

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Mells/FOIA	3-13-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000467	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>cc: Singleton, Steneland Cleared 3/25/08, letter attached.</i>	<input checked="" type="checkbox"/> FOIA	DATE DUE _____
		<input type="checkbox"/> Necessary Action	DATE DUE <u>3-27-08</u>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

From: Jeff Stensland
To: Polatty, Jan
Date: 3/13/2008 11:11 AM
Subject: Fwd: Request of scores under the Freedom of Information Act

*Broer - pls log -
Wells / FOIA
c: Singleton
Stensland*

Jeff Stensland
SC DHHS
(803) 898-2584

>>> "Brook Harmon" <Harmonbe@gwm.sc.edu> 3/13/2008 11:04 AM >>>
Mr. Stensland,
I am requesting the scores for our submission to the recently funded Prevention Partnership grant cycle. The submission was made by the USC Statewide Cancer Prevention & Control Program.

Scores can be sent to me at the address below.

Thank you,

Brook Harmon, MS, RD, LD
Director, Dietary Interventions
Cancer Prevention and Control Program
phone: (803) 734-4432
2221 Devine Street
Room 232
Columbia, SC 29208

RECEIVED

MAR 13 2008
Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

TO:

FROM:

SUBJECT: Cost of Processing FOIA Request #

The South Carolina Department of Health and Human Services has received and processed your FOIA request. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____	Hours	\$ _____
Pages copied at \$.10 per page	_____	Pages	\$ _____
Pages faxed at \$.20 per page	_____	Pages	\$ _____
Shipping and Handling Costs	_____		\$ _____

Other costs associated with the FOIA request: _____ \$ _____

Total Amount Due SCDHHS: _____ \$ _____

Please remit the above amount to the following address:

Bureau of Fiscal Affairs
South Carolina Department of Health and Human Services
Post Office Box 8297
Columbia, South Carolina 29202-8297

Please contact _____ should you have any questions.

Signature _____ Date: _____

Finance and Administration
P. O. Box 8206 Columbia South Carolina 29202-8206
(803) 898-2503 Fax (803) 255-8235



State of South Carolina
Department of Health and Human Services

Log # 467

Mark Sanford
Governor

Emma Forkner
Director

March 25, 2008

Ms. Brook Harmon, MS, RD, LD
Director, Dietary Interventions
Cancer Prevention and Control Program
2221 Devine Street, Room 232
Columbia, South Carolina 29208

Dear Ms. Harmon:

Your letter requesting copies of the reviewer's score sheets for the grant proposal that was submitted by Cancer Prevention and Control Program entitled "Dash of Faith Outreach" for the Prevention Partnership Grants (GAR 12-07) has been received. Enclosed are copies of the reviewer's score sheets regarding the grant application that was submitted.

If there are any questions regarding this information, please contact me at 803-898-2605.

Sincerely,


Ernestine J. Staley, Director
Division of Contracts

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives			
1. Program Description		55	40
2. Primary Prevention Focused Objectives		10	8
3. Comprehensiveness of Approach		10	7
4. Realistic Plan		15	10
5. Project Clearly Addresses Community Needs		5	5
6. Project is Creative and Innovative		10	7
B. Coordination and Collaboration			
1. Evidence of Coordination/Collaboration?		15	11
2. Budget Reflects Collaboration		5	5
3. Will Project Complement Existing Program?		5	3
C. Performance Measurement/Outcomes			
1. Outcome Measures Clearly Defined?		15	12
2. Do These Measures Build Upon Previous Success?		10	8
		5	4
D. Project Management Experience			
1. Evidence of Expertise to Deliver?		15	11
2. Evidence of Fiscal Management Experience?		10	8
		5	3
TOTAL SCORE		100	74

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Dash of Faith Outreach / USC Cancer Prevention Center

REVIEWER: _____ F _____

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	23
1.	Program Description	10	5
2.	Primary Prevention Focused Objectives	10	4
3.	Comprehensiveness of Approach	15	6
4.	Realistic Plan	5	2
5.	Project Clearly Addresses Community Needs	5	2
6.	Project is Creative and Innovative	10	4
B. Coordination and Collaboration		15	7
1.	Evidence of Coordination/Collaboration?	5	2
2.	Budget Reflects Collaboration	5	3
3.	Will Project Complement Existing Program?	5	2
C. Performance Measurement/Outcomes		15	7
1.	Outcome Measures Clearly Defined?	10	5
2.	Do These Measures Build Upon Previous Success?	5	2
D. Project Management Experience		15	7
1.	Evidence of Expertise to Deliver?	10	4
2.	Evidence of Fiscal Management Experience?	5	3
TOTAL SCORE		100	44

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Dash of Faith Outreach WSC 91 St. Louis, Mo

REVIEWER: E

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	52
1.	Program Description	10	12
2.	Primary Prevention Focused Objectives	10	10
3.	Comprehensiveness of Approach	15	13
4.	Realistic Plan	5	4
5.	Project Clearly Addresses Community Needs	5	4
6.	Project is Creative and Innovative	10	9
B. Coordination and Collaboration		15	15
1.	Evidence of Coordination/Collaboration?	5	5
2.	Budget Reflects Collaboration	5	5
3.	Will Project Complement Existing Program?	5	5
C. Performance Measurement/Outcomes		15	11
1.	Outcome Measures Clearly Defined?	10	8
2.	Do These Measures Build Upon Previous Success?	5	3
D. Project Management Experience		15	14
1.	Evidence of Expertise to Deliver?	10	10
2.	Evidence of Fiscal Management Experience?	5	4
TOTAL SCORE		100	98

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Dash of Faiths Outreach - WSC Student Center

REVIEWER: B