

## 53 Mineola Road East, Lower Level Mississauga, Ontario, L5G 2E4

## 647 376 6036 email: [info@profectusmanagement.com](mailto:info@profectusmanagement.com?subject=Question)

# Organization RFP Background Information

## Please complete all RFP relevant questions and email to info@profectusmanagement.com

## General Information

|  |  |
| --- | --- |
| Organization Name: | Acronym: |
| Contact Person: | Title: |
| Address: | City, Province, PC: |
| Telephone: | Email: |
| Web address: | |
| What Content Management System do you use for your website?: | |

## Organization Information

|  |  |
| --- | --- |
| Geographic scope of organization:  □ International  □ National  □ Provincial  □ Local | Primary type of membership in your organization:  □ Companies/Institutions  □ Individuals  □ Both |
| If individual, what type of organization are you?  □ Strictly member benefits oriented  □ Offers voluntary certification tied to membership  □ Offers regulated certification  □ Other:  If other, please describe: | |
| Primary industry or profession served by your organization: | Your status:  □ Not for profit:  □ Charity:  □ Other: |

## Membership Information

|  |  |
| --- | --- |
| Total number of current members: | Does your organizations have chapters?  □ Yes □ No  If yes, number of chapters:  Locations:  □BC □PQ  □AB □NS  □SK □ NB  □MB □PEI  □ON □ NL |
| What membership system do you use? | Do you use the membership system for event registration?  □ Yes □ No  If no, what system do you use?  Is your registration system online? |

## Board of Directors

|  |  |
| --- | --- |
| Number of Board of Directors: | Number of Meetings Annually:  In person:  Number of Days per meeting Teleconference: |
| Number of Executive Committee Members: | Number of Meetings Annually:  In person:  Number of Days per meeting Teleconference: |

## Financial Management

|  |  |
| --- | --- |
| Organization’s current budget  Total annual revenues: $ | How often are financial statements prepared? |
| Who is managing the finances and preparing statements? |  |

## Services, Programs, and Activities

|  |  |  |  |
| --- | --- | --- | --- |
| Which services, programs, and activities are offered to membership? | | | |
| □ Statistical Reporting | □ Marketing/PR | □ Program Accreditation | □ Job Board |
| □ Marketing Research | □ Testing and Certification | □ Networking Opportunities | □ Member Discounts |
| □ Government Relations/Advocacy | □ Continuing Education | □ Civic and philanthropic ventures | □ Training |
| □ Standardization | □ Surveys | □ Coaching/Mentoring | □ Other  Please describe: |

## Management Staff

|  |  |
| --- | --- |
| Do you currently use an association management company?  □ Yes □ No | Has an RFP been developed for the search of an association management company (either full services or certain outsourced services)?  □ Yes □ No |
| If yes, does the current association management company aware of the search?  □ Yes □ No |  |

## Event Management

|  |  |
| --- | --- |
| **Face to Face Meetings** | **Webinars** |
| How many events do you hold annually? | How many webinars do you hold annually? |
| How many attendees on average per event? | How many participants per webinar? |
| How many local (GTA) and out of town meetings? | What webinar platform do you use? |
| How many days per event? |  |
| Are your members actively involved in setting the themes/topics and finding speakers for the event?  □ Yes □ No | |

|  |
| --- |
| What services do you wish to explore with us? Please be as specific as possible. |
| Expected work cycle (months per year – hours per week) : |

Your preferred method of contact?

□ Telephone □ Email

Other: (please specify)