

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Singleton/FOIA</i>	DATE <i>4-6-12</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100389</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Singleton, Stensland</i> <i>Cleand, See attached e-mail.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input checked="" type="checkbox"/> FOIA DATE DUE <i>4-20-12</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) 732-1065

Charles A. DeLaughter, Trustor
Justice Boulevard, Clerk

Marvin Shipman, 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.

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 gray49@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: _____ \$ _____

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: _____

Linda Hillian - PD

From: Linda Hillian
To: gray49@bellsouth.net
Subject: PD

As requested, attached is your PD.