

## TELEGRAPHIC MESSAGE

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STANDARD FORM 14

ELEORATTIC MESSAGE	PRECEDENC		ī,	ECURITY CLASSIFICATION	
NAME OF AGENCY	PRECEDENC				n: 10 10 10 10 10 10 10 10 10 10 10 10 10
DHEW, PHS, HSMHA, RMPS	ACTION				*.4
	INFO:	•			
ACCOUNTING CLASSIFICATION	DATE PREP	ARED		TYPE OF MESSAGE	
3-3971015 7530321 23.6J	4/4/	73			
FOR INFORMATION CALL				BOOK	
NAME	PHONE NU			MULTIPLE-ADDRESS	
Sarah J. Silsbee THIS SPACE FOR USE OF COMMUNICATION UNIT	31.30	<u>, , , , , , , , , , , , , , , , , , , </u>		A	
THIS SPACE FOR USE OF COMMONICATION UNIT		8			
MESSAGE TO BE TRANSMITT		Alter a Anter March - State States			
aubau bi michibali, mot	IO: J.	ROBERT	BUCHANAN ASSOCIA	TED MEDICAL	
DIRECTOR	50	HOOLS O	F NEW YO	RK AND NEW	
NEW YORK METROPOLITAN RMP 2 EAST 103 STREET	JE	RSEY			
NEW YORK, NEW YORK	2	EAST 10	3 STREET		
	b b	iew york	L, N.Y. 1	0029	
TO: MR. ROBERT SHAW	1		······		
PROGRAM DIRECTOR, RMP	-		4		
OFFICE OF THE REGIONAL HEALTH DIRE	CTOR			•	
DHEW RECION II 26 FEDERAL PLAZA, ROOM 3300					
NEW YORK, NEW YORK				>	
			5		
THIS IS TO ADVISE YOU OF THE DECISIONS	RESULTIN	IG FROM	REVIEW E	BY RMPS OF	
THE PHASE-OUT PLANS SUGNITTED ON MARCH	15 BY TI	HE NEW Y	fork hett	OPOLITAN	
REGIONAL MEDICAL PROGRAM. THE DECISION	IS ARE AS	s follow	is:		23
1. THE TERMINATION DATE FOR THE N	iew York	METROPO	DLITAN RI	GIONAL	•2
MEDICAL PROGRAM IS OCTOBER 31,	1973.	THIS IS	S THE DAT	LE BEYOND	
WHICH NO RMPS GRANT FUNDS MAY	BE EXPL	NDED.		8	
2. THE APPROVED DIRECT COST IS NO	XI \$2,77	1,308 P	LUS APPR	OPRIATE	
INDIRECT COSTS. AN AMENDED AM	NARD WIL	L BE IS	SUED FOR	THE NEW	
APPROVED BUDGET PERIOD JANUARY	1, 197	2 THROU	GH OCTO3.	ER 31, 1973.	
3. FUNDS MAY BE EXPENDED AFTER 6/	/30/73 F	OR ONLY	THOSE P	ROGRAMIATIC	
ACTIVITIES LISTED BELOW:		9 8			н н
NUMBER TITLE	45 18	X		SECURITY CLASSIFICATION	NC
#17 RECLORAL STROKE PROGRAM	M I	PAGE NO.	NO. OF PGS.		
#30 EMS TRIAGE (ALBERT ETN	STEIN)	1	3		2

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	FOR INFORMATION CALL			
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HIS SPAC	CE FOR USE OF COMMUNICATION UNIT			
		20 20		
	MESSAGE TO BE TRANSMITTE	D (Use double spacing and all capit	tal letters)	
0:				
	ALL OTHER ACTIVITIES NOW ONGOIN	G, INCLUDING THOSE	PREVIOUSLY	
	CONTRACTED, MUST BE TERMINATED	BETWEEN NOW AND JUN	Е 30.	
4.	FUNDS MAY NOT BE REBUDGETED INT			<u>1</u>
	EXPENDITURES FOR EQUIPMENT, CON	SULTANTS, TRAVEL, A	ND MEETINGS	
	SHOULD BE KEPT AT A MINIMUM.			
5.	IN SUMMARY, THE ABOVE FUNDING L	EVEL WAS DERIVED TO	PROVIDE	
	SUPPORT SEYOND JUNE 30 FOR THE I		1	
	ABOVE AND FOR PROGRAM STAFF NEED	DED TO MONITOR PROJE	ECT ACTIVITY	с.
,	AND TO ASSURE COMPLIANCE WITH CI	OSE-OUT REQUIREMENT	rs by	
	OCTOBER 31, 1973.			
HE ABC	VE INFORMATION IS NOT INTENDED TO	DT		
U YOUR	PROPOSED PLANS FOR EQUIPMENT DIS	POSAL, RECORDS RETE	NTION, USE	
F GRAN	T-RELATED INCOME, ETC. RATHER, I	T REPRESENTS OUR JU	DCHENT	
	HE BASIC DECISIONS NEEDED TO ENAB		542750 CO.P	
			TO INITIATE	
	UT OPERATIONS AND NEGOTIATIONS.			2
E EXPR	CT THAT YOU LITLE USE COMPANY	24		
	CT THAT YOU WILL HAVE QUESTIONS A		• · · · · · · · · · · · · · · · · · · ·	
RANTS	MANAGEMENT BRANCH (301/443-1800)	FOR ASSISTANCE AS N	EEDED.	
in an	,	··· 8	SECURITY CLASSIFICATION	
		PAGE NO. NO. OF PGS		22

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	ACTION:				
	INFO:				
				TYPE OF MESSAGE	
COUNTING CLASSIFICATION	DATE PREPARED				
FOR INFORMATION CALL				SINGLE	
ME	PHONE NUMBER		•	MULTIPLE-ADDRESS	
HIS SPACE FOR USE OF COMMUNICATION UNIT					
MESSAGE TO BE TRANSMITTE	D (Use double space	ing and a	all capital lett	ers)	
D:					
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THE GRANTS MANAGEMENT STAFF WILL ALSO BI	E CONTACTIN	IG YOI	U REGARI	DING	
and GAMID PERIODERAL DIREF HIM REDU D					
PECIFIC DETAILS ON THE PHASE-OUT OF YOU	UR PROGRAM	AND ?	THE FORM	MS TO BE	
	OTTOR				
REPARED TO SUPPORT THE AMENDED AWARD N	01100.				
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HAROLD MARGUL	IES, M.D.				
DIRECTOR REGIONAL MEDI	CAL PROGRAM	IS SE	RVICE		
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