



E000749

OK NO contracts.

TELEGRAPHIC MESSAGE

NAME OF AGENCY DHEW, PHS, HSMHA, RMPS		PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ACCOUNTING CLASSIFICATION 3-3971015 7530321 23.6J		DATE PREPARED 4/4/73	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 31580		
THIS SPACE FOR USE OF COMMUNICATION UNIT			

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

TO: GIRARD J. CRAFT, M.D.
DIRECTOR
ALBANY REGIONAL MEDICAL PROGRAM
ALBANY MEDICAL COLLEGE
DEPARTMENT OF POSTGRADUATE MEDICINE
ALBANY, NEW YORK

TO: DR. EUGENE H. HORN
ASSOCIATE DEAN
ALBANY MEDICAL COLLEGE OF
UNION UNIVERSITY
47 NEW SCOTLAND AVENUE
ALBANY, NEW YORK 12208

TO: MS. NATALIE FREEMAN
PROGRAM DIRECTOR, RMP
OFFICE OF THE REGIONAL HEALTH DIRECTOR
DHEW REGION I
JOHN F. KENNEDY FEDERAL BUILDING
GOVERNMENT CENTER, ROOM 1409
BOSTON, MASSACHUSETTS

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

1. THE TERMINATION DATE FOR THE ALBANY REGIONAL MEDICAL PROGRAM IS JANUARY 31, 1974. THIS IS THE DATE BEYOND WHICH NO RMPS GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST IS NOW \$568,537 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD JANUARY 1, 1973 THROUGH JANUARY 31, 1974.
3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THOSE PROGRAMMATIC ACTIVITIES LISTED BELOW:

PAGE NO. 1		NO. OF PGS. 3	SECURITY CLASSIFICATION
---------------	--	------------------	-------------------------

C MESSAGE

AGENCY ACCOUNTING CLASSIFICATION	PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
FOR INFORMATION CALL	DATE PREPARED	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
NAME	PHONE NUMBER	

THIS SPACE FOR USE OF COMMUNICATION UNIT

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

TO:

NUMBER	TITLE
#22	- TRAINING FOR DELIVERY OF HOME CARE
#24	- MIGRANT HEALTH IN COLUMBIA COUNTY
#27	- SPECIAL TRAINING FOR EMERGENCY DEPT. NURSES

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

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 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 CLOSEOUT REQUIREMENTS BY JANUARY 31, 1974.

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

PAGE NO. 2	NO. OF PGS. 3	SECURITY CLASSIFICATION
---------------	------------------	-------------------------

MESSAGE

	PRECEDENCE ACTION: INFO:	SECURITY CLASSIFICATION
ROUTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS
FOR INFORMATION CALL		
NAME	PHONE NUMBER	

THIS SPACE FOR USE OF COMMUNICATION UNIT

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

TO:
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

SECURITY CLASSIFICATION
PAGE NO. NO. OF PGS 3 3