

## Form H, Respondent Background

**Legal Business Name of Respondent:** \_\_\_\_\_

A maximum of five (5) additional pages may be attached if needed (excluding requested organization chart, resumes/curriculum vitae, and job descriptions).

---

1. Provide a narrative description including:
  - legal name of the respondent;
  - any affiliations with other entities;
  - brief history of accomplishments; and
  - description of a past or current projects implemented by the respondent that demonstrates the knowledge, expertise, and experience of the respondent in managing projects similar to the proposed project.
2. Provide a one-page executive summary describing the organization's purpose, vision, mission, and values statements, along with a description of how the governing board is involved in the operations of the organization.
3. Provide a detailed description of the organizational structure (board of directors, officers, advisory councils, committees, etc.), management systems, and lines of authority that are appropriate and adequate for the size and scope of the organization.
4. Describe past experience providing epilepsy services or similar client services.
5. Describe the delivery systems, workforce, policies, support systems (i.e., training, research, technical assistance, information, financial and administrative systems) or other infrastructure the Respondent has available to achieve the provision of your proposed HHSC funded project. Detail the resources your organization has available to implement the proposed project, including who will deliver services, when the infrastructure will be ready to deliver services, and how the services will be delivered (continuity of care management, telemedicine, social and vocational support, etc.). Explain why the organization believes it has the capacity to achieve the services levels indicated in the proposal.
6. **Attach a current organization chart** that includes the appropriate oversight structure (e.g., Board, City Council, County Commissioners, etc.); CEO, CFO, Medical Director, and a staffing structure that will support service provision; and on the chart, identify the staff who manage clinic operations.
7. **Attach resumes/curriculum vitae** for the CEO, CFO, Medical Director and other clinicians who are licensed to practice medicine in Texas and to provide the type of services for which funding is requested (including his/her State of Texas Medical License Numbers), and Clinical/Program Director.
8. **Attach job descriptions** for the following key employees:
  - Medical Director;
  - Clinical/Program Director;
  - eligibility and billing staff; and
  - clinicians.

**ALL RESPONSES TO Form H, Respondent Background SHOULD BE  
INSERTED AFTER THIS PAGE.**

## Question 1 Response

## Question 2 Response

## **Question 3 Response**

## Question 4 Response

## **Question 5 Response**