

Technical Assistance Center (TAC) Information Form

Company Name		
Address		
City, State, ZIP Code		
Primary Contact:	Title	
Phone	Fax	
Email		
	es to developing and operational PAC	
Exploration		
	☐ Feasibility	Planning
	■ Market Analysis	Pro Forma
Development		
	☐ Application	☐ Licensing
Operations		
	☐ Audit Prep	Operations
	☐ Growth	☐ Training/Coaching
Other (Please Describe):		
2. What year did your organizat	on begin providing technical assistar	nce for PACE?
3. List key employees and briefl	y describe their experience with PAC	E (including number of years):

Jenn Ovide, Senior PACE Consultant: Jenn worked with one of the largest PACE providers in the country and developed expertise in audit preparation, development and implementation of corrective action plans, built and trained interdisciplinary team members, and maximized organizational operations and workflows. Years of PACE experience: 10-15.



4. How many PACE clients have you served since your TAC was created?	
5. How many PACE feasibility studies have you conducted?	
6. How many PACE applications have you submitted?	
7. How many organizations have you moved through the process from market feasibility to ongoing operations?	
8. Describe your state rate-setting experience:	
9. Provide a list of previous and current clients (including contact information) that have a references:	agreed to serve as