

LEGRAPHIC WE OF AGENCY DHEW/PH PROGRAM	MESSAGE		
DHEW/PH			
DHEW/PH PROGRAM		PRECEDENCE	SECURITY CLASSIFICATION
PROGRAM	IS/HSMHA/REGIONAL MEDICAL	ACTION	
	IS SERVICE	INFO:	
COUNTING CLASSIF	ICATION	DATE PREPARED	TYPE OF MESSAGE
3-3971015	75-30321 23.6J	4/4/73	
	FOR INFORMATION CALL		
		PHONE NUMBER	
IS SPACE FOR	USE OF COMMUNICATION UNIT	- k	1
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	MESSAGE TO BE TRANSMITTED	I (Use double spacing and all capitul la	etters)
COORDIN SOUTH C MEDICAL 80 BARR	OSELEY, M.D. ATOR AROLINA REGIONAL MEDICAL PROG UNIVERSITY OF SOUTH CAROLINA E STREET TON, SOUTH CAROLINA 29401	RAM MEDICAL UNIT	ENT AND TREAS. VERSITY OF INA REET
OFFICE (DHEW RE(50 SEVEN	DIRECTOR, RMP OF THE REGIONAL HEALTH DIRECT	OR	
	TO ADVISE YOU OF THE DECISION PHASE-OUT PLANS SUBMITTED ON N		
	MEDICAL PROGRAM. THE DECISI	•	
1.	THE TERMINATION DATE FOR THE	E SOUTH CAROLINA REGI	ONAL
	MEDICAL PROGRAM IS FEBRUARY	14, 1974. THIS IS T	HE DATE
	BEYOND WHICH NO RMPS GRANT H	FUNDS MAY BE EXPENDED	•
2.	THE APPROVED DIRECT COST IS NOW \$1,587,386 PLUS		
	APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE		
	ISSUED FOR THE NEW APPROVED	BUDGET PERIOD SEPTEM	BER 1, 1972
	THROUGH FEBRUARY 14, 1974.		
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		PAGE NO. NO. OF PGS.	

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14-306

GRAPHIC MESSAGE

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NAME OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION			
		SCONT CLASSIFICATION			
	ACTION:				
ACCOUNTING 'CLASSIFICATION	INFO:	· · · · ·			
CONTINU CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE			
FOR INFORMATION CALL					
NAME	PHONE NUMBER	EOOK			
THIS SPACE FOR USE OF COMMUNICATION UNIT		MULTIPLE-ADDRESS			
MESSAGE TO BE TRANSMIT	TED (Use double spacing and all capital				
TO:	teo tose bonole spacing and all capita	(letters)			
3. FUNDS MAY BE EXPENDED AFT	ER 6/30/73 FOR ONTY T	TIOCH			
		HOSE			
PROGRAMMATIC ACTIVITIES LI	ISTED BELOW:				
<u>NUMBER</u>	TITLE				
055A HEMODIALYSIS C	CONTINUING EDUCATION				
055B HOME TRAINING					
055D HEMODIALYSIS T	RANSPLANT UNIT				
042 HEART/STROKE I	MPLEMENTATION				
045 NUCLEAR MEDICI	NE				
049 STATEWIDE LABOR	RATORY TRAINING				
051 HEALTH COMMUNIC	CATIONS IN CONTINUING	EDUCATION			
059 REGIONAL CCU LI					
060 CHILDREN'S CARD	DIO - RESPIRATORY				
065 REGIONAL BIOENG	INEERING SUPPORT				
ALL OTHER ACTIVITIES NOW ON	GOING, INCLUDING THO	SF PREVIOUSLY			
CONTRACTED, MUST BE TERMINA	TED BETWEEN NOW AND	TINE 30			
4. FUNDS MAY NOT BE REBUDGETED INTO PROGRAM STAFF PERSONNEL.					
EXPENDITURES FOR EQUIPMENT,	CONSULTANTS, IFAVEL				
AND MEETINGS SHOULD BE KEPT	AT A	SECURITY CLASSIFICATION			
MINIMUM.	PAGE NO. NO OF POS				

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INDARD FORM 14

OF AGENCY	PRECEDENCE	SECURITY CLASSIFICATION
	- ACTION:	
	INFO:	
ACCOUNTING CLASSIFICATION	DATE PREPARED	TYPE OF MESSAGE
FOR INFORMATION CALL	······	
IAME	PHONE NUMBER	BOOK
HIS SPACE FOR USE OF COMMUNICATION UNIT		
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MESSAGE TO BE TRANSMITT	ED (Use double spacing and all capital	letters)
10:		

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 FEBRUARY 14, 1974.

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 CONTACT-ING 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 3 3

STANDARD FORM 14 REVISED AUGUST 1967 GSA FPMR (41 CER) 101-35

14-336

SECURITY CLASSIFICATION

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