

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>12-10-07</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000285	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 12/19/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-20-07</i>
	<input 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.			

RECEIVED

DEC 10 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR



RECEIVED

DEC - 6 2007

MEDICAL SERVICES
DHHS

COMMISSION
W. Robert Harrell
Chairman

John C. Vaughn, D.D.
Vice Chairman

Mary Katherine Bagnal, MSW, CMC
Secretary

Ronald Forrest
Edythe C. Dove

Audrey Ingle Horne
Otis D. Speight, MD, MBA, CPE

Stanley J. Butkus, Ph.D.
State Director
Robert W. Barfield
Deputy State Director
Administration
David A. Goodell
Associate State Director
Operations
Kathi K. Lacy, Ph.D.
Associate State Director
Policy

3440 Harden Street Ext (29203)
PO Box 4706, Columbia, South Carolina 29240
V/TTY: 803/898-9600
Toll Free: 888/DSN-INFO
Home Page: www.state.sc.us/ddsn/

December 3, 2007

Felicity Myers, Ph.D.
Deputy Director
Department of Health and Human Services
PO Box 8206
Columbia, South Carolina 29202-8206

Dear Dr. Myers:

Thank you for the opportunity to review last year's "Prevention Partnership Healthy Living Plan" and to provide some input for this year's update. DDSN is involved in a number of agency and collaborative prevention and wellness initiatives, so we consider that we are participants in this partnership led by DHHS. We continue to be concerned that there are many health disparities in people with disabilities compared to those without disabilities. We feel this should be addressed within the interagency state plan.

Although this plan is very general, it includes attachments of more specific DHEC plans for prevention of cardiovascular disease, cancer, diabetes, obesity, and tobacco-related conditions. Attached is a copy of the current plan of the DDSN Prevention and Wellness Committee which indicates efforts of our agency. We have also been working on an interagency group with DHEC that is developing a 5-year strategic plan to prevent death and disability due to both unintentional and violent injuries. DHHS may want to reference or incorporate these into its update of the Prevention Partnership Healthy Living Plan.

I have just reviewed the Award Notice on the DHHS website for this year's prevention partnership grants. These appear to be impressive projects. It would be very helpful if there were also project descriptions and contacts so that other groups can learn about and network with these efforts. I note that the biggest project is an adolescent pregnancy prevention campaign for Medicaid providers. I do not see adolescent pregnancy targeted in the Prevention Partnership Healthy Living Plan.

DISTRICT I

P.O. Box 239
Clinton, SC 29325-5328
Phone: (864) 938-3497

Midlands Center - Phone: 803/935-7500
Written Center - Phone: 864/833-2733

DISTRICT II

9995 Miles Jamison Road
Summerville, SC 29485
Phone: 843/832-5576

Coastal Center - Phone: 843/873-5750
Pee Dee Center - Phone: 843/664-2600
Santee Center - Phone: 843/332-4104

Brenda
Log letter please
The call BZ
+ Sheila Platt to
address response.
THX
Felicity
11
App. Sign

DDSN or some of our affiliated organizations may want to pursue this grant funding in the future for projects to promote wellness in people with disabilities and prevent secondary debilitating conditions. While I don't expect to be personally notified each year of the availability of prevention partnership grants, it seems there should be some way to notify state and local agencies about this resource. Unless they were already aware of these grants, potential applicants will not know to check the DHHS website, Governor's website, or *South Carolina Business Opportunities*. Perhaps a fact sheet or brochure could be developed and maintained year round on the websites, as well as distributed periodically to state agencies, local Health Departments, and health advocacy groups.

If you have any questions, please contact me at 898-9789.

Sincerely,

A handwritten signature in cursive script that reads "Linda C. Veldheer".

Linda C. Veldheer, Ph.D.
Chairperson, DDSN Prevention and Wellness Committee

Cc: Beverly Hamilton
Dr. Kathi Lacy

South Carolina Department of Disabilities and Special Needs

PREVENTION AND WELLNESS COMMITTEE FY-08 Plan

Goal: To increase visibility and expand agency/collaborative initiatives for disability prevention and health promotion for people with disabilities through an active DDSN Prevention and Wellness Committee, with representation from policy, operations, and administration areas

Objective 1: Maintain official Inventory of Agency and Collaborative Prevention and Wellness Initiatives

- a. Confirm and update content of full version
- b. Update condensed version
- c. Make full Inventory and/or condensed version available to appropriate audiences via DDSN Intranet and Provider Extranet
- d. Monitor status of initiatives during the year

Objective 2: Collect and compile information about disability and injury prevention and wellness promotion for people with disabilities

- a. Obtain/develop information and materials on best practices related to disability/injury prevention and wellness promotion
- b. Compile resources for direct support staff to better support consumers in achieving healthy lifestyles (nutrition, weight management, exercise)
- c. Expand DDSN Prevention and Wellness Resource Room to increase materials related to disability/injury prevention and to be a repository of health promotion resources

Objective 3: Increase awareness of disability prevention and wellness promotion through professional/community outreach and education activities

- a. Committee members communicate within own areas of influence
- b. Develop and distribute DDSN Prevention and Wellness Committee brochure and agency exhibit
- c. Issue periodic Prevention and Wellness Committee Newsletter

- d. Propose/coordinate sessions related to disability/injury prevention and wellness promotion at annual conferences of SC Chapter AAIDD, SC Human Services Providers Association, and other relevant groups
- e. Convene a meeting of designated Prevention and Wellness Committee provider liaisons to transmit information and promote local activities

Objective 4:

Assist incorporation of prevention and wellness promotion strategies within service coordination, programs and services, and quality enhancement efforts

- a. Promote use of Preventive Health Care Guidelines for Adults by community providers
 - Service Coordination
 - Community provider nursing staff
 - Consumer organizations
- b. Promote use by community providers of Steps To Your Health or other evidence-based health education programs for people with cognitive/physical disabilities
 - Residential and Day Habilitation
 - Center-based and Individual Rehabilitation Supports
 - Consumer organizations and self-advocacy groups
 - Quality Enhancement plans
- c. Review/ revise agency policies and directives to support prevention of disability and wellness promotion for people served by DDSN
 - Pre-service and in-service staff training (community providers)
 - Program standards
 - Quality Assurance Indicators

Objective 5:

Identify and pursue opportunities for additional agency prevention and wellness promotion initiatives

- a. Committee members proactive within own areas of influence
- b. Monitor RFPs for potential projects DDSN or other SC agencies may apply for
- c. Provide letters of support/cooperation for other agencies seeking funding for relevant projects
- d. Identify specific additional resources needed by DDSN and potential future efforts

\$ 285
✓



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

12/19/07 → per Menge

Linda C. Veldheer, Ph.D.
Chairperson
DDSN Prevention and Wellness Committee
South Carolina Department of Disabilities and Special Needs
3440 Harden Street Extension
Columbia, South Carolina 29240

Dear Dr. Veldheer:

Thank you for reviewing last year's "Prevention Partnership Healthy Living Plan". Since the plan was developed based on previous plans, it may not have adequately addressed all of the current statewide health needs. Your submission of the South Carolina Department of Disabilities and Special Needs Prevention and Wellness FY08 Plan provides us with information needed to add to this year's plan so that we can more appropriately address health needs of people with disabilities.

Attached is a copy of the Grant Application Request (GAR) for the Prevention Partnership Grant, which posted on December 14, 2007. If you are interested in submitting a proposal to the South Carolina Department of Health and Human Services, the GAR outlines important dates and guidelines for submission. Grants are awarded through a competitive process to government agencies, private foundations and businesses, and/or non-profit organizations. Proposals should target preventive health programs related to premature and/or pre-term births or chronic diseases associated with obesity, diabetes, hypertension, or asthma. However, initiatives specific to identified local prevention needs are considered.

Again, we appreciate your response to the Healthy Living Plan and interest in the Prevention Partnership Grant. If you have any questions, please contact Ms. Maria Riley at (803) 898-4614.

Sincerely,


Felicity Myers
Deputy Director

FM/ghp

Enclosure

South Carolina Department of Health and Human Services
1801 Main Street
P.O. Box 8206
Columbia, South Carolina 29202-8206

Prevention Partnership Grants (GAR 12-07)

Grant Application Request:

To implement or expand innovative preventive health programs and activities with documented outcomes for South Carolinians. Multiple grants in varying amounts will be awarded through a competitive process. Grants should target preventive health programs related to premature and/or pre-term births or chronic diseases associated with obesity, diabetes, hypertension, or asthma. Other initiatives specific to identified local prevention needs will also be considered.

Submittal Deadline:

Friday, January 25, 2008
2:00 p.m. Eastern Standard Time

You are invited to submit Grant Proposals in accordance with the requirements described in this document. Grant Proposal(s) must be received no later than 2:00 p.m. EST, on Friday, January 25, 2008.

Mail to:

Ernestine J. Staley, Director
Division of Contracts
South Carolina Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202-8206

Or

Hand Deliver to:
Ernestine J. Staley, Director
Division of Contracts
South Carolina Department of Health and Human Services
1801 Main Street, Jefferson Square Building, 6th Floor
Columbia, South Carolina 29202-8206
(803) 898-2605

Grant Proposal(s) will be accepted at any time before, but not later, than 2:00 p.m. EST on January 25, 2008. Each Grant Proposal must be signed by an official with authorization to sign on behalf of the sponsoring organization/agency. NO FAXES WILL BE ACCEPTED.

This GAR is being issued under proviso #8.29 – DHHS: Prevention Partnership Grants.

Key Events and Dates:

- | | |
|---|-------------------|
| 1. Grant Application Request (GAR) Issued | December 14, 2007 |
| 2. Deadline for Receipt of Written Questions | January 7, 2008 |
| 3. Pre-Proposal conference | January 7, 2008 |
| 4. Deadline for Receipt of Formal Grant Proposal(s)
an original and six (6) copies | January 25, 2008 |
| 5. Written Notice to Award Grants | February 28, 2008 |
| 6. SCDHHS Prepares Contracts for Grantees' Signature | March 2008 |
| 7. SCDHHS Staff Meets with Grantees | March 2008 |

Pre-Proposal Conference

The Pre-Proposal Conference for this GAR will be held at 2:00 p.m., on Monday, January 7, 2008 in the conference room on the 10th floor at the South Carolina Department of Health and Human Services, 1801 Main Street, Columbia, SC 29202-8206. No more than two representatives from each applying organization/agency shall attend the conference. The conference is not mandatory, but applicants are encouraged to send staff members who will be actively involved in grant preparation.

TABLE OF CONTENTS

1.	Grant Application Request
2.	Submittal Deadline
3.	Key Events and Dates
4.	Pre-Proposal Conference
5.	Part I General Information and Instructions <ul style="list-style-type: none"> A. Purpose B. Eligibility C. Fiscal Agent D. Funding Restrictions E. Time Frame F. Grant Proposal Constitutes Offer G. Awards H. Notice of Award I. Amendments J. Discussion/Negotiation
6.	Part II Special Instructions and Conditions <ul style="list-style-type: none"> A. Receipt of Grant Proposal B. Preparation of Grant Application C. Maintenance of Records D. Inspection of Records E. Political Activity F. Safety Precautions G. No Obligation to SCDHHS H. Right of Rejection I. Funding Availability J. Grant Review K. Termination L. Approval of Program Materials, Audio Visuals, and Presentations
7.	Part III Scope of Services for Prevention Partnership Grants <ul style="list-style-type: none"> A. Grant Proposal Structure and Content B. Attachments and Required Documents C. Reimbursement/Reporting Requirements
8.	Part IV Evaluation Criteria
9.	Part V Attachments

PART I

GENERAL INFORMATION AND INSTRUCTIONS

A. Purpose

The South Carolina Legislature authorized Proviso 8.29 – DHHS: Prevention Partnership Grants in order for the South Carolina Department of Health and Human Services (SCDHHS) to implement a Prevention Partnership Grants Program with funds appropriated herein for prevention grants. *"Grants must be awarded through a competitive process to government agencies, private foundations and businesses, and/or non-profit organizations that operate preventive health programs with documented outcomes."*

SCDHHS recognizes that every community and its needs are different and the methodology chosen to address those needs is unique. In addition, the SCDHHS recognizes the numerous ways that health prevention programs can be crafted. Therefore, SCDHHS will accept for consideration any community Grant Proposal that addresses medically, evidence-based preventive health programs targeting preterm and/or premature births or chronic diseases associated with obesity, diabetes, hypertension or asthma.

B. Eligibility

Governmental agencies, private foundations and businesses, and/or non-profit organizations that operate preventive health programs with documented outcomes are eligible to apply for the grant(s). Groups may submit more than one grant request for consideration.

C. Fiscal Agent

Applicant community groups must designate one entity as the lead applicant organization that will serve as the fiscal agent for the project.

D. Funding Restrictions

Grants will not be awarded for funding capital projects, to replace lost funding, or to support currently operating programs. Funds from this Grant shall not be used for land purchases; cost of buildings or facilities; bad debts; cost of life insurance when the Grantee is the beneficiary; late payment charges, including penalties and fines; contingency funds; contributions; entertainment; fines and penalties; actual losses which could have been covered by insurance; interest; fund raising costs; investment management costs; profit/losses on disposition of depreciable property of other capital; legal fees; or organizational promotional expenses or other expenditures specified in OMB circular A-87.

Funding for equipment may be allowable if it is an integral part of the proposed project. This will be subject to review and approval prior to implementation. Expenses that directly promote the initiative or program may be allowable, but these are also subject to review and approval.

E. Time Frame

Costs may be incurred commencing with the beginning date of the grant, April 1, 2008.

F. Grant Proposal Constitutes Offer

By submitting a Grant Proposal, the applicant agrees to be governed by the terms and conditions described in this document, except where subsequent amendments of any grant resulting from this GAR are specifically agreed to by the parties to supersede any such provision of this GAR.

G. Awards

Grants shall be awarded to applicants whose proposals are determined most likely to positively impact South Carolinians and their health behaviors/lifestyles that also include a clear outcome measurement plan. The total amount of funds available to be awarded is \$1,400,000; grants of various dollar amounts will be awarded. SCDHHS reserves the right to reject any and all Grant Proposals that are deemed to not meet the requirements of this GAR. SCDHHS is the sole judge as to whether an applicant's Grant Proposal has or has not satisfactorily met the requirements of this GAR.

NOTE: Not meeting performance standards on a grant awarded by SCDHHS may cause a grant proposal to not be funded or discontinuation or withholding of funding.

H. Notice of Award

Each applicant will be notified by letter after all Grant Proposals have been evaluated, and funding has been allocated.

I. Amendments

If it becomes necessary to revise any part of the GAR, all amendments will be provided to all applicants. Verbal comments or discussions relative to this solicitation cannot add, delete, or modify any written provision. Any alterations must be in the form of a written amendment to all applicants.

J. Discussion/Negotiation

By submission of a Grant Proposal, the applicant agrees that during the period following issuance of the GAR and prior to the final award of a grant, the applicant shall not discuss this GAR with any SCDHHS employee, except Ms. Ernestine J. Staley, Director, Division of Contracts, at SCDHHS. Ms. Staley can be reached at (803) 898-2605.

PART II

SPECIAL INSTRUCTIONS AND CONDITIONS

A. Receipt of Grant Proposal

It is required that the Grant Proposal be submitted no later than the date and time specified in the GAR. Applicants mailing Grant Proposals should allow a sufficient mail delivery period to ensure timely receipt of their Grant Proposals by the issuing office. Any Grant Proposals received after the scheduled date and time will immediately be considered non-responsive and disqualified. Postmarks will not be considered.

B. Preparation of Grant Application

Each applicant is to submit an original and six (6) copies of the Grant Proposal, in one package under seal. Each copy of the Grant Proposal should be bound (stapled or spring clipped) in a single volume. All documentation submitted with the Grant Proposal should be bound in the single volume. Grant Proposals should not have hard covers or be spiral bound. The applicant is required to have typed on the envelope or wrapping containing the Grant Proposal the name and address of the applicant and the Grant Proposal due date of January 25, 2008.

All Grant Proposals should be completed and carefully worded and must convey all of the information requested, as outlined in Part III, Section A.

Grant Proposals should be prepared simply and economically, providing a straightforward, concise description of applicant's capabilities to satisfy the requirements of the GAR. Emphasis should be on completeness and clarity of content. Grant applications should be no more than fifteen (15) pages, excluding appendices.

C. Maintenance of Records

The Grantee must maintain an accounting system with supporting fiscal records adequate to assure that claims for funds are in accordance with this Grant Agreement and all applicable laws, regulations, and policies. The Grantee further agrees to retain all financial and programmatic records, supporting documents, statistical records and other records of recipients relating to the delivery of preventive services under the Grant Agreement, and as further required by SCDHHS, for a period of three (3) years after the expiration of the Grant Agreement. If any litigation, claim, or other actions involving the records have been initiated prior to the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the three (3) year period, whichever is later. This provision is also applicable to any subgrantee.

D. Inspection of Records

At any time during normal business hours and as often as SCDHHS, the State Auditor's Office, the Office of the Attorney General, the Comptroller General, and/or any of the designees of the above may deem necessary during the grant agreement period and for three (3) years after last payment under this Grant Agreement, the Grantee shall make all program and financial records available for review. These representatives shall have the right to examine and make copies, excerpts or transcripts from all records, contact information, and conduct private interviews with clients and employees, and do onsite reviews of all matters relating to service delivery as specified by the Grant Agreement. If any litigation, claim, or other action involving the records has been initiated prior to the expiration of the three (3) year period, the records shall be retained until completion of the action and resolution of all issues which arise from it or until the end of the three (3) year period, whichever is later.

E. Political Activity

The Grantee agrees that none of these funds provided under this Grant Agreement shall be used for any partisan political activity, or to further the election or defeat of any candidate for political office.

F. Safety Precautions

SCDHHS assumes no responsibility with respect to accidents, illness, or claims arising out of any work undertaken with the assistance of funds paid under this Grant Agreement. The Grantee shall take necessary steps to insure or protect itself and its personnel. The Grantee agrees to comply with all applicable local, state, federal occupational and safety acts, rules, and regulations.

G. No Obligation to SCDHHS

Neither SCDHHS nor any agent thereof on behalf of SCDHHS will be obliged in any way by any applicant response to this GAR.

H. Right of Rejection

SCDHHS reserves the right to accept or reject any or all Grant Proposals received as a result of the GAR, to negotiate with all qualified applicants, and to cancel, in part or in whole, this GAR if it is in the best interest of SCDHHS to do so.

I. Funding Availability

The total amount available for the grants for the period of April 1, 2008 through March 31, 2009 is \$1,400,000. Funding for these grants is provided by the state of South Carolina through Proviso 8.29 (DHHS: Prevention Partnership Grants) and is available for a one-year period.

J. Grant Review

All projects selected for funding will be expected to work cooperatively with SCDHHS by completing brief quarterly reports on service and activities delivered, performance outcomes, and program expenditures.

K. Termination

The parties agree that their liabilities and responsibilities shall be contingent upon the availability of funds, and that this agreement shall be terminated if such funding ceases to be available. This agreement may be canceled and terminated by either party at any time within the agreement period whenever it is determined by either party that the other has failed to comply with its obligations. Notification of termination will be sent by Certified Mail, return receipt requested.

L. Approval of Program Materials, Audio Visuals, and Presentations

The Grantee agrees to design all educational and promotional materials related to the project in a format that is easily understood and medically evidence based (including press releases).

The Grantee shall not distribute any promotional or marketing materials without prior written approval from SCDHHS. Marketing, promotional, or educational materials shall not make any assertion or statement (whether written or oral) that participation in their program will affect Medicaid benefits. Marketing materials shall not make any assertion or statement that CMS, the Federal or State government or similar entity endorses the Grantee.

Any presentation proposals, speeches, press releases, or brochures must be submitted to SCDHHS for approval at least ten business days prior to scheduled use.

PART III

SCOPE OF SERVICES FOR PREVENTION PARTNERSHIP GRANTS

A. Grant Proposal Structure and Content

The Grant Proposal must include the following sections, in this order.

- 1. Cover Sheet**
Submit the completed cover sheet provided with this GAR.
- 2. Table of Contents**

The following sections must be included, with page numbers:

Program Narrative:

Program Background and Problem Statement
Target Population/Project Participants
Goals and Objectives
Approach and Methodology with a Clear Timeline and Operational Plan
Summary of Applicant's Qualifications

Budget Narrative:

Staffing
Budget (Using Budget Summary Form)
Spending Plan for Grant Funds

Program Narrative

The narrative is the core of the Grant Proposal. It must be organized and self-explanatory. All narrative pages must be single-spaced, 12 PT Font, and limited to no more than fifteen (15) pages. (Submitted Grant Proposals containing more than fifteen (15) narrative pages, excluding appendices, will not be considered for review). The narrative section should be prepared as follows:

Program Background and Problem Statement:

Description of the health problem and how this healthcare prevention project will address the problem. Include a description of any existing prevention programs or initiatives already operating in the community. Applicants must define the "community" (i.e. as a county, school district, housing project, or any other specific geographic location).

Target Population/Project Participants:

Applicants should describe any strategies that specifically target a particular segment of the population. Applicants must describe the target population for the project, including age, racial/ethnic characteristics, gender, other social or demographic characteristics, and any specific risk factors, and define why this population was chosen. The applicants will also identify specific disease states (i.e., diabetes, kidney disease, etc.) that the prevention efforts will address.

Goals and Objectives:

List the specific goals and measurable outcome objectives for the proposed preventive health project. Provide a timeline with an operational plan. In addition, describe the techniques that will be used to collect outcome data as well as any other self-evaluation processes that will be used to measure the success of the project.

Approach and Methodology:

Discuss in detail the approaches and methods for carrying out the goals and objectives of the preventive health project. The specific programs and activities along with an Operational Plan must be included. Special emphasis should be placed on innovative and/or creative approaches that are specifically designed to meet the needs of the targeted population to be served. At a minimum, descriptions should include the following:

- Assurance of cultural, gender and age sensitivity and appropriateness,
- When, where, how and for whom specific activities will be provided,
- Specific programs/activities to be implemented along with staff responsibilities,
- Timeline for implementation,
- Facilities and equipment utilized,
- Evidence of collaboration with multiple community partners/organizations (Letters of commitment should be included in the Attachments section), and
- Plans for promoting the prevention program/project to potential participants.

Summary of Applicant's Qualifications:

The applicant must, upon request of SCDHHS, furnish satisfactory evidence of ability to furnish products or services in accordance with the terms and conditions of this GAR. SCDHHS reserves the right to make the final determination as to the applicant's ability to provide the services requested herein before entering into any grant.

In addition, the applicant must describe their background and experience in conducting healthcare prevention programming for the targeted population they wish to serve and the applicant must provide resumes for professional staff members that will be assigned to this project.

3. Budget Narrative

Staffing:

Submit a job description for the staff person(s) designated to be directly responsible for the project that includes job title, responsibilities, supervisory relationships, education and any other qualifications. (Job Descriptions should be included in the Attachments section.)

Budget:

Using the Budget Summary Form, provide budget breakdowns and sub-totals for the proposed project. In the budget narrative, provide a brief line-item justification for every entry. It is important that the Budget Summary Form and narrative provide a clear picture of how resources will be utilized to conduct the proposed project. Also develop a monthly tracking process to show how the Grantee anticipates spending the requested funds.

Describe facilities, equipment, financial resources and other resources presently available to carry out the project. If equipment and/or other supplies are included in this budget, detailed descriptions and justifications must be provided, indicating lack of availability. Applicants are encouraged to utilize existing and/or donated facilities and equipment, when possible. Any changes to the original budget approved at the time of the original award must be prior approved by SCDHHS.

NOTE: Information regarding community contributions of resources is required if these resources are included in the budget. Specifically, a determination of what amounts of community contributions are cash and/or in-kind contributions must be included.

B. Attachments and Required Documents

Attachments shall consist of copies of cooperative agreements, pledges of resources, letters of support, lead applicant organizational status, and any other applicable and relevant documentation that supports and enhances the Grant Proposal.

- Properly completed W-9 IRS Tax Form
- List of Current Board Members of Governing Body
- Drug-Free Workplace Form
- Invoice on Agency letterhead for one-fourth of the total project amount
- Checklist Review

C. Reimbursement/Reporting Requirements

The Grantee shall receive four quarterly payments for implementing the preventive health program.

- The first payment will be forwarded in the first month of the Grant.
- Within one month of operation, the Grantee shall provide confirmation to SCDHHS that the Program Implementation Plan, a detailed monthly program expenditure report and spending plan has been established.
- By the end of the third month of operation, the Grantee must submit a progress report identifying accomplishments and program activities, expenditures by month, and the invoice for the second quarter. An overview of expected activities planned for the next quarters must also be included.
- By the end of the sixth month, the Grantee must submit an updated progress report, program expenditures by month, a listing of activities planned for the next quarter, and the invoice for the third quarter of operations.
- By the end of the ninth month, the Grantee must submit a progress report identifying accomplishments and program activities, expenditures by month, and the invoice for the fourth quarter of operations.

A final Program Report is due no later than one month from the expiration of this grant. The format for this report is found in Part V of this GAR.

PART IV

EVALUATION CRITERIA

All Grant Proposals will be reviewed and assigned an overall score based on the criteria listed below.

<u>POINTS</u>	<u>CRITERIA</u>
55	Scope of Work and Objectives What is the specific program or primary preventive health project that is going to be delivered? Are there clearly defined objectives that are preventive in nature and would produce positive healthcare/lifestyle changes for the target audience? Is there a comprehensive approach with realistic plans for the project implementation or expansion? Are the goals and objectives for this project clearly aimed at primary prevention – actually preventing disease/risk rather than treating a disease? Does the project clearly address the identified community needs? Is the program or project innovative and creative and potentially replicable?
15	Coordination and Collaboration Is there evidence of coordination and collaboration with other community resources/organizations? Are these dollars going to be maximized in relation to existing resources? Will these dollars significantly complement an already-existing project/program? Is there documentation of cash and/or "in kind contributions" from the community and/or other agencies?
15	Performance Measurement/Outcomes Are the outcome measures clearly defined? Do these performance measures "build upon" already documented prevention programming outcomes?
15	Experience/Project Management Experience Is there documented evidence that the applicant has the capacity, experience, and expertise to deliver what is being proposed? Is there evidence that the applying organization has the ability to manage the proposed program/project? Does the applying agency have experience in fiscal management related to project/grant management?

PART V

Attachments

The following forms must be completed by each Applicant and included in the grant proposal:

- Cover Sheet
- Project Budget Summary Form
- Checklist Review
- Properly Completed W-9 IRS Tax Form
- List of Current Members of Governing Board
- Drug-Free Workplace Form
- Invoice on Agency letterhead for one-fourth of total project amount

Within one month of operation (April 30, 2008), the Grantee shall complete and submit the following:

- Program Implementation Plan

At the end of three months of operation (June 30, 2008), the Grantee shall complete and submit the following:

- Progress Report
- Program Expenditure Form for the quarter
- List of Activities/Programs planned for the next quarter
- Invoice for 2nd quarter payment

At the end of six months of operation (September 30, 2008), the Grantee shall complete and submit the following:

- Progress Report
- Program Expenditure Forms for the quarter
- List of Activities/Programs planned for the next quarter
- Invoice for 3rd quarter payment

At the end of nine months of operation (December 31, 2008), the Grantee shall complete and submit the following:

- Progress Report
- Program Expenditure Form for the quarter
- List of Activities/Programs planned for the final quarter
- Invoice for 4th quarter payment

Within one month of the end of the project (April 30, 2009), the Grantee shall complete and submit the following:

- Final Program Report highlighting accomplishments, Lessons Learned, Implications for Future Projects, and Performance Measures/Outcomes
- Program Expenditure Form

PREVENTION PARTNERSHIP GRANT PROPOSAL COVER SHEET

Project Name:

Brief Description:

Lead Applicant Organization:

Address:

County:

Phone Number:

FAX Number:

Contact Person:

Partner Organization(s):

**Authorized Signature of
Lead Organization:**

Date:

PREVENTION PARTNERSHIP GRANT BUDGET SUMMARY FORM

[illegible]

* See Part I, Section D, Funding Restrictions

PROPOSAL CHECKLIST REVIEW

1. _____ Original proposal plus six (6) copies delivered to SCDHHS by 2:00 p.m. EST on Friday, January 25, 2008.

2. _____ Each copy must contain the following:

_____ Completed Cover Sheet

_____ Table of Contents with page numbers

_____ Narratives: Program and Budget, including Budget Projection Summary Form

3. _____ Attachments:

_____ Organization's Business Status Documentation

_____ Letters of Collaboration/Support/Commitment

_____ Job Description(s)

_____ Resumes of Key Staff Members

_____ Other Pertinent Documents of Support

_____ Properly Completed W-9 IRS Tax Form
_____ Current Listing of Board Members
_____ Completed Drug-Free Workplace Form
_____ Invoice on Agency letterhead for Payment for 1st Quarter

PREVENTION PARTNERSHIP GRANT QUARTERLY PROGRESS REPORT

Goal 1:

Project Objective	Project Activities	Project Performance Measures	Quarter ____ Performance Measures	Time Frame	Quarter ____ Status Report

Goal 2:

Project Objective	Project Activities	Project Performance Measures	Quarter ____ Performance Measures	Time Frame	Quarter ____ Status Report

Include list of Activities/Programs planned for the next quarter

Prevention Partnership Expenditure Reporting Form

Applicant Organization _____

Grant Reporting Period _____

	Grant Funds Budgeted Year-to-Date	Grant Funds Expended Year-to-Date	Problem/Concerns	Reason for being over/under budget
Personnel				
Benefits (At %)				
Travel				
Equipment				
Supplies				
Program Marketing/Promotions				
Contractual				
Other (Please Specify)				

Signature of Project Administrator: _____

Date Completed: _____

**Request for Taxpayer
Identification Number and Certification**

**Give form to the
requester. Do not
send to the IRS.**

Name (as shown on your income tax return)
Business name, if different from above
Check appropriate box: ☐ Individual/
Sole proprietor ☐ Corporation ☐ Partnership ☐ Other ☐ Exempt from backup
withholding
Address (number, street, and apt. or suite no.)
City, state, and ZIP code
List account number(s) here (optional)
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note, if the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
		+			+			

OR

Employer identification number								
		+						

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign
Here Signature of
U.S. person ▶

Date ▶

Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

In 3 above, if applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes, you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or
- Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and

- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien.

Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments (after December 31, 2002). This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN¹, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 4 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate instructions for the Requester of Form W-9.

Also see *Special rules regarding partnerships* on page 1.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line. Check the appropriate box for your filing status (sole proprietor, corporation, etc.), then check the box for "Other" and enter "LLC" in the space provided.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt From Backup Withholding

If you are exempt, enter your name as described above and check the appropriate box for your status, then check the "Exempt from backup withholding" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

Exempt payees. Backup withholding is not required on any payments made to the following payees:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).
 2. The United States or any of its agencies or instrumentalities.
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities.
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:

6. A corporation.
7. A foreign central bank of issue.
8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States.
9. A futures commission merchant registered with the Commodity Futures Trading Commission.
10. A real estate investment trust.
11. An entity registered at all times during the tax year under the Investment Company Act of 1940.
12. A common trust fund operated by a bank under section 584(a).
13. A financial institution.
14. A middleman known in the investment community as a nominee or custodian, or
15. A trust exempt from tax under section 664 or described in section 4947.

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt recipients listed above, 1 through 15.

If the payment is for . . .		THEN the payment is exempt for . . .
Interest and dividend payments		All exempt recipients except for 9
Broker transactions		Exempt recipients 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker
Barter exchange transactions and patronage dividends		Exempt recipients 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹		Generally, exempt recipients 1 through 7

¹See Form 1099-MISC, Miscellaneous Income, and its instructions.

²However, the following payments made to a corporation (including gross proceeds paid to an attorney under section 6045(f), even if the attorney is a corporation) and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-owner LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter your SSN (or EIN, if you have one). If the LLC is a corporation, partnership, etc., enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.socialsecurity.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer ID Numbers under Related Topics. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt recipients, see *Exempt From Backup Withholding* on page 2.

Signature requirements. Complete the certification as indicated in 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee ¹ The actual owner ¹
5. Sole proprietorship or single-owner LLC	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship or single-owner LLC	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate or LLC electing corporate status on Form 8832	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership or multi-member LLC	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the second name line. You may use either your SSN or EIN (if you have one). If you are a sole proprietor, IRS encourages you to use your SSN.

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules regarding partnerships* on page 1.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payors must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

DRUG-FREE WORKPLACE ACT

SECTION **44-107-10** THROUGH SECTION **44-107-90**
. CODE OF LAWS OF SOUTH CAROLINA, 1976 AS AMENDED

CERTIFICATION STATEMENT

I hereby certify to the South Carolina Department of Health and Human Services (SCDHHS) that I will provide a drug-free workplace by:

1. publishing a statement notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited in the person's workplace and specifying the actions that will be taken against employees for violations of the prohibition;
2. establishing a drug-free awareness program to inform employees about:
 - a. the dangers of drug abuse in the workplace;
 - b. the person's policy of maintaining a drug-free workplace;
 - c. any available drug counseling, rehabilitation, and employee assistance programs; and
 - d. the penalties that may be imposed upon employees for drug violations;
3. making it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required by item 1;
4. notifying the employee in the statement required by item 1, that as a condition of employment on the contract or grant, the employee will:
 - a. abide by the terms of the statement; and
 - b. notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after the conviction;
5. notifying the using agency within ten days after receiving notice under item 4b from an employee or otherwise receiving actual notice of the conviction;
6. imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by any employee convicted, as required by Section **44-107-50**; and
7. making a good faith effort to continue to maintain a drug-free workplace through implementation of items **1, 2, 3, 4, 5** and **6**.

I also agree that, in compliance with Section **44-107-50**, I shall, within thirty days after receiving notice from an employee of a conviction pursuant to this title:

1. take appropriate personnel action against the employee up to and including termination; ~~or~~
2. require the employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for the purposes by a federal, state, or local health, law enforcement, or other appropriate agency.

Date

Authorized Signature

Revised 1/31/97