**REQUEST FOR INFORMATION**

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| **RFI DETAILS** | | | |
| **[INSERT AGENCY NAME]** has been identified as a potential agency partner based upon your industry achievements. We would like to extend an invitation for your consideration of our Request for Proposal process. **[INSERT ADDITIONAL TERM DETAILS]** | | | |
| **BUDGET** | The annual budget for services provided is estimated at **[$000,000]** annually. | **DEADLINE** | Requested information must be received by **[TIME AND DATE]** |
| **QUESTIONS** | Inquiries may be submitted to **[EMAIL ADDRESS]** with subject line **[CREATIVE AGENCY RFI INQUIRY] by [DATE]** | **SUBMISSION** | Please forward requested information to **[EMAIL ADDRESS]** with subject line **[CREATIVE AGENCY RFI SUBMISSION]** |

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| **SUBMISSION FORM** | | | |
|  |  |  |  |
| **AGENCY NAME** |  | **CONTACT NAME** |  |
| **ADDRESS** |  | **CONTACT TITLE** |  |
|  | **PHONE** |  |
|  | **EMAIL** |  |
|  | **WEBSITE** |  |
|  |  |  |  |
| **AGENCY BACKGROUND** | | | |
| **AGENCY HISTORY OF OWNERSHIP AND AFFILIATIONS** |  | | |
| **OFFICE LOCATIONS** |  | | |
| **BRIEF STATEMENT OF CORE BUSINESS COMPETENCIES** |  | | |
| **SPECIAL REQUIREMENTS** |  | | |
|  |  |  |  |
| **CLIENTS SERVED IN SIMILAR INDUSTRY** | | **POTENTIAL CONFLICTS / COMPETITOR CONTRACTS** | |
|  | | YES / NO | |
|  | | **LIST ANY COMPETITOR CLIENTS** | |
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| **INTENTIONS / OBJECTIVES / SUCCESS STORIES / GOOD FIT** | |
| **INTENTION 1** |  |
| **INTENTION 2** |  |
| **INTENTION 3** |  |
| **OBJECTIVE 1** |  |
| **OBJECTIVE 2** |  |
| **OBJECTIVE 3** |  |
| **SUCCESS 1** |  |
| **SUCCESS 2** |  |
| **SUCCESS 3** |  |
| **WHY WE'RE A GOOD FIT; 150 WORDS OR LESS** |  |

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| **PROPOSED ACCOUNT TEAM BRIEF BIOGRAPHIES Divulge only information with employee's expressed consent.** | |
| **BIO 1** |  |
| **BIO 2** |  |
| **BIO 3** |  |
| **BIO 4** |  |
| **BIO 5** |  |
| **BIO 6** |  |
| **DO YOU SUBCONTRACT WORK TO THIRD PARTIES?** | IF "YES," EXPLAIN: |
|
|
| YES / NO |

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| **FINANCIAL INFORMATION OF PUBLISHED ACCOUNTS** | | | |
| **TURNOVER** |  | **OPERATING PROFIT** |  |
| **YEAR 20--** |  | **YEAR 20--** |  |
| **YEAR 20--** |  | **YEAR 20--** |  |
| **YEAR 20--** |  | **YEAR 20--** |  |
| **ADDITIONAL ACCOUNT INFO** |  | | |
| **IN THE CASE THAT ABOVE REQUESTED INFORMATION CANNOT BE PROVIDED, PLEASE GIVE OTHER INDICATION OF AGENCY FINANCIAL HEALTH.** | |  | |
| **RECEIPT OF PAYMENT PRACTICES** |  | | |

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| **TRADE ORGANIZATIONS / INSURANCE / POLICIES** | | | |
| **TRADE ORGANIZATION MEMBERSHIPS** |  | | |
| **CONFIRMATION OF FINANCIAL CAP PER CLAIM OF AGENCY'S PROFESSIONAL INDEMNITY INSURANCE** | |  | |
| **ARE THE FOLLOWING POLICIES HELD BY YOUR AGENCY?** | | | |
| YES / NO | QUALITY MANAGEMENT | YES / NO | TRAINING |
| YES / NO | DISASTER RECOVERY | YES / NO | HEALTH AND SAFETY |
| YES / NO | EQUALITY AND DIVERSITY | YES / NO | ENVIRONMENTAL |
| YES / NO | SOCIAL AND CORPORATE RESPONSIBILITY | YES / NO | OTHER |
| YES / NO | OTHER | YES / NO | OTHER |
| YES / NO | OTHER | YES / NO | OTHER |