1. 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
   (FAB), 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. (X) AGENCY LETTER OF CREDIT
   Payments under this award will be made
   available through a letter of credit
   administered by
   Inquires regarding payments should be
   directed to:
   Telephone #: ________

c. (X) 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 #: ________

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

3. DOCUMENT NUMBER
   1705MO5000

4. FISCAL YEAR, CAN AND AMOUNT OF THIS
   AWARD/ACTION
   Fiscal Year      CAN    Amount of
   Period          Award/Action
   FY 2017         75996800  N/A

   Supplemental award for the
   Period 10/1/2016 through 9/30/2017

   **IMPORTANT: SEE REMARKS BELOW**
   Total Amount of This Award       $11,100

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
   April Supplemental HHA Validation Award