

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Wells/FOIA	3-21-08

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000488	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR		<input checked="" type="checkbox"/> FOIA DATE DUE 4-7-08	
cc: Singletary, Stensland Cland 3/25/08, Ltr a: Macchub		<input type="checkbox"/> Necessary Action	

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



THE SPARTANBURG COUNTY FOUNDATION
Your Community Foundation

March 18, 2008

Pls log.
Wills [FOIA
c. Sauerb
SKM

RECEIVED

MAR 21 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Mr. Jeff Stensland
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Mr. Stensland:

The Spartanburg County Foundation is in receipt of the award letter announcing the Prevention Partnership Grants (GAR 12-07) effective April 1, 2008. Unfortunately, The Spartanburg County Foundation is not one of the recipients. To that end, Ernestine Staley suggested we contact you in order to receive a copy of the score sheet for the grant proposal submitted entitled: *Healthy Teen Spartanburg*.

Thank you for your consideration in this matter.

Sincerely,

Mary L. Thomas
Executive Vice President

MLT:jap



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: _____



State of South Carolina
Department of Health and Human Services

Log # 488

Mark Sanford
Governor

Emma Forkner
Director

March 25, 2008

Ms. Mary L. Thomas
Executive Vice President
The Spartanburg County Foundation
424 East Kennedy Street
Spartanburg, South Carolina 29302

Dear Ms. Thomas:

Your letter requesting copies of the reviewer's score sheets for the grant proposal that was submitted by The Spartanburg County Foundation entitled "Healthy Teen Spartanburg" 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
Ernestine J. Staley, Director
Division of Contracts

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	
1. Program Description		10	5.5
2. Primary Prevention Focused Objectives		10	10
3. Comprehensiveness of Approach		15	15
4. Realistic Plan		5	5
5. Project Clearly Addresses Community Needs		5	5
6. Project is Creative and Innovative		10	10
B. Coordination and Collaboration		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	
1. Outcome Measures Clearly Defined?		10	9
2. Do These Measures Build Upon Previous Success?		5	5
D. Project Management Experience		15	
1. Evidence of Expertise to Deliver?		10	10
2. Evidence of Fiscal Management Experience?		5	5
TOTAL SCORE		100	91

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Healthy Teen Organization

REVIEWER: B

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	22
1. Program Description		10	4
2. Primary Prevention Focused Objectives		10	4
3. Comprehensiveness of Approach		15	3
4. Realistic Plan		5	3
5. Project Clearly Addresses Community Needs		5	4
6. Project is Creative and Innovative		10	4
B. Coordination and Collaboration		15	9
1. Evidence of Coordination/Collaboration?		5	3
2. Budget Reflects Collaboration		5	3
3. Will Project Complement Existing Program?		5	3
C. Performance Measurement/Outcomes		15	7
1. Outcome Measures Clearly Defined?		10	4
2. Do These Measures Build Upon Previous Success?		5	3
D. Project Management Experience		15	7
1. Evidence of Expertise to Deliver?		10	5
2. Evidence of Fiscal Management Experience?		5	2
TOTAL SCORE		100	45

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Healthy Teen S'burg - Spaulding County

REVIEWER: E

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	53
1. Program Description		10	10
2. Primary Prevention Focused Objectives		10	10
3. Comprehensiveness of Approach		15	14
4. Realistic Plan		5	5
5. Project Clearly Addresses Community Needs		5	5
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	14
1. Outcome Measures Clearly Defined?		10	10
2. Do These Measures Build Upon Previous Success?		5	4
D. Project Management Experience		15	17
1. Evidence of Expertise to Deliver?		10	9
2. Evidence of Fiscal Management Experience?		5	4
TOTAL SCORE		100	95

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Healthy Teen Spartanburg / Spartanburg County Foundation

REVIEWER: _____ F _____