### a. PAYMENT CLAUSES

(Check one. If b or a 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. 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 #: __________________________

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### 2. CENTRAL REGISTRY SYSTEMENTITY IDENTIFICATION NUMBER (CRS/EIN)

DFAFS

### 3. DOCUMENT NUMBER

19O5MO5002

### 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>95991292</td>
<td>$415,834</td>
</tr>
</tbody>
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2nd Installment AWARD of 4

**IMPORTANT: SEE REMARKS BELOW**

Total Amount of This Award $103,959

### 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 19CLIA