

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

ACTION REFERRAL

TO	DATE
Wells/FOIA	3-14-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000468	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Singleton, Stenland Cleared 3/25/08, letter attached.	<input checked="" type="checkbox"/> FOIA DATE DUE <u>3-28-08</u> <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.			



SharedCare

RECEIVED

MAR 14 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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Burroughs & Chapin Company, Inc.
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Conway Hospital Foundation
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Executive Director

log: Wells/FOIA

C: Singler

App: sig Standard

March 11, 2008

Mr. Jeff Stensland
SC DHHS, Division of Contracts
1801 Main St., 6th Floor
Post Office Box 8206
Columbia, SC 29202-8206

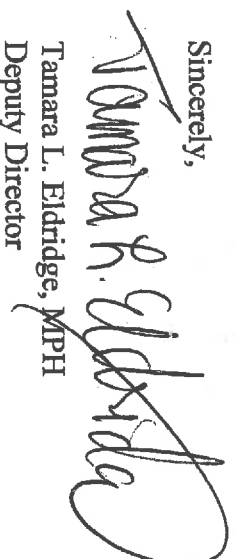
Dear Mr. Stensland:

SharedCare, Inc. recently submitted a proposal under GAR 12-07 Prevention Partnership Grants (Round II) for a program titled "Physical Activity and Nutrition Education to Prevent and Reduce Obesity in Horry County Youth and Families." Our proposal was not among those funded.

In an effort to improve our program development and proposal writing abilities, we request, under the Freedom of Information Act, a copy of the scores our proposal received.

If you have any questions please do not hesitate to call me at 843/913-5261 ext. 403.

Sincerely,


Tamara L. Eldridge, MPH
Deputy Director



SharedCare

A cooperative effort to organize and deliver health care for Horry County's low income, medically uninsured.

P.O. Box 50516 • Myrtle Beach, SC 29579 • Phone 843.913.5261 • Fax 843.913.5268

• Email sharedcareinfo@sharedcare.org • Website www.sharedcare.org



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: _____

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 # 468

Mark Sanford
Governor

Emma Forkner
Director

March 25, 2008

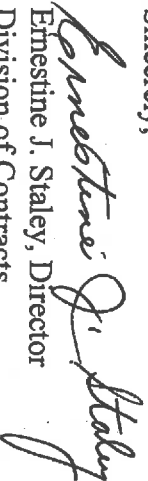
Ms. Tamara L. Eldridge, MPH
Deputy Director
Shared Care, Inc.
Post Office Box 50516
Myrtle Beach, South Carolina 29579

Dear Ms. Eldridge:

Your letter requesting copies of the reviewer's score sheets for the grant proposal that was submitted by Shared Care, Inc. entitled "Physical Activity and Nutrition Education to Prevent and Reduce Obesity in Horry County Youth and Families" 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
A. Scope of Work and Objectives	55	52
1. Program Description	10	8
2. Primary Prevention Focused Objectives	10	8
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	9
B. Coordination and Collaboration	15	10
1. Evidence of Coordination/Collaboration?	5	2
2. Budget Reflects Collaboration	5	4
3. Will Project Complement Existing Program?	5	4
C. Performance Measurement/Outcomes	15	11
1. Outcome Measures Clearly Defined?	10	8
2. Do These Measures Build Upon Previous Success?	5	3
D. Project Management Experience	15	11
1. Evidence of Expertise to Deliver?	10	7
2. Evidence of Fiscal Management Experience?	5	4
TOTAL SCORE	100	12

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Physical Activity & Nutrition Educators - Shoreline

REVIEWER: B

*to prevent and reduce obesity in King County
youth and families*

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	19
1.	Program Description	10	4
2.	Primary Prevention Focused Objectives	10	3
3.	Comprehensiveness of Approach	15	4
4.	Realistic Plan	5	2
5.	Project Clearly Addresses Community Needs	5	2
6.	Project is Creative and Innovative	10	4
B. Coordination and Collaboration		15	6
1.	Evidence of Coordination/Collaboration?	5	2
2.	Budget Reflects Collaboration	5	2
3.	Will Project Complement Existing Program?	5	2
C. Performance Measurement/Outcomes		15	6
1.	Outcome Measures Clearly Defined?	10	4
2.	Do These Measures Build Upon Previous Success?	5	2
D. Project Management Experience		15	6
1.	Evidence of Expertise to Deliver?	10	3
2.	Evidence of Fiscal Management Experience?	5	3
TOTAL SCORE		100	37

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Physical Activity/Nutrition Educ. to Prevent/Reduce

REVIEWER: E Shantae Obesity

RATING SHEET

Evaluation Factors:		Maximum	Rating
A. Scope of Work and Objectives		55	63
1.	Program Description	10	9
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	10
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	14
1.	Evidence of Expertise to Deliver?	10	10
2.	Evidence of Fiscal Management Experience?	5	4
TOTAL SCORE		100	96

PREVENTION PARTNERSHIP GRANTS (GAR 12-07)

ORGANIZATION NAME: Physical Activity & Nutrition Education to Parents & Reduce Obesity in Henry County Youth & Families

REVIEWER: F Shanae Cane