



The Health Collaborative GPO New Vendor Application

Thank you for your interest in becoming part of The Health Collaborative Group Purchasing Organization. Please fill out the questionnaire below and return it to Alisa Lambert at alambert@healthcollab.org.

Remember to fill out all sections, as your responses are being tabulated according to a rubric.

Please keep in mind that this may be shared with The Health Collaborative member organizations.

Company/Organization Name:

Contact:

Title:

Email:

Phone:

Website:

For profit Not-for-profit

If Not-for-profit, are you considered a social enterprise? Yes No

Is your business: Minority-owned? Woman-owned? Veteran-owned?

What is your geographic reach: Local? Regional? National?

If National, does your local/regional team have autonomy to provide prompt, dedicated, in-person account management and problem resolution? Yes No

Please describe the primary product or service you would like to offer THC Members.

How long have you been in business?

How did you hear about The Health Collaborative GPO?

Are you contracted with other GPOs? If so, please list.

Why are you interested in working with The Health Collaborative?

What differentiates you from your competitors?

What benefit/discount do you propose to offer our members that they could not obtain if they contracted with you directly?

Please select the health care segment you hope to work with:

Long term care facilities

Skilled Nursing Facilities

Hospitals

Addiction Treatment facilities

Independent Physician Practices

Other

Please describe your ideal customer (size, industry, etc.)

Do you already service health care customers? Yes No

If yes, please list your local/regional healthcare sector clients:

Any additional questions or comments: