



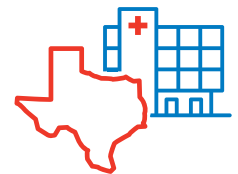
Endorsed **Partner** Program

REQUEST FOR INFORMATION FORM



For more than four decades, the Texas Hospital Association has partnered with the best companies in the marketplace to bring Texas hospitals leading-edge products and services – at unmatched pricing.

We understand the complex and rapidly changing forces that impact efficient, quality hospital operations. Our unrivaled knowledge of the Texas health care marketplace means you save time in vetting vendors and money by getting the best pricing possible.



THA-endorsed companies undergo rigorous scrutiny of every facet of their business. Our extensive due diligence ensures that the THA-endorsed company logo serves as a “seal of approval” you can trust. Through THA Member Solutions, you can access dozens of companies hand-selected as THA-endorsed companies.



REQUEST FOR INFORMATION

Contact vdale@tha.org for more information.
Phone: 512-465-1013 | Fax: 512-853-4564



Please provide supplemental pages if needed.

COMPANY PROFILE (PLEASE PRINT)

- a. **Company Name:** _____
- b. **Ownership/Equity Structure:** _____
- c. **List Subsidiaries or Parent Companies:**
 - 1. _____
 - 2. _____
 - 3. _____
- d. **Headquarters and other Regional Offices:**
 - 1. _____
 - 2. _____
 - 3. _____
- e. **Executive Team:**
 - 1. _____
 - 2. _____
 - 3. _____
- f. **Number of FTEs:** _____

COMPANY BACKGROUND

- a. **Total Number of Years in Business:** _____
- b. **Total Number of Years in Health care:** _____
- c. **Company History and Narrative:**

BUSINESS AND INDUSTRY ANALYSIS

- a. **Gartner magic quadrant, KLAS report, or equivalent industry analysis and positioning within:**
- b. **Awards / Endorsements / Honors:**
 - 1. _____
 - 2. _____
 - 3. _____

COMPETITION ANALYSIS

- a. **Competitors:**
 - 1. _____
 - 2. _____
 - 3. _____

b. Entrance / Exit Barriers:

c. What is your value proposition? _____

d. Why are you better than the competition? _____

FINANCIAL CONDITION

a. Days cash-on-hand: _____

b. Current Ratio (Assets/Liabilities): _____

c. Dun and Bradstreet Report:

PRODUCT SUMMARY

a. Description of Product / Service:

b. What needs product/service satisfies:

c. Distinguishing characteristic of product/service:

d. How will your product(s)/service(s) serve THA members?

e. Do you have any industry partners for delivering your product or service?

f. Please provide a one-paragraph pitch summary of your product or service that speaks to your value proposition to Texas hospitals. (please include ~5 lines for a paragraph response)

MARKET

a. Gross annual revenue in US for service line: _____

b. Gross annual revenue in TX for service line: _____

c. Total orgs under contract in US: _____ d. Total orgs under contract in TX _____

e. Median target hospital size (Beds, Net Revenue, LOS): _____

f. Do you work with critical access/rural hospitals? Y/N _____ g. Median contract size/value: _____

h. Do you have a dedicated TX sales team? Y/N _____

FINANCIAL PROJECTIONS

a. Pro-forma – 3 year projections for partnership with THA:

KEY CONTACTS

a. Primary Contact:

1. Name _____ Email _____ Phone _____

b. Business Development Contact:

1. Name _____ Email _____ Phone _____

c. Accounting Contact:

1. Name _____ Email _____ Phone _____

d. Marketing Contact:

1. Name _____ Email _____ Phone _____

e. Contracting Contact:

1. Name _____ Email _____ Phone _____

SUPPORT SYSTEM

a. CRM and Lead tracking:

1. Name _____ Email _____ Phone _____

b. Reports / Service Desk:

1. Name _____ Email _____ Phone _____

REFERENCES

a. List of Texas Users

- Organization & Hospital Name _____ Contact Name _____
Contact Email Address _____ Contact Phone _____
- Organization & Hospital Name _____ Contact Name _____
Contact Email Address _____ Contact Phone _____
- Organization & Hospital Name _____ Contact Name _____
Contact Email Address _____ Contact Phone _____

THA INVOLVEMENT

- a. **Past THA Involvement - Has the company ever supported THA or THT in the past by sponsoring any events? If so, please list below:**

GOALS / ADDITIONAL COMMENTS

- a. **Please list why you are interested in becoming part of the Endorsed Partner program? What are your goals with this partnership and how can THA help you achieve them? Is there anything else you'd like us to know in consideration of your endorsement with THA? (Please attach separate page if needed.)**