5. The Grant Specialist’s name, address, telephone 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