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<th>FAIN</th>
<th>ACCOUNT ID</th>
<th>PCA TITLE</th>
<th>CFDA NO.</th>
<th>PREVIOUS LEVEL</th>
<th>INCREASE/DECREASE</th>
<th>CURRENT LEVEL</th>
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9. SPECIAL INSTRUCTIONS/COMMENTS

Please note that the Financial Official (FO) assigned by the above grantee organization is responsible for maintaining valid banking information for this grant. This includes certifying that correct routing and transit numbers (ABA/RTN) and bank account numbers have been entered into the ASAP.gov payment system. The Food and Nutrition Service and the United States Treasury are not responsible for a misdirected payment in the event that the FO entered the incorrect ABA/RTN or bank account number information.

1st <(>&<)> 2nd Qtr. Balance + Jan. Reallocation

10. AUTHORIZATION

ALLOWANCE HOLDER (DESIGNEE)

FNS Mountain Plains Regional Office
Food and Nutrition Service
1244 Speer Blvd
Suite 903
Denver CO 80204-3585
Telephone: (303)844-0315

SIGNATURE: Electronically Signed by KEVIN DUNN

DATE: 01/04/2016

TELEPHONE NO: 303-844-0317