a. PAYMENT CLAUSES
   (Check one. If "b" or "c" insert name 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. II 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 SYSTEMENTITY IDENTIFICATION NUMBER (CRS/EIN)

3. DOCUMENT NUMBER

   1805MO5000

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

   Fiscal Year     CAN     Amount of Award/Action
   FY 2018
   ANNUAL BUDGET  85996800   N/A

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 18S&CTITLE18MEDICARE

   2nd & 3rd CR Period 12/5/2017 through 1/19/2018

HHS-640T

1/16/2018