

<p>a. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)</p> <p>2. <input checked="" type="checkbox"/> DFAFS</p> <p>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:</p> <p>Director, Division of Payment Management Post Office Box 6021 Rockville, Maryland 20852-0605</p> <p>Telephone No. (301) 443- 1660</p>	<p>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRS/EIN) [REDACTED]</p> <hr/> <p>3. DOCUMENT NUMBER 1905MO5000</p> <hr/> <p>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Fiscal Year</u></th> <th style="text-align: center;"><u>CAN</u></th> <th style="text-align: right;"><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2019</td> <td></td> <td></td> </tr> <tr> <td>Authorization to date</td> <td style="text-align: center;">95996800</td> <td style="text-align: right;">\$11,919,675</td> </tr> </tbody> </table> <hr/> <p>Funding Level for the Period 10/1/2018 through 9/30/2019</p> <p>IMPORTANT: SEE REMARKS BELOW</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: right;">Total Amount of This Award</td> <td style="text-align: right;">\$183,698</td> </tr> </table> <hr/> <p>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</p> <p style="text-align: center;">Amount _____</p> <hr/> <p>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</p> <p style="text-align: center;">_____ YES _____ NO</p> <p>If the yes block is checked, the recipient of this award must report his allowable expenditures to DFAFS Document Number.</p> <hr/> <p>7. REMARKS:</p> <p>The Medicare funds awarded in this notice can only be drawn from sub-account 19S&CTITLE18MEDICARE</p> <p>Additional funding for Hospice work above IMPACT award</p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2019			Authorization to date	95996800	\$11,919,675	Total Amount of This Award	\$183,698
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<p>b. <input type="checkbox"/> AGENCY LETTER OF CREDIT</p> <p>Payments under this award will be made available through a letter of credit administered by _____</p> <p>Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>												
<p>c. <input type="checkbox"/> TREASURY CHECK</p> <p>Payments under this award will be made available by Treasury Check issued through the _____</p> <p>Finance Office. Inquires regarding payments should be directed to: _____</p> <p>Telephone #: _____</p>												

HHS-640T