

**Legislative Oversight Committee**

South Carolina House of Representatives

Post Office Box 11867

Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Email: HCommLegOv@schouse.gov



# Program Evaluation Report Extension Request Guidelines

**PLEASE NOTE:**

**The information included in the agency's report will appear online for all legislators and the public to view.**

Agency Name:

Date Request Submitted:

**South Carolina Department of Alcohol and Other Drugs  
May 30, 2019**

**g Abuse Services**

# Background

## Committee Standard Practices 10.1.3 - 10.1.5

### **Extensions for PER**

10.1.3 The Chairman may, for reasons he determines as good cause, provide an agency an extension and new deadline to submit its Program Evaluation Report ("New Deadline").

10.1.4. Before the Chairman will consider granting an extension, the Chairman may require the agency to provide a written letter, which may be sent via U.S. mail or included as an attachment to an email, explaining the reason the agency is requesting the extension and the number of days it is requesting, not to exceed thirty.

10.1.5 Until the agency receives a response, it should continue to complete the report to the best of its ability as if it is due on the original deadline.

Note this Extension Request Form will be published online.

Agency	South Carolina Department of Alcohol and Other Drug Abuse Services
Date of Submission	30-May-19

*Instructions*: Please complete this Extension Request Form. The completed form should be submitted electronically to the House Legislative Oversight Committee (HCommLegOv@schouse.gov) in both the original format (Excel) and saved as a PDF for online reporting. Please direct any questions about this process to Jennifer Dobson (jenniferdobson@schouse.gov), Charles Appleby (charlesappleby@schouse.gov), Carmen Simon (carmensimon@schouse.gov), or Kendra Wilkerson (kendrawilkerson@schouse.gov).

I. Extension Request

1	State the date the agency originally received the report guidelines:	2/15/2019
2	State the date the agency submitted this request for an extension:	5/30/2019
3	State the original deadline for the report:	4/12/2019 then 6/21/2019
4	State the number of additional days the agency is requesting:	Twelve Days
5	State the new deadline if the additional days are granted:	7/3/2019

II. History of Extensions

1	List the years in which the agency previously requested an extension, putting the years the extension was granted in bold:	<b>2019</b>
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III. Good Cause

1	Please state good cause as to why the Committee should grant the extension requested by the agency. Please limit the response to 1,000 words or less.	<i>DAODAS is a small agency with an extensive mission of planning and providing prevention, intervention, treatment, and recovery services administration for the State of South Carolina. As the end-of-year financial requirements require key staff attention in June, and with a week-long absence of four executive managers for a national association board meeting and annual conference in June, the agency is requesting twelve additional days to adequately detail and report the required information in the Program Evaluation Report.</i>
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IV. Verification

1	Please state the name of the agency head, or person designated and authorized by the agency head to do so, that has approved and reviewed the information provided in this Extension Request form.	Sara Goldsby
2	Does the agency head, or designated person by the agency head, affirm that the information contained in this form from the agency is complete and accurate to the extent of his or her knowledge.	Yes

V. Committee Response

	<b>Leave this section blank.</b>	
1	Date extension was granted:	31-May-19
2	Number of additional days granted:	Twelve
3	New deadline for agency response:	3-Jul-19