

Thank you for your interest in serving North Carolina's community health centers through our Group Purchasing Organization. Before completing this application, please review the GPO Vendor Information Package.

At the end of the application, you will be prompted to pay the \$175 application fee electronically by credit card or by mailing a check.

Contact:

Chris Shank

Vice President of Operations and Development

North Carolina Community Health Center Association

919-297-0012

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1. Company Name

2. Company Website

3. Contact Person Name

4. Contact Person Title

5. Contact Person Email

6. Contact Person Phone

7. What category of goods and services does your company offer? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Information Technology - Consultants | <input type="checkbox"/> Medical Services - Chronic Care Management |
| <input type="checkbox"/> Information Technology - Hardware | <input type="checkbox"/> Administration - Recruitment (Permanent, Locum or Executive) |
| <input type="checkbox"/> Information Technology - Software (other than EMRs) | <input type="checkbox"/> Administration - Financial Services |
| <input type="checkbox"/> Information Technology - EMRs | <input type="checkbox"/> Administration - HR/Staff Development |
| <input type="checkbox"/> Information Technology - Telehealth | <input type="checkbox"/> Administration - Strategic Planning |
| <input type="checkbox"/> Information Technology - Hosting | <input type="checkbox"/> Administration - Billing/Coding |
| <input type="checkbox"/> Medical Services - Supplies | <input type="checkbox"/> Administration - Process Improvement |
| <input type="checkbox"/> Medical Services - Equipment | <input type="checkbox"/> Administration - Investment Advisors |
| <input type="checkbox"/> Medical Services - Lab | <input type="checkbox"/> Administration - Financial Services, Audits, Accounting |
| <input type="checkbox"/> Medical Services - Radiology | <input type="checkbox"/> Dental Services |
| <input type="checkbox"/> Other (please specify) | |

8. Provide a brief overview of your company.

9. Describe your company's full offering of products and services, with key services highlighted

10. What sets your company apart from competitors?

11. Describe your company's current group purchasing contract obligations.

12. Describe your company's experience serving community health centers or other safety net organizations.

13. Describe your company's experience serving organizations in North Carolina.

14. Please list contact information for references from current clients.

15. Which level of GPO vendor benefits are you interested in? (See the GPO Vendor Information Package for more details)

- Standard
- Premier
- Undecided

16. Is there any other information you would like to share?

17. To complete your application, please submit the \$175 application fee. Payment method:

- Credit Card (payment collected on next page)
- Check (payment details on next page)