

GNYHA Services, Inc.
Group Purchasing Program
Prospective Supplier Questionnaire

Please type or print legibly. If a question is not applicable, indicate "N/A"

I. Background Information

Date: _____

Name of company/product/service: _____

Address: _____

Street

City

State

Zip

Website (URL): _____

Company stock symbol _____

Exchange(s) your stocks are traded on _____

Local Contact
Name/Title: _____

Telephone Number: () _____

Fax Number: () _____

Email Address: _____

In a sentence or less, describe your company's mission _____

Please provide a brief description of your product/service _____

Please list the contact information for company principals.

CEO:

Name:

Phone:

Email:

COO

Name:

Phone:

Email:

CFO

Name:

Phone:

Email:

National Sales Executive

Name:

Phone:

Email:

Size of company/product/service:

Number of full time employees:

- < 5-10 11-25 26-50
 51-100 101-250 250+

Annual Operating Expense Budget:

- < \$250,000 \$250,000-\$500,000
 \$500,000—\$1million \$1 million—\$5 million
 \$5 million—\$10 million > \$10 million

Annual Operating Revenue:

- < \$250,000 \$250,000-\$500,000
 \$500,000—\$1million \$1 million—\$5 million
 \$5 million—\$10 million > \$10 million

Please provide the anticipated revenue streams for the company/service/product

Do you sell direct or through a distributor? How are products delivered to the customer?

Sales and Market

Who are your top three actual/potential competitors?

Name of Company	URL	National and Estimated greater New York Area market share (Percent)
1) Your Company		
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

In your opinion, why are these the dominant players? _____

What is the geographic focus for the company/product/service? (Check all that apply):

- Local Regional National International

Does the company/product/service have capabilities in Western NY (Buffalo Area)?

- Yes No

Does the company/product/service perform PR infrastructure in place?

- Yes No

Is the company/product/service already doing business or being marketed in the New York City region?

- Yes No

If yes, please **use the attached membership list** to indicate which GNYHA member hospitals, if any, are current clients. Please provide associated annual revenues by customer in the indicated column.

Is the company/product/service already doing business or being marketed elsewhere?

- Yes No

If "yes," please describe where: _____

Do you have a sales force?

- Yes No

If "yes", how many employees will serve the Greater New York marketplace? _____

Has your company contracted with any other GPOs?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If "Yes", please identify each		
Please provide contact information of your Sales Director for this region:		
Name:		
Title:		
Phone number:		
Email address:		

Does your company currently use direct marketing? Advertising? PR? Yes No

If "yes", please describe each _____

Do you have an internal marketing communications person?

Yes No

How are key accounts managed? _____

Name two misconceptions that exist about your company _____

II. Needs and Benefits

What problem/need does the company/product/service seek to address?

Please describe any “value add” programs that your company can provide to GNYHA members

What potential benefits does the company/product/service offer to GNYHA members?

(Check all that apply):

- Cost savings
- Productivity/efficiency improvement
- Legal/regulatory/compliance improvement
- Patient quality of care improvement
- Data/information management
- Process improvement
- Community relations improvement
- Technology enhancement
- Other: _____

For those checked above, please briefly describe how they will be achieved: _____

Thank you for completing this questionnaire. **Please return 1 copy of the package electronically or by mail to Ms. Diane Buonanni, CMRP, GNYHA Services, Inc. 555 W. 57th Street, 15th Floor, New York, NY 10019.** For questions or additional information, please contact Diane Buonanni at (212) 258-5371 or dbuonanni@gnyha.org.