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TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW, PHS, HSMHA, RMPS		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J FOR INFORMATION CALL		DATE PREPARED 4/4/73	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
NAME Sarah J. Silsbee		PHONE NUMBER 31580	
THIS SPACE FOR USE OF COMMUNICATION UNIT			

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

TO:
H. PHILIP HAMPTON, M.D.
FLORIDA REGIONAL MEDICAL PROGRAM, INC.
1 DAVIS BOULEVARD
SUITE 307
TAMPA, FLORIDA

TO: GRANVILLE W. LARIMORE, M.D.
STATE DIRECTOR
FLORIDA RMP
1 DAVIS BOULEVARD
TAMPA, FLORIDA

TO: 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

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

1. THE TERMINATION DATE FOR THE FLORIDA 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 \$2,991,951 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD MARCH 1, 1972 THROUGH NOVEMBER 30, 1973.
3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

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COUNTING CLASSIFICATION	PRECEDENCE	SECURITY CLASSIFICATION
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MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters)

TO:

<u>NUMBER</u>	<u>TITLE</u>
043A	FLORIDA KIDNEY TRANSPLANT PROGRAM
043B	FLORIDA KIDNEY TRANSPLANT PROGRAM
043J	FLORIDA KIDNEY TRANSPLANT PROGRAM

CONTRACT FOR MIGRANT HEALTH.

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, RECORDS RETENTION, USE

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FOR INFORMATION CALL		
NAME	PHONE NUMBER	

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TO:

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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