DEPARTMENT OF HEALTH AND HUMAN SERVICES
ADDITIONAL FINANCIAL INFORMATION ON AWARD

MISSOURI (HEALTH)

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 SYSTEMENTITY IDENTIFICATION
   NUMBER (CRS/EIN)

3. DOCUMENT NUMBER

1805MO5002

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 2018</td>
<td>85991292</td>
<td>$294,367</td>
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</table>

4th Installment

IMPORTANT: SEE REMARKS BELOW

Total Amount of This Award $73,591

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 18CLIA