

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singlesta/FOIA</i>	DATE <i>4-6-12</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <i>101389</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____	<input checked="" type="checkbox"/> FOIA DATE DUE <i>4-20-12</i>
2. DATE SIGNED BY DIRECTOR <i>CC: Singlesta, Stensland Closed. See attached e-mail.</i>	<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.			

# Bethlehem Baptist Church of Columbia, Inc.

Church  
254-5851  
256-6507

1218 Lyon Street  
Columbia, SC 29204  
Fax (803) 254-7370

Pastor's Residence  
865-9813

Kenneth Dupree  
Chairperson, Board of Deacons  
(803) 792-1065

Charles A. DeLaughter, Pastor  
Eunice Boulware, Clerk

Martin Sifman, Sr.  
Chairperson, Board of Trustees  
(803) 237-7522

**RECEIVED**

FAX COVER SHEET

APR 05 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

To: Kim Backman

From: D. Deron Gray

Date: 04/03/2012

Attached are 2 pages including fax cover page.

Apr. 3, 2012 11:11AM

Bethlehem Baptist

No. 2127 P. 2

April 2, 2012

To: Kim Backman

From: D. Deron Gray

Per our conversation, would you please provide a copy of my PD, authorized under the Freedom of Information Act? Please email to [grayd9@bellsouth.net](mailto:grayd9@bellsouth.net).

Your attention to this is appreciated



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: \_\_\_\_\_

Log #000389

**Linda Hillian - PD**

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**From:** Linda Hillian

**To:** gray49@bellsouth.net

**Subject:** PD

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As requested, attached is your PD.

about:blank

4/13/2012