1. DATE ISSUED MM/DD/YYYY|2. CFDA NO. | 3. ASSISTANCE TYPE 07/12/2018 93.624 Cooperative Agreement 1a. SUPERSEDES AWARD NOTICE dated 07/03/2018 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 4. GRANT NO. 5. ACTION TYPE Post Award 1G1CMS331630-01-03 Amendment Formerly 1G1CMS331404 6. PROJECT PERIOD MM/DD/YYYY MM/DD/YYYY Through 01/31/2019 06/01/2018 7. BUDGET PERIOD MM/DD/YYYY MM/DD/YYYY From 06/01/2018 Through 01/31/2019

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) SEC 4360 OBRA of 1990

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.

8. TITLE OF PROJECT (OR PROGRAM)

9a. GRANTEE NAME AND ADDRESS

Federal Share

Non-Federal Share

REMARKS (Other Terms and Conditions Attached -

Office of Health Strategy

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

Mark Schaefer 410 Capitol Avenue PO Box 340308 410 Capitol Ave Hartford, CT 06106-1367 Hartford, CT 06106 Phone: 860-331-2461 10a. GRANTEE AUTHORIZING OFFICIAL 10b. FEDERAL PROJECT OFFICER Veltri Ms. Victoria Christina Crider 7500 Security Boulevard Baltimore, MD 21244 Phone: 4107863900 450 Capitol Ave Hartford, CT 06106-1365 Phone: 860-524-7386 ALL AMOUNTS ARE SHOWN IN USD 11. APPROVED BUDGET (Excludes Direct Assistance) 12. AWARD COMPUTATION 21,706,889.46 I Financial Assistance from the Federal Awarding Agency Only a. Amount of Federal Financial Assistance (from item 11m) Ш 0.00 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 21,706,889.46 Salaries and Wages a. 798.841.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00 b. Fringe Benefits 609,365.00 13. Total Federal Funds Awarded to Date for Project Period 706,889.46 **Total Personnel Costs** C. 14. RECOMMENDED FUTURE SUPPORT 1,408,206.00 (Subject to the availability of funds and satisfactory progress of the project): Equipment d. 0.00 YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS Supplies e. 103,718.00 5 a. 2 d. Travel 24,937.00 b. 3 6 e. Construction 4 f. 7 q. C. 0.00 15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES: Other 1,454.00 DEDUCTION Contractual 20,168,574.46 b ADDITIONAL COSTS MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS) TOTAL DIRECT COSTS 21,706,889.46 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** 21,706,889.46 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.

9b. GRANTEE PROJECT DIRECTOR

This Notice of Award approves the lifting of restrictions in the amount of \$199,131.32 for the contract with Freedman HealthCare LLC, per the amendment submitted July 9,

21,706,889.46

0.00

X No)

Michelle Feagins, Grants Management Officer GRANTS MANAGEMENT OFFICIAL:

Yes

17. OBJ CL	ASS 4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. CON	S. DIST.	01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION		
21. a.	8-5990300	b. 1G1	331630A	C.	SIM	d.	\$0.00	e.	75X	0522
22. a.		b.		C.		d.		e.		
23. a.		b.		C.		d.		e.		