2. The Recipient's Contact's name, title, address, and telephone number are:

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5. The Grant Specialist's name, address, telephone and fax number and email address are:

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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