

RRR: Sample Organizational Capacity Responses

Sample Application #1: High Plains Community Health Center

Please note that these are sample organizations created for the purposes of this example application. Any similarities to real organizations are unintentional and coincidental.

Organization Name:

High Plains Community Health Center

What type of entity are you?

Healthcare Provider

What is your tax status?

Non-profit organization - c3

UEI Number

ABC555EFG555

Do you have a supplier ID with the state?

No

Are you able to do a reimbursable award?

Yes

What is your mission?

Our mission is to provide accessible, affordable, and high-quality primary care to all residents of Logan and Kingfisher counties regardless of income, insurance status, or geographic barriers. We are committed to reducing health disparities and improving health outcomes in our rural community through integrated medical, behavioral health, and preventive services.

Total number of employees

16

Total number of volunteers

20

Name and Contact Information for this award

Jane Doe
jdoe@hpchc.org
555-555-5555

Do you have a Communications POC?

No

Do you have a Legal POC?

Yes

If yes, Legal POC Name and Contact Information:

John Doe
johndoe@hpchc.org
555-555-5556