



# A.M.P.A.

Association For Merchandise Planning and Allocation

## AMPA Planning System and Process Survey Guidelines and Instructions

<b>Company Contact:</b>	A.M.P.A. members would like to establish an information database for Planning System interaction between companies. Please enter telephone, fax and/or e-mail.
<b>System Installed:</b>	We would like to know if a vendor product or in-house system or spreadsheet is being used. Please indicate Vendor and System name.
<b>How Log Installed:</b>	Please indicate length of time for system and the versions if different.
<b>Level of Planning:</b>	The <b>levels</b> at which planning is performed in company - since it's always multiple levels check all that apply. If other names to levels are used, fill in those in the "other" area.
<b>Attributes Planned:</b>	Any planning of alternate hierarchies not part of the regular merchandise hierarchy (e.g. Planning "Buyer Total" = group of departments).
<b>Store Planning:</b>	Is planning performed at store level and if so at what merchandise level (e.g. dept = dept x store).
<b>Dollars and/or Units:</b>	Do you plan in dollars and/or units. If units are planned at what level (e.g. class, subclass).
<b>Planning Parameters:</b>	If planning differs by merchandise level - indicate those variables planned at the lowest level. Write in any other parameters planned that are not on the list.
<b>Planning Timeframe:</b>	Are plans done monthly, weekly, etc. If weekly plans are completed, at what merchandise level are they created.
<b>Pre vs. In-Season:</b>	Is planning performed pre-season as well as in-season with reforecasting based on trends.
<b>Years of History:</b>	Do you look at last year, 2 years ago (LLYA), 3 years ago etc. in developing plans.
<b>Who Does Planning/No. of Depts/No. of Planners etc.:</b>	We would like to investigate who is doing planning, how many resources are applied and how many planning levels exist.
<b>Plans Developed:</b>	Are plans developed for Spring and Fall Seasons, Quarters, Yearly only etc.

---

***Please complete and return as soon as possible to:***

Regina Beischer, AMPA Coordinator  
5 Longstreet Lane  
Cranbury, NJ 08512  
**Fax: 732-886-5935**  
**E-mail: [rbeischer@rs-s.com](mailto:rbeischer@rs-s.com)**

# **AMPA Planning System and Process Survey**

## **General Information**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Planning Contact Name/Phone/Fax/Email: \_\_\_\_\_

---

## **System Information**

Planning System Installed (Vendor, Sys Name) (e.g. Arthur, Makoro, MMS, Planalyst, Forseer, Spreadsheet, In-House):  
\_\_\_\_\_

Type System (e.g. Client/Server, Mainframe etc.): \_\_\_\_\_

Version Installed: \_\_\_\_\_ User Interface: GUI  DOS  Other \_\_\_\_\_

How Long Installed (yr./mo.): \_\_\_\_\_

---

## **Planning Methods**

Level of Planning: Total Co.  Div  Dept  Class  Subclass   
Category  Style Group  Style  SKU   
Other (Describe): \_\_\_\_\_

Attributes Planned \_\_\_\_\_

Store Planning Yes  No  If Yes to what merchandise level \_\_\_\_\_  
Dollars and/or Units: Dollars  Units

Planning Parameters: Sales  Inv  Mkdns  Rcpts  IMU  Avg Ret   
CMU  Gross Margin  On-Order  OTB

Others (Please List) \_\_\_\_\_  
\_\_\_\_\_

Planning Timeframe: Season  Qtr  Month  Week  If weekly at what merchandise level \_\_\_\_\_

Pre vs. In-Season: Pre-Season  In-Season/Reforecast

Years of History LYA  LLYA  Other \_\_\_\_\_

---

## **Planning Execution:**

Who Does Planning: Planners  Buyers  Other \_\_\_\_\_

Number of Depts \_\_\_\_\_ Classes \_\_\_\_\_ Subclasses \_\_\_\_\_ SKUs \_\_\_\_\_ (or other levels in your company)

Number of Planners \_\_\_\_\_ Number of Planning Managers \_\_\_\_\_ Number of Buyers \_\_\_\_\_

Plans Developed: Spring  Fall  Quarter  Other \_\_\_\_\_

---

**Comments/Explanation:** (Attach additional sheets if necessary)

# **AMPA Planning System and Process Survey Addendum**

## **AMPA Planning System Survey Addendum Guidelines and Instructions**

- Company Contact:** AMPA members would like to establish an information database for Planning System interaction between companies. Please enter telephone, fax and/or e-mail.
- Other Systems Installed:** We would like to know about other systems installed. Please include system, vendor, version and date installed.
- Planning Database:** Please indicate information saved, to what level and how long.
- Member Contact:** Please indicate if an AMPA member or another designated person can be contacted by other AMPA members only about systems.

# **AMPA Planning System and Process Survey Addendum**

**General Information**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**A. Other Systems Installed (System, Vendor, Version and Dated Installed)**

1. Allocation Systems

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

2. Transaction Systems (e.g. Merchandise Management)

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

3. Replenish Systems

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

4. Space Planning/Space Management/Planograms

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

5. Additional Systems:

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

6. New Systems Planned:

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

System: \_\_\_\_\_ Vendor: \_\_\_\_\_ Version: \_\_\_\_\_ Date Installed: \_\_\_\_\_

**B. Planning Database: Information Saved/To What Level/How Long  
(e.g. Sales Dollars, Class Level, 2 Years History)**

<u>Information/Data Type</u>	<u>Level</u>	<u>Years History</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**C. Can an AMPA member or another designated person be contacted (by another AMPA member only) about systems installed**

Yes     No    If Yes please complete below:

Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_

**AMPA Planning System and Process Survey Addendum**

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_