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TELEGRAPHIC MESSAGE

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| NAME OF AGENCY DHEW/PHS/HSMIA/REGIONAL MEDICAL PROGRAM SERVICE. | | PRECEDENCE ACTION: INFO: | SECURITY CLASSIFICATION |
| ACCOUNTING CLASSIFICATION 3-3971015 75-30321 23.6J | | DATE PREPARED 4/5/73 | TYPE OF MESSAGE <input type="checkbox"/> SINGLE <input type="checkbox"/> BOOK <input type="checkbox"/> MULTIPLE-ADDRESS |
| FOR INFORMATION CALL | | | |
| NAME CLEVELAND R. CHAMBLISS | PHONE NUMBER X31580 | | |
| THIS SPACE FOR USE OF COMMUNICATION UNIT | | | |

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

TO: JOHN S. HIRSCHBOECK, M.D.
COORDINATOR
WISCONSIN REGIONAL MEDICAL PROGRAM, INC.
735 NORTH 5th STREET
MILWAUKEE, WISCONSIN 53203

TO: MAURICE C. RYAN
PROGRAM DIRECTOR, RMP
OFFICE OF THE REGIONAL HEALTH DIRECTOR
DHEW REGION V
300 SOUTH WACKER DRIVE
CHICAGO, ILLINOIS 60606

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

1. THE TERMINATION DATE FOR THE WISCONSIN REGIONAL MEDICAL PROGRAM IS DECEMBER 31, 1973. THIS IS THE DATE BEYOND WHICH NO RMPs GRANT FUNDS MAY BE EXPENDED.
2. THE APPROVED DIRECT COST LEVEL IS NOW \$2,005,072 PLUS APPROPRIATE INDIRECT COSTS. AN AMENDED AWARD WILL BE ISSUED FOR THE NEW APPROVED BUDGET PERIOD JANUARY 1, 1973 THROUGH DECEMBER 31, 1973.
3. FUNDS MAY BE EXPENDED AFTER 6/30/73 FOR ONLY THESE PROGRAMMATIC ACTIVITY LISTED BELOW:

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

TO:

NUMBER TITLE
#40 - EMERGENCY MEDICAL SYSTEM

WE WILL ADVISE YOU LATER ABOUT MONITORING AND THE METHOD OF SUPPORT FOR THIS ACTIVITY BEYOND DECEMBER 31, 1973.

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 FUNDING LEVEL WAS DERIVED TO PROVIDE SUPPORT BEYOND JUNE 30 FOR THE PROJECT LISTED ABOVE AND FOR PROGRAM STAFF NEEDED TO MONITOR PROJECT ACTIVITY AND TO ASSURE COMPLIANCE WITH CLOSE-OUT REQUIREMENTS BY DECEMBER 31, 1973.

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 2

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

TO: 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

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