DEPARTMENT OF HEALTH AND HUMAN SERVICES ADDITIONAL FINANCIAL INFORMATION ON AWARD

CLIA

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A. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)	2. CENTRAL REGISTRY SYSTEMENTITY IDENTIFICA- TION NUMBER (CRS/EIN)	
2. (X) DFAFS	1-446000987-B7	
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:	3. DOCUMENT NUMBER 2305MO5002	
	4. FISCAL YEAR, CAN AND AMOUNT OF AWARD/ACTION	
	Fiscal Year CAN	Amount of <u>Award/Action</u>
Director, Division of Payment Management	FY 2023 ANNUAL BUDGET 35991495	\$651,342
Post Office Box 6021		
Rockville, Maryland 20852-0605	2nd Installment AWARD of 4 IMPORTANT: SEE REMARKS BELOW	
Telephone No. (301) 443 -1660	Total Amount of This Awa	# 400.000
b. {} AGENCY LETTER OF CREDIT Payments under this award will be made available through a letter of credit	5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS Amount	
administerd by Inquires regarding payments should be directed to:	SPECIAL EXPENDITURE REPORTING (For Awards paid by DFAFS only)	REQUIREMENT
Telephone #:	YESNO If the yes block is checked, the recipient	
c. {} TREASURY CHECK	of this award must report his allowable	
Payments under this award will be made available by Treasury Check issued through the	expenditures to DFAFS Document Number. 7. REMARKS:	
Finance Office. Inquires regarding payments should be directed to:	The CLIA Funds awarded in this notice can only	
Telephone #:	be drawn from sub-account 23CLIA	
HHS-640T		