

<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-IMPACT (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;"><u>Fiscal Year</u></th> <th style="text-align: left;"><u>CAN</u></th> <th style="text-align: right;"><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2015</td> <td></td> <td></td> </tr> <tr> <td>Current Authorization</td> <td style="text-align: right;">55990410</td> <td style="text-align: right;">\$300,761</td> </tr> <tr> <td>Revised Authorization</td> <td></td> <td style="text-align: right;">\$312,861</td> </tr> <tr> <td colspan="3">4th Quarter Supplemental Award for the Period 7/1/2015 through 9/30/2015</td> </tr> <tr> <td colspan="3" style="text-align: center;">IMPORTANT:SEE REMARKS BELOW</td> </tr> <tr> <td colspan="2" style="text-align: right;">Total Amount of This Award</td> <td style="text-align: right;">\$12,100</td> </tr> </tbody> </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;">The IMPACT funds awarded in this notice can only be drawn from sub-account 15IMPACT</p> <p>For Hospice Validation Costs</p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2015			Current Authorization	55990410	\$300,761	Revised Authorization		\$312,861	4th Quarter Supplemental Award for the Period 7/1/2015 through 9/30/2015			IMPORTANT:SEE REMARKS BELOW			Total Amount of This Award		\$12,100
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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>																						

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