



VACBP Preferred Vendor Application

Company Name:

Point of Contact Name:

Title:

Phone:

Email:

Type of Business:

(1) Describe the product/service your business proposes to provide to VACBP members. Please provide as much detail as necessary.

(2) Describe the member benefit, discount, rate, etc., your business proposes to offer to VACBP members. Please include how this would be more valuable to those organizations that are members of the VACBP versus those that are not.

(3) Outline the benefits VACBP members would have in working with your business as opposed to your competitors, beyond the specific discount or rate outlined above.

(4) Indicate if your business offers this proposed member benefit to any other organizations within or outside of Virginia and if so, to whom.

(5) Indicate for what term your business proposes to offer the member benefit or discount outlined in this proposal.

Preferred Vendor Member Benefit Program

Thank you for your interest in the Virginia Association of Community-Based Providers' ***Preferred Vendor Member Benefit Program***. The VACBP is an association of community-based, private-sector behavioral health and substance abuse treatment providers operating in Virginia. The goal of the VACBP's ***Preferred Vendor Member Benefit Program*** is two-fold:

- (1) To provide added value to VACBP members through exclusive preferred relationships with product and service vendors through cost-savings, exemplary service and quality vendor business relationships.
- (2) To provide business opportunities for those high quality vendors that provide products and services to behavioral health providers in Virginia.

All VACBP *Preferred Vendors* will receive the following:

- Contact information for members of the VACBP
- Promotion as a Preferred Vendor on the VACBP web site and other communications, as appropriate.

- (6) Share if there are any requirements or prerequisites for VACBP members in utilizing the product/service your business proposes to provide and if so, what those are.**
- (7) Describe how those VACBP members that may currently be purchasing the product/service you plan to offer as a member discount from your business would be able to benefit from this proposed offer.**
- (8) Describe what additional support your business would commit to provide to the VACBP by way of sponsorship commitments, PAC support, event participation, in-kind products or services, etc. Please note, membership in the VACBP is a requirement of all VACBP preferred vendors.**
- (9) Please provide any additional information that may be helpful in evaluating your application.**

Completed applications should be sent to mindy.carlin@accesspointpa.com. Questions can be directed to that email address as well. Thank you for your interest in the VACBP and its Preferred Vendor Member Benefit Program. For more information about the VACBP, visit www.vacbp.org.