**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 #: 

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

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### 3. DOCUMENT NUMBER

2005MO5000

### 4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION

<table>
<thead>
<tr>
<th>Fiscal Year</th>
<th>CAN</th>
<th>Award/Action</th>
</tr>
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<tbody>
<tr>
<td>FY 2020</td>
<td>05996800</td>
<td>N/A</td>
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Continuing Resolution Level for the Period 10/1/2019 through 9/30/2020

**IMPORTANT: SEE REMARKS BELOW**

Total Amount of This Award **$960,392**

### 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 Medicare funds awarded in this notice can only be drawn from sub-account 20S&CTITLE18MEDICARE

Funding Period 1/20/2020 through 2/18/2020