Legislative Oversight Committee

South Carolina House of Representatives Post Office Box 11867 Columbia, South Carolina 29211

Telephone: (803) 212-6810 • Fax: (803) 212-6811



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: Department of Disablities and Special Needs

Date Request Submitted: Friday, March 17, 2017

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"). The Chairman will not provide more than one, thirty day extension without unanimous consent from the full committee.
- 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.

Submission Process

Note this Extension Request Form will be published online.

Agency	South Carolina Department of Disabilities and Special Needs
Date of Submission	17-Mar-17

<u>Instructions</u>: 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) or Charles Appleby (charlesappleby@schouse.gov).

I.	Extension Request			
		1 2 3 4 5	State the date the agency orginially received the report guidelines: State the date the agency submitted this request for an extension: State the orginial deadline for the report: State the number of additional days the agency is requesting: State the new deadline if the additional days are granted:	2/13/2017 3/17/2017 3/31/2017 21 business days 5/1/2017
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:	2015 (30 business days - Restructuring and Seven-Year Plan Report) and 2016 (32 days - Annual Restructuring Report)
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.	SC Department of Disabilities and Special Needs has been in close communications with Committee staff since beginning the process of completing this report. The agency appreciates the guidance provided by Committee staff. Recently DDSN staff met with Committee staff which resulted in a much greater understanding of the modifications needed in DDSN's report to better articulate information about its programs and opperations. The agency feels we moving in the right direction to complete the report consistent with the intentions and expectations of the Committee. DDSN is requesting an extension in order to
IV.	Verfication	2	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. 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.	
V.	Committee Response	1 2 3	Leave this section blank. Date extension was granted: Number of additional days granted: New deadline for agency response:	Friday, March 17, 2017 21 business days 1-May-17