

Association Management Company Assessment

Company Name:

Company Representatives:

Search Committee Member:

Date:

	Yes	No	%	Notes:
Understanding of the Organization & Scope Does the firm “get” us and our needs?	☐	☐	/20%	
Relevant Experience Proven success with similar organizations	☐	☐	/20%	
Service Model & Approach How services are delivered day-to-day	☐	☐	/15%	
Staffing & Team Quality Experience, stability, and access to key staff	☐	☐	/15%	
Cost & Overall Value Fair pricing for the value provided	☐	☐	/15%	
References & Track Record What clients say about working with them	☐	☐	/10%	
Cultural Fit & Communication Style Alignment with decision-making style, communication cadence, responsiveness, and organizational values	☐	☐	/5%	

_____ %

Overall Impression:

Notes, Discussion Points, Questions, and Feedback
