1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 07/13/2017 Cooperative Agreement 93.624 1a. SUPERSEDES AWARD NOTICE dated 06/15/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 1G1CMS331404-02-16 Amendment Formerly 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY From Through 01/31/2019 02/01/2015 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY From Through 09/27/2017 09/28/2016

## **Department of Health and Human Services** Centers for Medicare & Medicaid Services Office of Acquisitions and Grants Management

7500 Security Boulevard Baltimore, MD 21244

### NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations) Section 1115A of the Social Security Act (added by section 3021 of the Patient Protection and Affordable Care Act (P.L. 111-148))

#### 8. TITLE OF PROJECT (OR PROGRAM)

State Innovation Models: Round Two of Funding for Design and Test Assistance

#### 9a. GRANTEE NAME AND ADDRESS 9b. GRANTEE PROJECT DIRECTOR State of Connecticut Office of the Healthcare Advocate Dr. Mark C. Schaefer Ph.D PO BOX 1543 PO BOX 1543 Hartford, CT 06144-1543 Hartford, CT 06144-1543 Phone: 860-331-2461 10a. GRANTEE AUTHORIZING OFFICIAL 10b. FEDERAL PROJECT OFFICER Christina Crider Mr. Ted Doolittle 7500 Security Boulevard PO Box 1543 Baltimore, MD 21244 Hartford, CT 06144-1365 Phone: 4107863900 Phone: 860-331-2441 ALL AMOUNTS ARE SHOWN IN USD 11. APPROVED BUDGET (Excludes Direct Assistance) 12. AWARD COMPUTATION 15,605,506.45 I Financial Assistance from the Federal Awarding Agency Only a. Amount of Federal Financial Assistance (from item 11m) Ш 1,823,345.45 b. Less Unobligated Balance From Prior Budget Periods II Total project costs including grant funds and all other financial participation c. Less Cumulative Prior Award(s) This Budget Period 13,782,161.00 Salaries and Wages ..... a. 1,189,576.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00 21,115,007.00

b. Fringe Benefits 978,161.00 13. Total Federal Funds Awarded to Date for Project Period **Total Personnel Costs** C. 14. RECOMMENDED FUTURE SUPPORT 2,167,737.00 (Subject to the availability of funds and satisfactory progress of the project): Equipment d. 0.00 YEAR TOTAL DIRECT COSTS YEAR Supplies e. 85,768.10 a. 3 d. 6 Travel e. 7 15,802.50 b. 4 Construction c. 5 q. f. 8 0.00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: Other 1,160.50 DEDUCTION Contractual i 13,335,038.35 ADDITIONAL COSTS MATCHING
OTHER RESEARCH (Add / Deduct Option)
OTHER (See REMARKS) TOTAL DIRECT COSTS 15,605,506.45 INDIRECT COSTS 0.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING: **TOTAL APPROVED BUDGET** 15,605,506.45

The grant program legislation The grant program regulations. This award notice including terms and conditions, if any, noted below under REMARKS. Federal administrative requirements, cost principles and audit requirements applicable to this grant.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

TOTAL DIRECT COSTS

b

REMARKS (Other Terms and Conditions Attached -

Federal Share

Non-Federal Share

**X** Yes No)

15,605,506.45

This Notice of Award approves the lifting of restriction in the amount of \$2,500 for the contract with Southwestern AHEC, per your request dated July 5, 2017.

0.00

Michelle Feagins, Grants Management Officer GRANTS MANAGEMENT OFFICIAL:

17. OBJ CLAS	ss 4115	18a. VENDOR CODE	1066000798Q3	18b. EIN	066000798	19. DUNS	026200517	20. CONG. DIST	. 01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	6-5990300	b. 1G13	331404A	C.	SIM	d.	\$0.00	e. 7	5X0522
22. a.		b.		C.		d.		e.	
23. a.		b.		C.		d.		e.	

# NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of	2	DATE ISSUED
		07/13/2017
GRANT NO.	1G1C	MS331404-02-16

Federal Financial Report Cycle								
Reporting Period Start Date	Reporting Period End Date	Reporting Type	Reporting Period Due Date					
02/01/2015	09/27/2016	Annual	12/26/2016					
09/28/2016	09/27/2017	Annual	12/26/2017					