



## Request a Bid

- 1) Association Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-Mail Address \_\_\_\_\_  
Web Site Address \_\_\_\_\_

Contact Person: \_\_\_\_\_

Please provide mailing & telephone information if different than above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2) Please explain the mission of the Association and describe your members:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 3) Current Number of active/voting members \_\_\_\_\_  
Number of Associate/Allied members \_\_\_\_\_  
Number of non-members eligible for membership \_\_\_\_\_  
Number of non-member Allied/Associates eligible for membership \_\_\_\_\_  
Average dues paid per member \$ \_\_\_\_\_  
Average dues paid per associate member \$ \_\_\_\_\_

- 4) How is your organization currently being managed?  
\_\_\_\_ By a full time paid staff executive director \_\_\_\_\_ # employees  
\_\_\_\_ By a part time paid staff executive director \_\_\_\_\_ # employees  
\_\_\_\_ By volunteers/Board members...no paid staff  
\_\_\_\_ By an Association Management Company  
\_\_\_\_ Other \_\_\_\_\_

- 5) Organizational profile:

Geographic region covered by your organization: \_\_\_\_\_ Michigan only  
 \_\_\_\_\_ Local (describe \_\_\_\_\_)  
 \_\_\_\_\_ Regional (describe \_\_\_\_\_)  
 \_\_\_\_\_ National \_\_\_\_\_ International (describe \_\_\_\_\_)

Tax Exempt structure \_\_\_\_\_ 501 (c) (3) \_\_\_\_\_ 501 (c) (4) \_\_\_\_\_ 501 (c) (6)  
 \_\_\_\_\_ For Profit \_\_\_\_\_ Other \_\_\_\_\_

Fiscal Year \_\_\_\_\_

Are any Legal or IRS issues pending which affect the association? If Yes, please explain:

\_\_\_\_\_

Year Association Founded \_\_\_\_\_

- 6) Financial Profile; Please complete the following based on actual figures or your best estimates:

<u>Category</u>	<u>Current Year</u>	<u>Previous Year</u>
<b>Income</b>	\$ _____	\$ _____
Member Dues	_____	_____
Associate Member Dues	_____	_____
Convention Income	_____	_____
Seminar/Conference Income	_____	_____
Advertising	_____	_____
Member Service Royalties	_____	_____
Interest	_____	_____
Other _____	_____	_____
Other _____	_____	_____
<b>Total Income</b>	_____	_____
<b>Operating Expenses</b>		
Salaries/Benefits	_____	_____
Business Insurance	_____	_____
Rent	_____	_____
Utilities	_____	_____
Printing Expense	_____	_____
Postage	_____	_____
Board Meetings	_____	_____
Travel/Entertainment	_____	_____
Government Relations	_____	_____
Management Fees	_____	_____
Conferences/Conventions	_____	_____
Promotion	_____	_____
Other expenses	_____	_____
<b>Total Operating Expenses</b>	_____	_____

**Net Income** \_\_\_\_\_

**Cash Reserves at Year End** \_\_\_\_\_

7) Please indicate those financial services you are requesting Eurich Management Services to provide:

- \_\_\_\_\_ Provide a balance sheet and financial statement \_\_\_monthly\_\_\_quarterly\_\_\_other
- \_\_\_\_\_ Reconcile checking account monthly
- \_\_\_\_\_ Monitor/manage investment of reserves
- \_\_\_\_\_ Prepare checks monthly to pay all bills
- \_\_\_\_\_ Sign checks (\_\_\_\_\_with board member co-signature)
- \_\_\_\_\_ Facilitate quotes for preparation of year end taxes/financial statements
- \_\_\_\_\_ Other Services\_\_\_\_\_

8) Governance Structure:

How many members serve on your Board of Directors? \_\_\_\_\_

How often does the Board meet?\_\_\_\_\_

Where are your meetings held?\_\_\_\_\_

How many standing committees does your association have?\_\_\_\_\_

Please list the names of each standing committee and the number of meetings held each year:

<u>Committee name</u>	<u>Number of meetings annually</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Will EMS staff be asked to be present at each committee meeting?\_\_\_\_\_

Will EMS be responsible for recording the minutes of committee meetings?\_\_\_\_\_

Does your organization have chapters/districts/regions? If yes, please describe.

\_\_\_\_\_  
\_\_\_\_\_

What form(s) of interaction will be expected between the EMS office and these entities?

\_\_\_\_\_  
\_\_\_\_\_

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9) Conventions/Expos

Does your organization host a convention/expo which features exhibitors and booths?

\_\_\_\_ No, we do not currently host an Expo or convention. Proceed to question 10.

\_\_\_\_ Yes. Please complete the following section.

When is this event held? \_\_\_\_\_ Where is this event held? \_\_\_\_\_

Approximate number of exhibit booths \_\_\_\_\_ # of Educational sessions \_\_\_\_\_

Number of meal functions \_\_\_\_\_ Number of registered attendees \_\_\_\_\_

What services will EMS provide with regard to your Convention/Expo?

\_\_\_\_ Develop budget \_\_\_\_ with committee help \_\_\_\_ independently

\_\_\_\_ Plan event in cooperation with committee/volunteers

\_\_\_\_ Contact speakers, \_\_\_\_ negotiate contracts

\_\_\_\_ Negotiate hotel contracts

\_\_\_\_ Arrange for entertainment

\_\_\_\_ Manage meal functions

\_\_\_\_ Solicit sponsors

\_\_\_\_ Solicit exhibitors

\_\_\_\_ Produce and mail promotional materials

\_\_\_\_ On site management

\_\_\_\_ Registration services

\_\_\_\_ Web based pre-registration

\_\_\_\_ Spouse Program

\_\_\_\_ Event/Speaker Evaluations

\_\_\_\_ Other (describe \_\_\_\_\_)

10) Conferences/Seminars/Training

Does your association host single or multi-day conferences, seminars or training? Please describe:

Name of Event	Date(s)	Length (days/hours)	# Attendees
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What services will EMS provide with regard to your Conferences/Seminars/Training? If services differ based on the event, please indicate which event(s) require each specific service:

\_\_\_\_\_ Develop budget \_\_\_with committee help \_\_\_\_\_independently  
 \_\_\_\_\_ Plan event in cooperation with committee/volunteers  
 \_\_\_\_\_ Contact speakers; \_\_\_\_\_ negotiate contracts  
 \_\_\_\_\_ Negotiate hotel contracts  
 \_\_\_\_\_ Arrange for entertainment  
 \_\_\_\_\_ Manage meal functions  
 \_\_\_\_\_ Solicit sponsors  
 \_\_\_\_\_ Produce and mail promotional materials  
 \_\_\_\_\_ On site management  
 \_\_\_\_\_ Registration services  
 \_\_\_\_\_ Web based pre-registration  
 \_\_\_\_\_ Spouse Programs  
 \_\_\_\_\_ Event/Speaker Evaluations  
 \_\_\_\_\_ Other (describe \_\_\_\_\_)

11) Publications/Newsletters/Promotional brochures

Please provide a profile of the publications offered by your association. Include newsletters, magazines, journals, bulletins, directories, brochures, training materials, annual report, promotional materials, etc.

Publication	# pages	# issues/year	Paid Advertising?	Circulation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please indicate the services you are requesting from EMS for each of these publications:

Publication	Editing	Layout	Printing	Writing	Adv Sales	Mailing
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

12) Legislative Advocacy

Does your organization have issues in the state legislature which need tracking and/or action?  Yes  No, If no proceed to question 13.

Will EMS be expected to provide legislative advocacy on behalf of your organization?  No  Yes (please describe the actual activities requested) \_\_\_\_\_

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How many bills are introduced each session which affect your association, its members or your industry/profession? \_\_\_\_\_

Are there any state agencies which the association or your members must interact with on regulatory or licensing issues?  No  Yes, (please Explain \_\_\_\_\_

Does the association retain an outside lobbyist?  If, yes, which firm? \_\_\_\_\_

Will EMS be requested to  write  edit  distribute bulletins or communicate with the membership on legislative issues?  No

Does your organization have a Political Action Committee (PAC)?  No  Yes

If, Yes, please describe the services you are requesting of EMS with regard to administration, reporting, fund-raising, contributions \_\_\_\_\_

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Is your organization active in any Congressional issues?  No  Yes (please describe any services you are requesting of EMS in this area) \_\_\_\_\_

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13) Charitable Activities/Public Relations

Does your organization participate in any charitable, fund-raising or scholarship activities on behalf of the membership or an outside organization?  No  Yes

If yes, please describe the activity and cause \_\_\_\_\_

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Please describe the services you are requesting of EMS in regard to these activities.

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Is your organization active in attempting to influence public opinion about your organization, its members or your industry or profession?  No  Yes

If yes, please describe these activities. \_\_\_\_\_

Is funding set aside in the budget for these activities? \_\_\_ No \_\_\_ Yes, \$ \_\_\_\_\_  
 Please describe the services you are requesting of EMS in regard to public relations activities \_\_\_\_\_

14) Membership Services

Please indicate below those services you are providing to your members as well as any royalty/commission income they provide:

<u>Service</u>	<u>Annual Royalties/Commissions</u>
_____ Business Insurance	\$ _____
_____ Health/Life Insurance	\$ _____
_____ Workers Comp Insurance	\$ _____
_____ Dental Insurance	\$ _____
_____ Disability Insurance	\$ _____
_____ Pension/Retirement Admin.	\$ _____
_____ Mastercard/Visa Processing	\$ _____
_____ Travel Agency Services	\$ _____
_____ Long Distance Phone Rates	\$ _____
_____ Policy/Procedures Manuals	\$ _____
_____ Accounting/Payroll Services	\$ _____
_____ Forms Program	\$ _____
_____ Group Purchase Program	\$ _____
_____ Referral Service	\$ _____
_____ Legal Advisory Service	\$ _____
_____ Other _____	\$ _____
_____ Other _____	\$ _____

What type of administrative support will be requested of EMS with regard to these programs? Please describe \_\_\_\_\_

15) Other Activities

Please describe any other programs, activities, services or benefits of membership which have not been itemized above. In each case, please indicate the level of support you are requesting from EMS to administer these areas.

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 \_\_\_\_\_

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16) Transition Timetable

Please indicate the deadline for submitting this proposal \_\_\_\_\_  
Please indicate the month/year the management firm would begin duties \_\_\_\_\_  
Will EMS have the opportunity to meet with the Board of Directors or Selection  
Committee to present this proposal and answer questions? \_\_\_\_\_  
Please indicate how you would like to receive the EMS proposal \_\_\_ Written Proposal  
\_\_\_ Faxed \_\_\_ E-mailed \_\_\_ Copied on to a disk

When mailing this Request for Bid to EMS, please include samples of newsletters,  
magazines, member service brochures, bulletins, educational promotions and any other  
materials which you feel would assist EMS to prepare a proposal.

**Questions?** Contact Donn Eurich at EMS at 1-800-984-2884, e-mail  
[donne@eurich.com](mailto:donne@eurich.com), or fax to 517-321-0495.

Mail completed Request for Bid to: Eurich Management Services, LLC  
3225 W. St. Joseph  
Lansing MI 48917

***Thank You for the opportunity to serve you!***