5. **The Grants Specialist's name, address, telephone and fax number and email address:**

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6. **Revised - Award Payments Conditions**

This award has the following control or withdrawal limits set in the Automated Standard Application for Payments (ASAP):

- **X** None
- Agency Review required for all withdrawals (see explanation below)
- Agency Review required for all withdrawal requests over $__________  
  (see explanation below)
- Maximum Draw Amount controls (see explanation below):
  - $__________ each month  
  - $__________ each quarter  
  - $__________ each year