**HBE 16-003 Application Packet**

**Navigator Organization Profile**

**RFP Item # 5.5.1(d.)**

**Lead Organization applicants:** Complete one profile for the Lead Organization (if delivering navigator services) and one profile for each network partner.

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| **Name of organization** | | |  | | | | | | | | | |
| **How long has the organization operated in the service area?** | | |  | | | | | | | | | |
| **Organization’s purpose statement/mission statement** | | |  | | | | | | | | | |
| **Primary services delivered** | | |  | | | | | | | | | |
| **Target population(s)/clientele served** | | |  | | | | | | | | | |
| **Funding allocation under this contract** | | |  | | | | | | | | | |
| **QHP enrollment target** | | |  | | | | | | | | | |
| **Funding received from other public sources to perform navigator-related work** | | | **Type of Funding** | | | **Public Source (federal/state/county/city or other)** | | | **Amount received per year** | **Purpose of funding** | | |
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| **Is this organization a current 2015-2016 Lead Organization network partner? (y/n)** | | |  | | | | | | | | | |
| **If yes, note the organization’s 2015-2016 enrollment results (QHP and WAH)** | | | **QHP enrollments:** | | | | | **WAH enrollments:** | | | | |
| **Describe the organization’s existing relationship(s) to groups who are likely to be QHP-eligible** | | |  | | | | | | | | | |
| **Other comments related to the suitability of this organization** | | |  | | | | | | | | | |
| **Enter each location where the Organization will deliver Navigator services:** | | | | | | | | | | | | |
| **Office/Clinic Location (City)** | **# of Navigators** | **# Bi-lingual** | | **Languages spoken** | **Enrollment target** | | **Other specialized skills/knowledge** | | | | **Days available for service** | **Hours available for service** |
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