

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 ADDITIONAL FINANCIAL INFORMATION ON AWARD

Closeout

MISSOURI (HEALTH)

<p>a. PAYMENT CLAUSES (Check one. If b or a insert name address and telephone number)</p> <p>2. (X) 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 Telephone No. (301)443-1660</p>	<p>2. CENTRAL REGISTRY SYSTEM ENTITY IDENTIFICATION NUMBER (CRSEIN)</p> <p>_____</p>																		
<p>b. {} 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>3. DOCUMENT NUMBER</p> <p><u>2205MO5000</u></p>																		
<p>c. {} 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> <p>HHS-640T</p>	<p>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</p> <table border="1"> <thead> <tr> <th><u>Fiscal Year</u></th> <th><u>CAN</u></th> <th><u>Amount of Award/Action</u></th> </tr> </thead> <tbody> <tr> <td>FY 2022</td> <td></td> <td></td> </tr> <tr> <td>Current Authorization</td> <td>25991690</td> <td>\$12,113,269.00</td> </tr> <tr> <td colspan="2">Final Authorization</td> <td>\$11,202,987.58</td> </tr> <tr> <td colspan="2">IMPORTANT:SEE REMARKS BELOW</td> <td></td> </tr> <tr> <td colspan="2">Total Amount of This Award</td> <td>(\$910,281.42)</td> </tr> </tbody> </table> <p>5. CARRY-OVER BALANCE/UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS</p> <p>Amount _____</p> <p>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</p> <p>_____ 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>7. REMARKS:</p> <p>The Medicare funds awarded in this notice can only be drawn from sub-account 22S&CTITLE18MEDICARE</p>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2022			Current Authorization	25991690	\$12,113,269.00	Final Authorization		\$11,202,987.58	IMPORTANT:SEE REMARKS BELOW			Total Amount of This Award		(\$910,281.42)
<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>																	
FY 2022																			
Current Authorization	25991690	\$12,113,269.00																	
Final Authorization		\$11,202,987.58																	
IMPORTANT:SEE REMARKS BELOW																			
Total Amount of This Award		(\$910,281.42)																	