



Request for Proposal

Contact Details

Your first and last name: _____

Community/Organization Name: _____

Your email address: _____

Address/location of community: _____

Your phone number: _____

Organization website: _____

What type of management are you looking for? ___ full management ___ accounting only

What are the reasons you are seeking new management?

How did you hear about us? _____

Community Details

Number of Homes/Units in your Community: _____

Type of Homes: _____ Age of the Community: _____

Community Amenities:

Number of Assessment Levels: _____

Assessment Amount 1 ___ Assessment Amount 2 ___ Assessment Amount 3 ___ Assessment Amount 4 ___

Assessment Amount 5 ___ Assessment Amount 6 ___ Assessment Amount 7 ___ Assessment Amount 8 ___

Assessment Amount 9 ___ Assessment Amount 10 ___

Frequency of Assessments: Monthly ___ Quarterly ___ Semi-Annual ___ Annual ___

What is the current financial condition of your community? Great ___ Good ___ Average ___ Poor ___

What is the current financial condition of your aging? Great ___ Good ___ Average ___ Poor ___



Frequency of Inspections: Daily ____ Weekly ____ Bi-Monthly ____ Monthly ____ Other ____

Frequency of Board Meetings: Daily ____ Weekly ____ Monthly ____ Quarterly ____ Sem-Annual ____ Annual ____

Is the Association currently in any litigation? Yes ____ No ____

Does the Association own any units? Yes ____ No ____

Any current or anticipated construction defect issues? Yes ____ No ____

Any current insurance claims? Yes ____ No ____

Part of a Master Association? Yes ____ No ____

Part of a Metro District? Any current insurance claims? Yes ____ No ____

Additional Information