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
administered 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 SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN)

3. DOCUMENT NUMBER
   1705MO8600

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

   Fiscal Year  	CAN  	Amount of
   Award/Action

   FY 2017  	75996800  	75996800  	N/A

Continuing Resolution Level for the
Period 6/4/2017 through 6/30/2017

IMPORTANT: SEE REMARKS BELOW

   Total Amount of This Award  	$858,239

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