DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADDITIONAL FINANCIAL INFORMATION ON AWARD

a. PAYMENT CLAUSES

(Enter the 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 #: _____________________

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

______________________________

3. DOCUMENT NUMBER

1705MQ0002

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

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CAN</th>
<th>Amount of Award/Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>FY 2017</td>
<td>5990569</td>
<td>$297,971</td>
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2NDQUARTER AWARD

IMPORTANT: SEE REMARKS BELOW

Total Amount of This Award $74,493

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 CLIA Funds awarded in this notice can only
be drawn from sub-account 17CLIA

HHS-640T

12/22/2016