

**HBE 16-003 Application Packet
SAMPLE Navigator Organization Profile
RFP Item # 5.5.1**

Lead Organization applicants: Complete one profile for the Lead Organization (if delivering Navigator Services) and one Profile for each network partner.

Statewide Navigator Organization: Complete a profile for your organization.

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				
Enrollment targets		QHP target:		WAH 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
Is this organization a current 2016-2017 Lead Organization network partner? (y/n)				
If yes, note the organization's 2016-2017 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