

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-5-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101488</i>	I Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR _____	Prepare reply for appropriate signature DATE DUE _____
	I FOIA DATE DUE _____
	<input checked="" type="checkbox"/> Necessary Action DATE DUE <i>April 1</i>

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			<i>Pls reply as N/A with due date of 4/1.</i>
2.			<i>Ben! thx! Jan</i>
3.			
4.			



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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-5-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101438</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-14-09</i> DATE DUE _____
	<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.			



**South Carolina
FOUNDATION**

March 4, 2009

Emma Forkner, Director
South Carolina Department of Health and Human Services
PO Box 8206
Columbia, SC 29202

RE: Call for Application

Dear Ms Forkner,

On behalf of the BlueCross BlueShield of South Carolina Foundation, we are pleased to inform you that your organization has been invited to submit a full proposal for your project, Medicaid Mental Health Primary Care.

Please note that an invitation to apply is not a guarantee of a grant award, and this grant cycle will be extremely competitive. Also, if the Foundation chooses to award a grant, it may be a different amount, or for a different purpose, than the one requested.

Enclosed please find our new application guidelines which are due by 5:00 PM on Wednesday, April 8, 2009. Mailed applications must be received at the Foundation by that time, not postmarked by that date. Hand deliveries should be delivered to 4101 Percival Road, Columbia, SC. Late receipts will not be considered for grants. We require you to use our application and be sure to address all issues outlined.

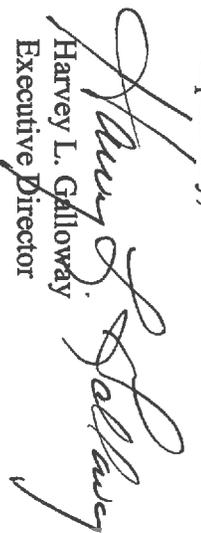
For questions please contact Foundation staff:

Jennifer DuMont, Foundation Senior Grant Analyst, 803.264.1677
jennifer.dumont@bcbssc.com

Amy Younginer, Foundation Senior Grant Analyst 803.466.8814,
amy.younginer@bcbssc.com

Julie Miller, Foundation Assistant, 803.264.4669 or julie.miller@bcbssc.com.

Respectfully,


Harvey L. Galloway
Executive Director

*Sum -
FRI. 11/11
log to Felicity*

A.X-202
1-20 East at Alpine Rd
Columbia, SC 29219

Telephone 803.264.4669
Facsimile 803.264.5522

Board Members

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Harvey L. Galloway
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George L. Johnson

BlueCross BlueShield of South
Carolina Foundation is an
independent licensee of the Blue
Cross and Blue Shield
Association.

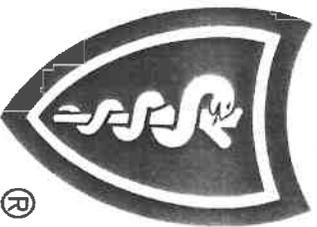
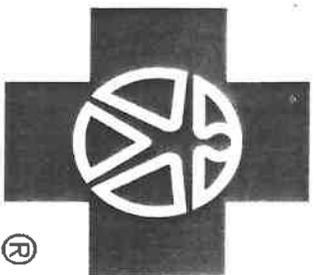
RECEIVED

MAR 05 2009

CC: Dr. Felicity Myers
Enclosure

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Attached is the hard copy of our recently revised application form. We are in the process of adding this to our Website. Because this may not be available on our Website before you need to complete it, we will email you an electronic version of this form. You will receive the electronic version early next week. If you do not receive it by the end of next week, please send an email to julie.miller@bcbssc.com.



South Carolina FOUNDATION

The Blue Cross Blue Shield of South Carolina Foundation is an independent licensee of the Blue Cross and Blue Shield Association

GRANT APPLICATION GUIDELINES

The mission of the BlueCross BlueShield of South Carolina Foundation is to promote the health of South Carolinians and to expand access to healthcare for the economically disadvantaged by supporting integrated research, education and community service. The Foundation provides grants to non-profit organizations and educational institutions that address healthcare accessibility for the uninsured, health education and research, healthcare in public school systems, disease management and prevention, or community health interventions.

Eligible applicants must meet the following requirements to be considered for funding:

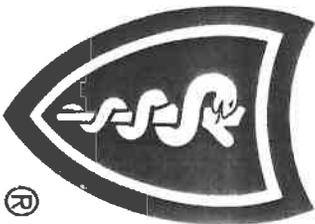
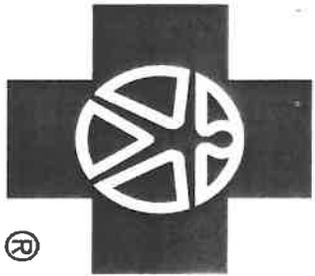
- Organizations must have a 501(c)(3) tax-exempt status under the Internal Revenue Service; or must be a governmental, educational or research institution with tax-exempt status.
- Program or research must be conducted in the state of South Carolina.
- Program or research must impact at least one of the program areas described above.
- Grants will not be awarded to individuals, religious groups, political campaigns, or activities that influence legislation, groups seeking funds to purchase tickets or tables at fundraising events, annual campaigns or membership drives, golf tournaments, raffles, contests or auctions.

Application Requirements

- Complete the application form (in Microsoft Word) and the budget (in Excel).

Proposal Deadlines - Complete proposal packets must be received by the Foundation by **5:00 p.m. on Wednesday, April 8th**. Please provide the application in a hard copy, either by mail or hand delivery. Please call Julie Miller with questions at 803.264.4669.

Mailing Address	Delivery Address
BlueCross BlueShield of SC Foundation 1-20 @ Alpine Road AX-G22 Columbia, SC 29219	4101 Percival Road (Corner of Clemson and Percival Roads) Columbia, SC
Must be received, NOT postmarked, by April 8th	
<i>Leave application at the front desk in the lobby</i>	



South Carolina FOUNDATION

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Grant Application

Contact Information

Organization Legal Name :

Other names the Organization does business as (if applicable):

Organization Mailing Address:

(City, State, Zip)

County:

Web Address:

Executive Director Name:

Title:

Phone:

Fax:

Email:

Grant Contact Name:

Title:

Phone:

Fax:

Email:

Tax ID Number:

Tax Status:

Project Summary

Project Title:

Grant Request Amount:

Grant Period (mm/yy – mm/yy):

Organizational Background

Provide a **brief** history of your organization, including the date of inception and significant growth.

List your organization's mission and vision. How does your mission guide where or how you work? Also include any principals or values that you actively use. (Please keep brief, 1-2 paragraphs.)

Please provide a **brief** description of the programs or services you provide.

Briefly describe your core expertise. What does your organization do especially well? Be as specific as possible, and focus on ways in which you truly stand out for your expertise.

Project Information

Project Title

Purpose of Grant (one sentence)

Grant Request Amount

Total Project Costs

Grant Period (mm/yy – mm/yy)

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Is this a new project for your organization? (Y/N) If No, how long has this project been in existence?

Project Details

1. What problem is the project addressing? We are aware of the seriousness of most issues, so limit this to a few sentences.

2. What is the geographic service area, including the counties?

3. Approximately how many individuals in the service area are affected by the specific problem?

4. Who is your target population? Will your project focus on a subset of the entire population with the problem? If yes, explain the characteristics of your target population. How many people do you plan on serving?

5. Considering your population, tell us about what difficulties you anticipate in reaching the desired outcome/result? Specifically, what barriers do you anticipate?

6. What is the proposed project? In summary form, please tell us what you will do?

7. Do you have evidence that this is the best approach? If so, briefly explain.

8. Please summarize major activities and target dates.

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Results

9. What specific outcome/result will the project achieve? List the specific outcome measures that define success. How many individuals will achieve the results that define success?

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10. How will you know your results have been achieved?

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11. In a few sentences, describe how long and the required level / intensity of the intervention are needed in order to achieve the desired results.

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12. What additional benefits could be achieved from the project's success and should be considered as part of the return on investment?

Tracking Success

13. How will the organization know when your results have been achieved? What information will be used to verify success?

Key People and Groups

14. Who is the person who will lead the project to its results? What characteristics in that leader most predict success?

15. Who are the key persons who will deliver the service? What factors most suggest that they can help people to get to the intended results?

16. Are there any partners critical to this project's success? If so, please list them and indicate both what role they must play and the evidence that they are committed to that role.

Financial Requirements

Complete the budget form, in excel format, and submit with the application.

17. Provide a brief summary of key expenses.

18. If the project serves more than one county, indicate distribution of funds per county.

19. Briefly describe your strategy to sustain the proposed project.

Attachments

1. Completed project budget, in Excel format
2. Copy of current IRS determination letter indicating 501 (c)(3) tax-exempt status
3. Copy of IRS Form 990
4. List of Board of Directors and officers, with affiliations, addresses and telephone numbers
5. Organizational operating budget
6. Copy of most recent audited financial statement

Project Budget One Year Grant



Organization:
Project Title:

Sources of Revenue	Dollars	In-Kind	Total
Requested from BCBSSC Foundation			\$ -
			\$ -
			\$ -
			\$ -
Total Revenues	\$ -	\$ -	\$ -

Program Expenses	BCBSSCF \$	Other \$	Total
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
			\$ -
Total Expenses	\$ -	\$ -	\$ -