

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

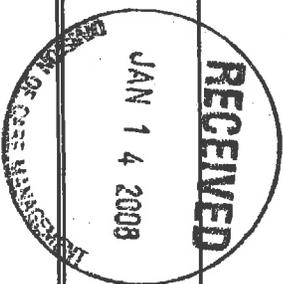
ACTION REFERRAL

Relog from Myra to Wells per Hamilton on 1/14/08. Due date changed to 1/24/08
 TO: Wells/Annon

1-10-08

| | | | |
|----------------------------|--|---|--|
| DIRECTOR'S USE ONLY | | ACTION REQUESTED | |
| 1. LOG NUMBER | 000350 | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ | |
| 2. DATE SIGNED BY DIRECTOR | cc: Stensland Cleared 1/18/08, letter attached. | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>1-24-08</u> <input checked="" type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action | |

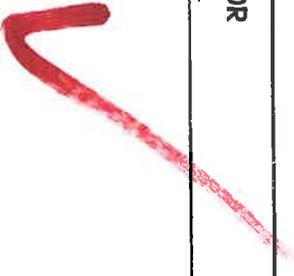
| APPROVALS (Only when prepared for director's signature) | APPROVE | * DISAPPROVE (Note reason for disapproval and return to preparer.) | COMMENT |
|--|---------|---|---------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |



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

ACTION REFERRAL

| | |
|---------------------|------------------------|
| TO <i>Wigors</i> | DATE <i>1-10-08</i> |
|---------------------|------------------------|

| | |
|---|--|
| DIRECTOR'S USE ONLY | ACTION REQUESTED |
| 1. LOG NUMBER <i>000350</i> | <input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ |
| 2. DATE SIGNED BY DIRECTOR <i>cc: Stensland</i>  | <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-22-08</i> DATE DUE _____ |
| | <input type="checkbox"/> Necessary Action |

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

December 27, 2007

In regards to: Prevention Partnership Grant Proposal

Log: Myers
e: Stensland
"app. sign"

Jeff Stensland, Public Information Officer
SC Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202

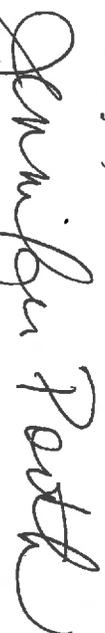
Dear Mr. Stensland:

This letter is to serve as my request for the scoring for the Prevention Partnership grant proposal that was funded for the ~~January 1 to December 31, 2008~~ called "LURE" through Palmetto Health. Please let me know if anything additional is needed; my contact number is (803) 434-2846. Please mail requested information to my attention, 3010 Farrow Road, Suite 300, Columbia, SC 29203.

Thank you,

RECEIVED

JAN 1 0 2008


Jennifer B. Porth, LMSW, Gerontologist
Social Worker & LURE Project Director
Palmetto Health

Department of Health & Human Services
OFFICE OF THE DIRECTOR



State of South Carolina
Department of Health and Human Services

Log # 350



Mark Sanford
Governor

Emma Forkner
Director

January 18, 2008

Ms. Jennifer B. Porth, LMSW, Gerontologist
Social Worker & LURE Project Director
Palmetto Health Geriatric Services
3010 Farrow Road, Suite 300
Columbia, South Carolina 29203

Dear Ms. Porth:

This letter is in reference to your request for the scoring for the Prevention Partnership Grant proposal that was funded for January 1 to December 31, 2008 called "LURE" through Palmetto Health. Enclosed are the scores for the Prevention Partnership Grants (GAR 08-07) for Palmetto Health.

If you should have any questions regarding the Grant Agreement, please contact Ms. Pamela Askins at (803) 898-2633.

Sincerely,


Robert M. Cannon, Bureau Chief
Administrative Services

Enclosures