

## **Form C, Narrative Proposal**

### **Legal Business**

**Name of**

**Respondent:** \_\_\_\_\_

Respondent must provide a narrative response addressing each of the assessment items associated with the services proposed in this application. **Please see page 2 of this form, Narrative Proposal Instructions, for the required elements that must be included in the narrative response.** A maximum of **four** (4) additional pages may be attached for responses.

---

## **Form C, Narrative Proposal Instructions**

Please address each of the assessment questions listed below. Multiple data sources and needs assessments exist for many communities in determining the Epilepsy needs or treatments for a community. Please use this form to provide information about the needs assessment conducted on the community that will be served by this proposed project and your organization's capacity to provide services to this community. **Please indicate each corresponding question number(s) with the submitted narrative response.**

1. Describe staff's role and experience in conducting public health assessment activities.
2. Provide the names of the individuals and/or groups from your organization who conducted the assessment(s) and the date(s) the assessment(s) were completed.
3. Provide a brief synopsis of the community that will be served by this project, describing in general:
  - A. Geographic boundaries (urban or rural, physical environment);
  - B. General demographic data (age, gender, ethnicity, etc.);
  - C. General socioeconomic data (per capita income, poverty levels, unemployment, occupational data, etc.); and
  - D. General description of community-wide health status (e.g., key morbidity/mortality statistics)
  - E. Services that your organization provides to low-income and uninsured population with epilepsy or seizure disorders
  - F. Organization's total budget, including funding sources and amounts (federal, state, local and other);
  - G. Percentage of HHSC Epilepsy Program funds requested for proposed project compared to your organization's overall budget for epilepsy services; and
  - H. Percentage of requested HHSC Epilepsy Program Funds that will be used for the uninsured population.
4. Describe gaps in resources and potential barriers to improving health status in community.
5. Describe individual barriers to accessing epilepsy services that exist in the proposed service area (e.g., transportation, childcare, language, disability, etc.).
6. If awarded, describe how your organization would overcome the potential and individual barriers that exist in the proposed service area and alleviate the identified gaps in resources?