**FORM E: Performance Measures and Funding Ceiling Request**

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| --- | --- |
| Legal Business Name of Respondent: |  |

The Applicant shall complete the tables below for their proposed number of MHO unduplicated number of clients served. The Applicant shall also request their proposed funding ceiling to serve these Clients through this form.

**Instructions:**

1. The “Total Number of Unduplicated HHSC MHO Clients” is the estimated total number of unduplicated MHO clients to whom the applicant will provide services. The Applicant must enter their proposed number of unduplicated Clients to be served through the MHO.

2. The “Proposed Cost per Client” is an estimated cost per MHO client, based on projected services. The Applicant must enter their proposed cost per client.

3. Enter the total “Requested Funding Amount” the applicant is requesting through the MHO grant.

This form shall reflect all services to be delivered during the Grant Agreement period for FY2027. **Final number of MHO unduplicated Clients to be served, and final funding ceilings will be negotiated with Grantees if selected for award.**

|  |  |  |
| --- | --- | --- |
| Table 1 | | |
|  | \*FY 2026 XX/1/26 – 8/31/26) | FY 2027 (9/1/26 – 8/31/2027 |
| **Total Number of Unduplicated HHSC MHO Clients** |  |  |
| **Cost per Client** | $ | $ |
| **Requested Funding Amount** | $ | $ |

*\*FY2026 will not be a full contract year, as Grant Agreement will start upon execution.*