

Duplicate

TELEGRAPHIC MESSAGE		· · · · · · · · · · · · · · · · · · ·
WE OF AGRINCY	PRECEDÊNCE	SECURITY CLASSIFICATION
	ACTION:	
DHEW, PHS, HSMHA, RMPS		* #
	INFO:	8 W 2
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE
3-3971015 7530321 23.6J	4/11/73	
FOR INFORMATION CALL		SINGLE
NAME	PHONE NUMBER	□ sook
Cleveland R. Chambliss	31580	MULTIPLE-ADDRESS
THIS SPACE FOR USE OF COMMUNICATION UNIT		
	* s * s	
TO:	MITTED (Use double spacing and all capital	(letters)
MASATO HASEGAWA, M.D.	TO: RICHARD K.C.	LEE, PH.D.
EXECUTIVE DIRECTOR	EXECUTIVE D	11. 12. 13. 13. 13. 13. 13. 13. 13. 13. 13. 13
RECIONAL MEDICAL PROGRAM OF HAWA		RPORATION OF
AMERICAN SAMOA, GUAM AND THE T	RUST THE UNIVERSI	ITY OF HAWAII
TERRITORY OF THE PACIFIC ISLAN	DS 1110 UNIVERS	SITY AVENUE,
HARKNESS PAVILION	ROOM 402	Access and the contract of the
1301 PUNCHEOWL STREET	HONOLULU, HA	WAII
HOMOLULU, HAWAII	z"	
	30 A B B B B	
THIS IS TO ADVICE YOU OF THE DESCRIPTION	15 PROVEMENT	
THIS IS TO ADVISE YOU OF THE DECISION	NS RESULTING FROM REVIE	W BY RMPS
OF THE PHASE-OUT PLANS SUBMITTED ON I	MADOU 15 BY THE DECTOR	T MEDICAL
THE THE OUT THE SUBMITTED ON	MARCH IS BY THE REGIONS	L MEDICAL
PROGRAM OF HAWAII. THE DECISIONS ARI	S AS FOLLOWS:	
	- 101101101	
1. THE TERMINATION DATE FOR THE	REGIONAL MEDICAL PROG	RAM OF
HAWAII IS FEBRUARY 14, 1974	THIS IS THE DATE BEY	OND WHICH
		8
NO RMPS GRANT FUNDS MAY BE I	EXPENDED.	e [
2. THE APPROVED DIRECT COST LEY		1
2. THE APPROVED DIRECT COST LEV	VEL IS NOW \$853,217 PLU	'S
ADDRODDTATE TANTARCE COCES	ANT 41000000000000000000000000000000000000	
APPROPRIATE INDIRECT COSTS.	AN AMENDED AWARD WILL	BE ISSUED
FOR THE NEW APPROVED BUDGET	PERTOR TANHARY 1 1072	MET DO YOU
THE THE RELEGIED BODGET	FERIOD SANDARI 1, 19/3	TAKOUGH
FEBRUARY 14, 1974.	•	*
		į
3. FUNDS MAY BE EXPENDED AFTER	6/30/73 FOR ONLY THOSE	PROCRAM-
5	-,,	I ROOKET
MATIC ACTIVITIES LISTED BELO	OW:	
NUMBER		g ²⁶ - 26
	×.	SECURITY CLASSIFICATION
28 HEALTH INFORMATION NE	TWORK OF THE PACIFIC	
	PAGE NO. NO. OF PG	S.
		*
	1 3	1

AGEN	icY .	PRECEDENCE	SECURITY CLASSIFICATION
/	W 2	ACTION:	1
	•	INFO:	
INTING CL	ASSIFICATION	DATE PREPARED	TYPE OF MESSAGE
	FOR INFORMATION CAI		SINGLE
		PHONE NUMBER	BOOK MULTIPLE-ADDRESS
SPACE I	FOR USE OF COMMUNICATION UNIT	<u> </u>	
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	MESSAGE TO BE TRANS	MITTED (Use double spacing and all cap	pital letters)
	30 WALANAM COAST COME	,	
9 Wa W	SO WATANAM COAST COMP	PREHENSIVE HEALTH CENT	ER
	37 IMPROVEMENT OF HEA	ALTH CARE THROUGH OTOL	OGY
	38 HEALTH ASSISTANT T	PATNING II	
	IN ADDITION, YOU ARE AUTHOR	RIZED TO CONTINUE SUPP	ORTING
	PROJECT #40 EMS SYSTEM IN H	AWAII UNTIL FEBRUARY	14, 1974,
		(iv)	
	USING THE \$1,399,482 PREVIO	OUSLY PROVIDED. WE AR	UE
	INVESTIGATING POTENTIAL MET	HODS FOR SUPPORTING A	ND MONITORING
	PROJECT #40 BEYOND FEBRUARY	14. 1974. WR WILL A	DVISE YOU
	29 77 83 17	-1, -7,11	100
	LATER.		,
4.	ALL OTHER ACTIVITIES NOW ONGOING, INCLUDING THOSE PREVIOUSLY		
	CONTRACTED, MUST BE TERMINATED BETWEEN NOW AND JUNE 30.		
	* *		
5.	FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL.		
	EXPENDITURES FOR EQUIPMENT, CONSULTANTS, TRAVEL AND MEETINGS		
	SHOULD BE KEPT AT A MINIMUM	•	
6.	IN SUMMARY, THE ABOVE PUMDI	NG LEVEL WAS DERIVED	TO PROVIDE
	SUPPORTYBEYOND JUNE 30 FOR	THE DECTROTE AND ACTT	UITTEE LICTED
	ABOVE AND FOR PROGRAM STAFF	NEEDED TO MONITOR PR	OJECT ACTIVITY
	AND TO ASSURE COMPLIANCE WI	TH CLOSE-OUT REQUIRE-	SECURITY CLASSIFICATION
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	MENTS BY FEBRUARY 14, 1974.	1	

APHIC MESSAGE PRECEDENCE SECURITY CLASSIFICATION ACTION: INFO-ACCOUNTING CLASSIFICATION DATE PREPARED TYPE OF MESSAGE SINGLE FOR INFORMATION CALL BOOK NAME PHONE NUMBER MULTIPLE-ADDRESS THIS SPACE FOR USE OF COMMUNICATION UNIT MESSAGE TO BE TRANSMITTED (Use double spacing and all capital letters) TO: 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 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.

STANDARD FORM 14 REVISED AUGUST 1967 GSA FPMR (41 CFR) 101-35.306