- | | | |
|--|--|--|
| <input type="checkbox"/> Arbitration | <input type="checkbox"/> Statistical Reporting | <input type="checkbox"/> Technical Programs/Assistance |
| <input type="checkbox"/> Counseling | <input type="checkbox"/> Market Research | <input type="checkbox"/> Testing and Certification |
| <input type="checkbox"/> Chapter Programs/Assistance | <input type="checkbox"/> Marketing Promotion/Advertising | <input type="checkbox"/> Training |
| <input type="checkbox"/> Continuing Education | <input type="checkbox"/> Networking Groups (formal) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Credit/Collections | <input type="checkbox"/> Surveys | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Educational/Apprentice Programs | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Government Relations | <input type="checkbox"/> Standards Development | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Group Insurance | <input type="checkbox"/> Strategic Long-Range Planning | |

Legal

Does your organization regularly retain or employ legal counsel? Yes No

If yes, to whom does your legal counsel directly report? _____

If yes, is your organization currently a party in litigation or any other legal issues? Yes No

Lobbying & Government Relations

Does your organization regularly retain or employ a lobbyist? Yes No

Does your group organize “grass-roots” support for issues? Yes No

If yes to either of the above, please outline the scope of your lobbying/government relations activities?

If you *are* involved in lobbying or government relations, is a headquarters location in Washington, DC or your state’s capital a major consideration in choosing new management? Yes No

Current Management

Is your organization currently being managed by an Association Management Company (AMC)? Yes No

If yes, is the company aware of the search for a new management firm? Yes No

If your company is NOT being managed by an AMC, does it currently have a paid management staff and headquarters? Yes No

If yes, is the current management staff aware of the search for new management? Yes No

For what reasons are you considering making a change?

Requested Materials

Please attach a copy of the following materials (and any other materials you think might help us to prepare our proposal):

- | | |
|---|--|
| <input type="checkbox"/> Bylaws and/or Constitution | <input type="checkbox"/> Membership Brochure and Application |
| <input type="checkbox"/> Current Financial Statement | <input type="checkbox"/> Recent Newsletter/Magazine/Newspaper |
| <input type="checkbox"/> Financial Statement for last completed fiscal year | <input type="checkbox"/> Current Membership Directory |
| <input type="checkbox"/> Mission Statement or statement of purpose of the association | <input type="checkbox"/> Promotional Materials for most recent conference/trade show/seminars/etc. |