



Technical Assistance Center (TAC) Application

Company Name _____

Address _____

City, State, ZIP Code _____

Primary Contact: _____ Title _____

Phone _____ Fax _____

Email _____

Web Address _____

1. We offer the following services to developing and operational PACE organizations:

Exploration	<input type="checkbox"/> Feasibility	<input type="checkbox"/> Planning
	<input type="checkbox"/> Market Analysis	<input type="checkbox"/> Pro Forma
Development	<input type="checkbox"/> Application	<input type="checkbox"/> Licensing
Operations	<input type="checkbox"/> Audit Prep	<input type="checkbox"/> Operations
	<input type="checkbox"/> Growth	<input type="checkbox"/> Training/Coaching

Other (Please Describe): _____

2. What year did your organization begin providing technical assistance for PACE? _____

3. List key employees and briefly describe their experience with PACE (including number of years):

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 agreed to serve as references:
