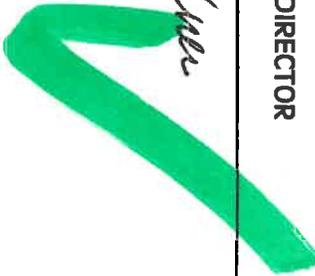


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Myers</i>	DATE <i>4-13-09</i>
--------------------	------------------------

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOC NUMBER <i>100572</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Farber</i> 	<input checked="" type="checkbox"/> Necessary Action		

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

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APR 09 2009

**MEDICAL SERVICES  
DHHS**



**South Carolina  
FOUNDATION**

April 8, 2009

AX-G22  
1-20 East at Alpine Rd  
Columbia, SC 29219

Telephone 803.264.4669  
Facsimile 803.264.5522

Dr. Felicity Myers, Deputy Director of Medical Services  
South Carolina Department of Health and Human Services  
PO Box 8206  
Columbia, SC 29202

**Board Members**

M. Edward Sellers  
*President*

Harvey L. Galloway  
*Executive Director*

Robert A. Leichte  
*Treasurer*

Judith M. Davis  
*Secretary*

Joseph F. Sullivan

Bill L. Amick

Minor M. Shaw

William R. Horton

James M. Hart

George L. Johnson

RE: Receipt of Application

Dear Dr. Myers,

Thank you for your recent application submitted to the BlueCross BlueShield of South Carolina Foundation.

The application will be processed and reviewed by the Foundation. Please note that the invitation to apply is not a guarantee of a grant award. Also, if the Foundation chooses to award a grant, it may be for a different amount than the one requested.

You will be notified after May 18, 2009 in writing whether your application has been approved or declined.

For questions please contact Julie Miller, Foundation Assistant, at 803.264.4669 or [julie.miller@bcbssc.com](mailto:julie.miller@bcbssc.com). You are also welcome to contact me at 803.264.5500 or [harvey.galloway@bcbssc.com](mailto:harvey.galloway@bcbssc.com).

Respectfully,

BlueCross BlueShield of South Carolina Foundation is an independent licensee of the Blue Cross and Blue Shield Association.

Harvey L. Galloway  
Executive Director

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APR 13 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

**ACTION REFERRAL**

TO <i>Myers</i>	DATE <i>4-13-09</i>
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1. LOG NUMBER <i>100572</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CE: Ms. Farber In Margie's Hand 4/30/09</i>	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action

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