

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADDITIONAL FINANCIAL INFORMATION ON AWARD

MISSOURI (HEALTH)

<p>a. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)</p> <p>2. (X) DFAFS</p> <p>Payments under this award will be made available through the DHHS payment Management System (PMS). PMS is administered by the Federal Assistance Financing Branch (FAFB), Office of the Deputy Assistant Secretary, Finance which will forward instructions for obtaining payments. Inquires regarding payment should be directed to:</p> <p>Director, Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852-0605</p> <p>Telephone No. (301) 443- 1660</p>	<p>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN) _____</p> <hr/> <p>3. DOCUMENT NUMBER 05-1505-MO-5000 (HEALTH)</p> <hr/> <p>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Fiscal Year</u></th> <th style="text-align: center; border-bottom: 1px solid black;"><u>CAN</u></th> <th style="text-align: right; border-bottom: 1px solid black;"><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2015</td> <td></td> <td></td> </tr> <tr> <td>ANNUAL BUDGET</td> <td style="text-align: center;">55996800</td> <td style="text-align: right;">\$11,442,162</td> </tr> </tbody> </table> <hr/> <p>3rd Quarter Award for the Period 4/1/2015 through 6/30/2015</p> <p style="color: red; font-weight: bold;">IMPORTANT:SEE REMARKS BELOW</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right; padding-right: 20px;">Total Amount of This Award</td> <td style="text-align: right; border-bottom: 1px solid black;">\$3,108,410</td> </tr> </table> <hr/> <p>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</p> <p style="text-align: right;">Amount _____</p> <hr/> <p>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</p> <p style="text-align: right;">_____ YES _____ NO</p> <p>If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.</p> <hr/> <p>7. REMARKS:</p> <p style="color: red; font-weight: bold;">The Medicare funds awarded in this notice can only be drawn from sub-account 15S&CTITLE18MEDICARE</p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2015			ANNUAL BUDGET	55996800	\$11,442,162	Total Amount of This Award	\$3,108,410
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<p>b. {} AGENCY LETTER OF CREDIT</p> <p>Payments under this award will be made available through a letter of credit administered by _____</p> <p>Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>												
<p>c. {} TREASURY CHECK</p> <p>Payments under this award will be made available by Treasury Check issued through the _____</p> <p>Finance Office. Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>												

HHS-640T