**DEPARTMENT OF HEALTH AND HUMAN SERVICES**
**ADDITIONAL FINANCIAL INFORMATION ON AWARD**

**MISSOURI (HEALTH)**

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**a. PAYMENT CLAUSES**  
(Leave blank if b or c 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

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**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 #: ____________________________

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**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 #: ____________________________

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**HHS-640T**

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

[Redacted]

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**3. DOCUMENT NUMBER**

1905MO5000

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**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 2019</td>
<td>95996800</td>
<td>$8,792,207</td>
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3rd Qtr Funding Level for the Period 10/1/2018 through 9/30/2019

**IMPORTANT: SEE REMARKS BELOW**

Total Amount of This Award $2,942,592

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

Amount ____________________________

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**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.

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**7. REMARKS:**

The Medicare funds awarded in this notice can only be drawn from sub-account 19S&CTITLE18MEDICARE

Funding through 3rd quarter at FY19 approved level

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4/15/2019