07/25/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded 2. CFDA NO. 93.624 - State Innovation Model				Department of Health and Human Services Centers for Medicare & Medicaid Services Office of Acquisitions and Grants Management					
									ASSISTANCE TYPE Cooperative Ag
. GRANT NO. 1G1CMS331630-02-03	5. TYPE OF AWARD				nore, MD 2124				
Formerly 1G1CMS331404	Other								
a. FAIN 1G1CMS331404	5a. ACTION TYPE Po	ost Award Amendment							
. PROJECT PERIOD MM/DD/Y	YYY	MM/DD/YYYY	NOTICE OF AWARD						
From 06/01/201	8 Through	Through 01/31/2020 MM/DD/YYYY		AUTHORIZATION (Legislation/Regulations) SEC 4360 OBRA of 1990					
7. BUDGET PERIOD MM/DD/Y	YYY								
From 02/01/2019 Through 01/31/2020									
3. TITLE OF PROJECT (OR PROGRAM State Innovation Models: Round Two	-	sistance							
a. GRANTEE NAME AND ADDRESS			9b. GRANT	EE PROJECT DIRECTOR					
OFFICE OF HEALTH STRATEGY				Schaefer					
410 Capitol Ave				pitol Avenue					
Hartford, CT 06106-1367			PO Box 340308						
				d, CT 06106					
				Phone: 860-331-2461					
10a. GRANTEE AUTHORIZING OFFICIAL				10b. FEDERAL PROJECT OFFICER					
Ms. Victoria Veltri 450 Capitol Ave			Rose Anne Felipe 7500 Security Blvd						
Hartford, CT 06106-1365			Baltimore, MD 21244-1849						
Phone: 860-524-7386			Phone: 4107862482						
		ALL AMOUNTS ARE							
APPROVED BUDGET (Excludes Direct Assistance) Financial Assistance from the Federal Awarding Agency Only				COMPUTATION f Federal Financial Assistance (fro	m item 11m)	18,057,154.0			
I Total project costs including grant fund		П	b. Less Unobligated Balance From Prior Budget Periods 9,344,866.						
				ulative Prior Award(s) This Budget		8,712,288.0			
ç		978,724.00	d. AMOUNT	OF FINANCIAL ASSISTANCE TH	HIS ACTION	0.0			
b. Fringe Benefits		909,234.00	13. Total Fed	eral Funds Awarded to Date for	Project Period	30,419,177.4			
c. Total Personnel Costs d. Equipment		1,887,958.00 0.00	14. RECOMMENDED FUTURE SUPPORT						
		1,000.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS			
			a. 3		d. 6				
f. Travel		27,569.00	b. 4		e. 7				
g. Construction		0.00	c. 5		f. 8				
h. Other		1,377.00		NCOME SHALL BE USED IN ACCORD WIT	H ONE OF THE FOLLOW	NG			
i. Contractual		16,139,250.00	ALTERNATIVE a. b.	: DEDUCTION ADDITIONAL COSTS		b			
j. TOTAL DIRECT COSTS		18,057,154.00	c. MATCHING d. OTHER RESEARCH (Add / Deduct Option) e. OTHER (See REMARKS)						
k. INDIRECT COSTS		0.00	16. THIS AWAR	D IS BASED ON AN APPLICATION SUBMIT		VED BY, THE FEDERAL AWARDING AGENC			
I. TOTAL APPROVED BUDGET		18,057,154.00	ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY						
M. Eaderal Share 18,057,154.00			 The grain regulations. This award notice including terms and conditions, if any, noted below under REMARKS. d. Federal administrative requirements, cost principles and audit requirements applicable to this grant. 						
			In the event the	re are conflicting or otherwise inconsisten	it policies applicable to the	ne grant, the above order of precedence sha			
n. Non-Federal Share		0.00		ance of the grant terms and conditions is a ne grant payment system.	acknowledged by the gr	antee when tunds are drawn or otherwise			
REMARKS (Other Terms and Co	nditions Attached -	es 🚺	K No)						
			_						
This Notice of Award approves the	lifting of restrictions for funds to sup	port the contract with Sou	thwestern Area	Health Education Center in the ar	mount of \$120,000, p	per the amendment submitted July			

GRANTS MANAGEMENT OFFICIAL: Jamie Atwood, Sr. Grants Policy Specialist 200 Independence Avenue, S.W.

Room 738-G Washington, DC 20201-null Phone: 301-492-4295

18, 2019.

17.0BJ CLASS	4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. CONG. DIST.	01
FY-ACCOUNT NO. DOCUMENT NO.		ENT NO.	ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION		
21. a.	9-5990300	b. 1G13	31630A	С.	SIM	d.	\$0.00	e.	75X0522
22. a.		b.		С.		d.		e.	
23. a.		b.		С.		d.		e.	