a. **PAYMENT CLAUSES**
   (Check one. If both 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. Inquiries 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
   Inquiries 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. Inquiries regarding payments should be directed to:
   Telephone #:

2. **CENTRAL REGISTRY SYSTEMITY IDENTIFICATION NUMBER (CRS/EIN)**

3. **DOCUMENT NUMBER**
   1705MO5002

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></td>
<td>$297,971</td>
</tr>
</tbody>
</table>

   **ANNUAL BUDGET**
   5990788

5. **4TH QUARTER AWARD**
   **IMPORTANT: SEE REMARKS BELOW**
   Total Amount of This Award $74,492

6. **CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS**
   Amount

7. **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