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## TELEGRAPHIC MESSAGE

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| NAME OF AGENCY<br><b>DHEW/PHS/HSMHA/Regional Medical Programs Service</b> |  | PRECEDENCE<br><br>ACTION:<br><br>INFO: | SECURITY CLASSIFICATION  |
| ACCOUNTING CLASSIFICATION<br><b>3-3971015 75-30321 23.6J</b>              |  | DATE PREPARED<br><b>4-2-73</b>         | TYPE OF MESSAGE<br><br><input type="checkbox"/> SINGLE<br><input type="checkbox"/> BOOK<br><input type="checkbox"/> MULTIPLE-ADDRESS |
| FOR INFORMATION CALL  |  |  |  |
| NAME<br><b>Mrs. Sarah J. Silsbee (Writer)</b>                             |  | PHONE NUMBER<br><b>x31580</b>          |  |

THIS SPACE FOR USE OF COMMUNICATION UNIT

MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

**TO:**

**WILLIAM H. MCBEATH, M.D.**  
DIRECTOR  
OHIO VALLEY REGIONAL MEDICAL PROGRAM  
1718 ALEXANDRIA DRIVE  
P.O. BOX 4098  
LEXINGTON, KENTUCKY 40504

**TO:**

**MR. JAMES Y. MCDONALD**  
EXECUTIVE DIRECTOR  
AND SECRETARY  
UNIVERSITY OF KENTUCKY  
RESEARCH FOUNDATION  
BOWMAN HALL EAST  
LEXINGTON, KENTUCKY 40506

**MR. T.H. GRIFFITH**  
PROGRAM DIRECTOR, RMP  
OFFICE OF THE REGIONAL HEALTH DIRECTOR  
DHEW REGION IV  
50 SEVENTH STREET, N.E., ROOM 423  
ATLANTA, GEORGIA 30323

**THIS IS TO ADVISE YOU OF THE DECISIONS RESULTING FROM REVIEW OF THE PHASE-OUT PLANS SUBMITTED ON MARCH 15 BY THE OHIO VALLEY REGIONAL MEDICAL PROGRAM. THE DECISIONS ARE AS FOLLOWS:**

- 1. THE TERMINATION DATE FOR THE OHIO VALLEY REGIONAL MEDICAL PROGRAM IS JULY 31, 1973. THIS IS THE DATE BEYOND WHICH NO RMP'S GRANT FUNDS MAY BE EXPENDED.**
- 2. THE APPROVED DIRECT COST LEVEL IS NOW \$2,149,439, PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD JANUARY 1, 1972 THROUGH JULY 31, 1973.**

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**GRAPHIC MESSAGE**

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**TO:**

**5. NO NEW ACTIVITIES MAY BE INITIATED. ALL ACTIVITIES NOW ONGOING, INCLUDING PREVIOUSLY CONTRACTED ACTIVITIES, MUST BE TERMINATED BETWEEN NOW AND JULY 31, 1973, IN TIME TO ASSURE COMPLIANCE WITH CLOSE OUT REQUIREMENTS. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM FROM THIS POINT ON.**

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL, RECORDS RETENTION, USE OF GRANT-RELATED INCOME, ETC. RATHER, IT REPRESENTS OUR JUDGMENT ABOUT THE BASIC DECISIONS NEEDED TO ENABLE YOU TO INITIATE PHASE-OUT OPERATIONS AND NEGOTIATIONS.

WE EXPECT THAT YOU WILL HAVE QUESTIONS AND WE URGE YOU TO CALL THE GRANTS MANAGEMENT BRANCH (301/443-1800) FOR ASSISTANCE AS NEEDED. THE GRANTS MANAGEMENT STAFF WILL ALSO BE CONTACTING YOU REGARDING SPECIFIC DETAILS ON THE PHASE-OUT OF YOUR PROGRAM

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**GRAPHIC MESSAGE**

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**TO:**  
**AND THE FORMS TO BE PREPARED TO SUPPORT THE AMENDED AWARD  
NOTICE.**

**HAROLD MARGULIES, M.D.  
DIRECTOR  
REGIONAL MEDICAL PROGRAMS SERVICE**

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