



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

Georgia Department of Community Health
Office of Procurement Services
2 Peachtree Street, NW – 35th Floor
Atlanta, Georgia 30303-3159
Phone Number: 404-651-9023
Fax Number: 404-657-0223

Addendum Number: 02 Dated: August 4, 2008

Title of RFGA:

**Medicare Rural Hospital Flexibility (FLEX) Grant Program
Outpatient Quality Reporting Program**

Requesting Agency: **Georgia Department of Community Health**

Purchasing Agent: **Dana Greer**

Telephone: **404-651-7987** e-mail: Dgreer@dch.ga.gov

RFGA Due Date: **August 21, 2008**

The information provided below is made a part of this RFGA.

1. Program Description and Requirements – Section I: Purpose

- The Department of Community Health reserves the right to terminate the grant opportunity at its sole discretion.

2. Program Description and Requirements – Section VII: Funding

- Awards are subject to the availability of funding.
- A grant award is not finalized until a Notice of Award (NOA) has been received and is executed. Until that time, the award is pending and its status is considered confidential. Please do not release any information regarding the status of the grant until the issuance and execution of the Notice of Award.