

Form E, Performance Measures

Legal Business

Name of

Respondent: _____

Respondent must provide their organization's proposed performance measures. The proposed performance measures and reporting frequency may be negotiated and agreed upon by respondent and HHSC if respondent is selected to negotiate a contract. In the event a contract is awarded, these performance measures will be used in part to assess the respondent's effectiveness in providing the services described in the proposal and will be included in the resulting grant contract.

Instructions:

1. The 'Total Number of Unduplicated HHSC Epilepsy Clients' is the estimated total number of unduplicated epilepsy clients to whom the respondent will provide services at the proposed HHSC funded clinic sites for the grant funding period. Enter this total into the table below. This total should be a reasonable estimate of the number of unduplicated clients the respondent can serve during the grant funding period, based on the average cost per client.
2. The 'Average Cost per Client' is an estimate of the average cost per epilepsy client, based on the projected services. Enter this estimate into the table below. If the respondent has not determined an average cost per client for the proposed project, the statewide average of **\$233** must be used. If the respondent's cost per client exceeds \$350 per client, please see Question A below.

A. If the cost per client exceeds \$350 per client, please explain the estimated average cost per client and justify the cost. Maximum of 1 additional page may be attached.
3. The 'Total Amount' is the product of the 'Total Number of Unduplicated HHSC Epilepsy Clients' and the 'Average Cost per Client.' Enter the product into the table below.

Total Number of Unduplicated Epilepsy Clients / Average Cost per Client / Total Amount

Total Number of Unduplicated HHSC Epilepsy Clients	Average Cost per Client	Total Amount (= Total Number of Unduplicated HHSC Epilepsy Clients x Average Cost per Client)
	\$	\$

The Average Cost Per Client

A. If the cost per client exceeds \$350 per client, please explain the estimated average cost per client and justify the cost. Use only the additional space provided below for explanation and justification.