



The following organizations have submitted documents in support of loan repayment program applications. An X indicates that the required document is on file with the Office of Primary Care and Rural Health or that the organization has demonstrated that they have filled the requirement. Applicants from these organizations need not include these documents with their applications.

<b>Organization</b>	<b>Proof of Non-Profit Status</b>	<b>Sliding Fee Schedule</b>	<b>Retention Plan</b>
WellOne	X	X	Must submit with application
Wood River Health Services	X	X	X
East Bay Family Health Care	X	X	X
Blackstone Valley Community Health Care	X	X	X
The Providence Community Health Centers	X	X	X
Thundermist Health Centers	X	X	X
Tri-County Community Health Center	X	X	X
Comprehensive Community Action	X	X	Must submit with application
The Providence Center	X	X	Must submit with application
CODAC	X	X	Must submit with application
Family Service of RI	Must submit with application	Must submit with application	X
Community Care Alliance	Must submit with application	Must submit with application	X
Care New England	Must submit with application	Must submit with application	X