



E000783

ELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW/PHS/HSMHA/Regional Medical Programs Service		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED 4-3-73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL			
NAME Sarah J. Silsbee		PHONE NUMBER x31580	

THIS SPACE FOR USE OF COMMUNICATION UNIT

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

TO: EUGENE R. PEREZ, M.D.
DIRECTOR
VIRGINIA REGIONAL MEDICAL PROGRAM, INC.
700 EAST MAIN STREET, SUITE 1025
RICHMOND, VIRGINIA 23219

TO: MR. CLYDE L. COUCHMAN
PROGRAM DIRECTOR, RMP
OFFICE OF THE REGIONAL HEALTH DIRECTOR
DHEW REGION III
3521-35 MARKET STREET
P.O. BOX 13716
PHILADELPHIA, PENNSYLVANIA 19101

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

1. THE TERMINATION DATE FOR THE VIRGINIA REGIONAL MEDICAL PROGRAM IS NOVEMBER 30, 1973. THIS IS THE DATE BEYOND WHICH NO RMPs GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST IS NOW \$678,664, PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD JANUARY 1, 1973 THROUGH NOVEMBER 30, 1973.
3. FUNDS MAY BE EXPENDED AFTER JUNE 30, 1973 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

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TO:

<u>NO.</u>	<u>TITLE</u>
014	EMERGENCY CORONARY CARE

DENTAL HEALTH CONTRACT

ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30, 1973.

4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL. EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL, AND MEETINGS SHOULD BE KEPT AT A MINIMUM.
5. IN SUMMARY, THE ABOVE FUNDING LEVEL WAS DERIVED TO PROVIDE (LIMITED) SUPPORT BEYOND JUNE 30 FOR THE PROJECTS AND ACTIVITIES LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY NOVEMBER 30, 1973.

THE ABOVE INFORMATION IS NOT INTENDED TO BE AN ALL-INCLUSIVE RESPONSE TO YOUR PROPOSED PLANS FOR EQUIPMENT DISPOSAL,

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TO:

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 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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