

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

|                                |                               |
|--------------------------------|-------------------------------|
| <b>TO</b><br><i>Wells/FOIA</i> | <b>DATE</b><br><i>3-21-08</i> |
|--------------------------------|-------------------------------|

| <b>DIRECTOR'S USE ONLY</b>                                                                                                        | <b>ACTION REQUESTED</b>                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1. LOG NUMBER</b><br><p align="center">000488</p>                                                                              | <input type="checkbox"/> Prepare reply for the Director's signature<br><b>DATE DUE</b> _____                                                                                                                                   |
| <b>2. DATE SIGNED BY DIRECTOR</b><br><p align="center"><i>cc: Singleton, Steinsland<br/>Cland 3/25/08, Ltha<br/>atthachul</i></p> | <input checked="" type="checkbox"/> Prepare reply for appropriate signature<br><b>DATE DUE</b> _____<br><input checked="" type="checkbox"/> FOIA<br><b>DATE DUE</b> <i>4-7-08</i><br><input type="checkbox"/> Necessary Action |

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



THE SPARTANBURG COUNTY FOUNDATION  
*Your Community Foundation*

March 18, 2008

Pls copy.  
Wills [FOIA  
c. Swygert  
SKW

**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: | _____ |       | \$_____        |
| <b>Total Amount Due SCDHHS:</b>               |       |       | <b>\$_____</b> |

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 # 488

Mark Sanford  
Governor

Emma Forkner  
Director

March 25, 2008

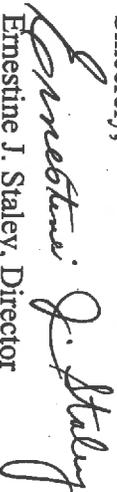
Ms. Mary L. Thomas  
Executive Vice President  
The Spartanburg County Foundation  
424 East Kennedy Street  
Spartanburg, South Carolina 29302

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, Director  
Division of Contracts

## RATING SHEET

| Evaluation Factors:                               |  | Maximum    | Rating    |
|---------------------------------------------------|--|------------|-----------|
| <b>A. Scope of Work and Objectives</b>            |  |            |           |
| 1. Program Description                            |  | 55         | 55        |
| 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>B. Coordination and Collaboration</b>          |  |            |           |
| 1. Evidence of Coordination/Collaboration?        |  | 15         | 15        |
| 2. Budget Reflects Collaboration                  |  | 5          | 5         |
| 3. Will Project Complement Existing Program?      |  | 5          | 5         |
| <b>C. Performance Measurement/Outcomes</b>        |  |            |           |
| 1. Outcome Measures Clearly Defined?              |  | 15         | 14        |
| 2. Do These Measures Build Upon Previous Success? |  | 10         | 9         |
| 5                                                 |  | 5          | 5         |
| <b>D. Project Management Experience</b>           |  |            |           |
| 1. Evidence of Expertise to Deliver?              |  | 15         | 15        |
| 2. Evidence of Fiscal Management Experience?      |  | 10         | 10        |
| 5                                                 |  | 5          | 5         |
| <b>TOTAL SCORE</b>                                |  | <b>100</b> | <b>99</b> |

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Healthy Teen Operations Sub-Contractors

REVIEWER: B

## RATING SHEET

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

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Healthy Teen Siburg Spaulding County

REVIEWER: E

## RATING SHEET

| Evaluation Factors:                               | Maximum    | Rating    |
|---------------------------------------------------|------------|-----------|
| <b>A. Scope of Work and Objectives</b>            | <b>55</b>  | <b>53</b> |
| 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>B. Coordination and Collaboration</b>          | <b>15</b>  | <b>15</b> |
| 1. Evidence of Coordination/Collaboration?        | 5          | 5         |
| 2. Budget Reflects Collaboration                  | 5          | 5         |
| 3. Will Project Complement Existing Program?      | 5          | 5         |
| <b>C. Performance Measurement/Outcomes</b>        | <b>15</b>  | <b>14</b> |
| 1. Outcome Measures Clearly Defined?              | 10         | 10        |
| 2. Do These Measures Build Upon Previous Success? | 5          | 4         |
| <b>D. Project Management Experience</b>           | <b>15</b>  | <b>17</b> |
| 1. Evidence of Expertise to Deliver?              | 10         | 9         |
| 2. Evidence of Fiscal Management Experience?      | 5          | 4         |
| <b>TOTAL SCORE</b>                                | <b>100</b> | <b>95</b> |

**PREVENTION PARTNERSHIP GRANTS (GAR 12-07)**

**ORGANIZATION NAME:** Healthy Teen Spartanburg / Spartanburg County Foundation

**REVIEWER:** \_\_\_\_\_ F \_\_\_\_\_