DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADDITIONAL FINANCIAL INFORMATION ON AWARD

Supplemental

MISSOURI (HEALTH)

a. PAYMENT CLAUSES
(Check one. If b or a insert name address and telephone number)

2. (X) DFAFS

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:

Director, Division of Payment Management
Post Office Box 6021
Rockville, Maryland 20852-0605

Telephone No. (301) 443- 1660

b. {} AGENCY LETTER OF CREDIT

Payments under this award will be made available through a letter of credit administerd by _____

Inquires regarding payments should be directed to: _____

Telephone #:

c. {} TREASURY CHECK

Payments under this award will be made available by Treasury Check issued through the _____

Finance Office. Inquires regarding payments should be directed to: _____

Telephone #: _____

HHS-640T

2. CENTRAL REGISTRY SYSTEMENTITY IDENTIFICATION NUMBER (CRS/EIN)

1-446000987-B7

3. DOCUMENT NUMBER

[redacted]

4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION

Fiscal Year	CAN	Amount of Award/Action
FY 2017 ANNUAL BUDGET	75996800	N/A

Supplemental Award for the
Period 1/1/2017 through 3/31/2017
IMPORTANT:SEE REMARKS BELOW

Total Amount of This Award **$10,100**

5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS

Amount _____

6. SPECIAL EXPENDITURE REPORTING REQUIREMENT
(For Awards paid by DFAFS only)

_____ YES _____ NO

If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.

7. REMARKS:

The Medicare funds awarded in this notice can only be drawn from sub-account 17S&CTITLE18MEDICARE

ASC Validation Award