

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADDITIONAL FINANCIAL INFORMATION ON AWARD

CLIA

<p><b>a. PAYMENT CLAUSES</b>                  (Check one. If b or a insert name address and telephone number)</p> <p><b>2. (X) DFAFS</b></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><b>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRSEIN)</b></p> <p>_____</p> <hr/> <p><b>3. DOCUMENT NUMBER</b></p> <p>1905MO5002</p> <hr/> <p><b>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Fiscal Year</th> <th style="text-align: center; border-bottom: 1px solid black;">CAN</th> <th style="text-align: right; border-bottom: 1px solid black;">Amount of Award/Action</th> </tr> </thead> <tbody> <tr> <td>FY 2019</td> <td></td> <td></td> </tr> <tr> <td>ANNUAL BUDGET</td> <td style="text-align: center;">95991292</td> <td style="text-align: right;">\$415,834</td> </tr> </tbody> </table> <hr/> <p>4th Instalment AWARD of 4</p> <p style="text-align: center;"><b>IMPORTANT: SEE REMARKS BELOW</b></p> <p style="text-align: right;">Total Amount of This Award <u>\$103,957</u></p>	Fiscal Year	CAN	Amount of Award/Action	FY 2019			ANNUAL BUDGET	95991292	\$415,834
Fiscal Year	CAN	Amount of Award/Action								
FY 2019										
ANNUAL BUDGET	95991292	\$415,834								
<p><b>b. {} AGENCY LETTER OF CREDIT</b></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><b>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</b></p> <p style="text-align: right;">Amount _____</p> <hr/> <p><b>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</b></p> <p style="text-align: right;">_____ 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>									
<p><b>c. {} TREASURY CHECK</b></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>	<p><b>7. REMARKS:</b></p> <p style="color: red;"><b>The CLIA Funds awarded in this notice can only be drawn from sub-account 19CLIA</b></p>									

HHS-640T