

Exhibit A

Vendor Rate Sheet

1. Vendor Information

Field	Information
Company Name	[Enter Company Name]
Contact Person	[Name]
Email	[Email Address]
Phone	[Phone Number]

2. Pricing

1. Develop a detailed proforma outlining budget, member acquisition costs, and ROI projections for achieving annual growth targets of:
 - a. 0-5,000 new members
 - b. 5,001-10,000 new members
 - c. 10,001-15,000 new members
2. Include assumptions, media spend, creative production costs, and agency fees, with clear “all-in” annual cost breakdowns.
3. Provide a:
 - a. short-term proforma covering July 1, 2025, to December 31, 2025, and;
 - b. a long-term projection starting January 1, 2026.
4. Demonstrate flexibility to adapt strategies as PCHP’s business lines and growth targets evolve.
5. The proforma should reflect costs associated with the growth targets provided. Please list all details and assumptions used in the proforma’s development. PCHP understands that final costs will be based on agreed-upon deliverables during contract negotiation.
6. *Please note, direct mail is not allowed as a marketing strategy to gain membership in a Texas Medicaid program. Only current members may receive direct mail.
7. State any service level or performance guarantees you are willing to entertain, in conjunction with the proposed proforma, your account management, or any of the proposed services.


Exhibit A

Vendor Rate Sheet

3. Additional Terms & Conditions

1. **Validity Period:** Pricing is valid for ____ **days** from submission.
 2. **Payment Terms:** Net **30/60/90** days upon invoice.
 3. **Renewal & Escalation:** [Detail any annual price increases or contract renewal terms.]
 4. **Additional Costs:** [List any hidden fees, such as early termination fees or overage charge]
-

Authorized Signature:

 *By signing below, the Vendor certifies that the pricing provided is accurate and binding as per the RFP requirements.*

Vendor Representative Name: _____

Title: _____

Date: _____

Signature: _____