

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 ADDITIONAL FINANCIAL INFORMATION ON AWARD

MISSOURI (HEALTH)

<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 (CRS/EIN)</b>          1-446000987-B7</p> <p><b>3. DOCUMENT NUMBER</b>          2305MO5000</p> <p><b>4. FISCAL YEAR, CAN AND AMOUNT OF THIS AWARD/ACTION</b></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 2023</td> <td></td> <td></td> </tr> <tr> <td>Annual Budget</td> <td>225991690</td> <td><b>\$11,734,952</b></td> </tr> </tbody> </table> <p>Funding Level for the          Period 10/1/2022 through 9/30/2023</p> <p><b>IMPORTANT:SEE REMARKS BELOW</b></p> <table border="1"> <tr> <td>Total Amount of This Award</td> <td><b>\$500,000</b></td> </tr> </table>	<u>Fiscal Year</u>	<u>CAN</u>	<u>Amount of Award/Action</u>	FY 2023			Annual Budget	225991690	<b>\$11,734,952</b>	Total Amount of This Award	<b>\$500,000</b>
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Annual Budget	225991690	<b>\$11,734,952</b>										
Total Amount of This Award	<b>\$500,000</b>											
<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>Amount _____</p> <p><b>6. SPECIAL EXPENDITURE REPORTING REQUIREMENT (For Awards paid by DFAFS only)</b></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><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>HHS-640T</b></p>	<p><b>7. REMARKS:</b></p> <p><b>The Medicare funds awarded in this notice can only be drawn from sub-account 23S&amp;CTITLE18MEDICARE</b></p> <p>Supplemental amount from unused FY22 funds</p>											