1. DATE ISSUED MM/D		1a. SUPERSEDES AWARD NOTICE dated 12/23/2019					
01/09/2020	•	except that any additions or restrictions previously imposed remain in effect unless specifically rescinded					
2. CFDA NO.							
93.624 - State Innovation	on Model						
-							
3. ASSISTANCE TYPE	Cooperative Agreement						
4. GRANT NO. 1G1CMS	331630-02-18	5. TYPE OF AWARD					
Formerly 1G1CMS331404		Other					
4a. FAIN 1G1CMS33163	30	5a. ACTION TYPE	Post Award Amendment				
6. PROJECT PERIOD	MM/DD/YYYY		MM/DD/YYYY				
From	06/01/2018	Through	01/31/2020				
7. BUDGET PERIOD	MM/DD/YYYY		MM/DD/YYYY				
From	02/01/2019	Through	01/31/2020				

## 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

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

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

9a. GRANTEE NAME AND ADDRESS		9b. GRAN	TEE PROJECT DIRECTOR				
Office of Health Strategy		Mark	Schaefer				
410 Capitol Ave		410 C	apitol Avenue				
Hartford, CT 06106-1367			ox 340308				
			rd, CT 06106				
		Phone	e: 860-331-2461				
10a. GRANTEE AUTHORIZING OFFICIAL		10b. FEDE	RAL PROJECT OFFICER				
Ms. Victoria Veltri		Rose	Anne Felipe				
450 Capitol Ave			Security Blvd				
Hartford, CT 06106-1365			ore, MD 21244-1849				
Phone: 860-524-7386		Phon	e: 4107862482				
	ALL AMOUNTS ARE	SHOWN IN U	ISD				
11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD	COMPUTATION				
I Financial Assistance from the Federal Awarding Agency Only		a. Amount	of Federal Financial Assistance (from	item 11m)		18,057,154.00	
II Total project costs including grant funds and all other financial pa	rticipation	b. Less Un	obligated Balance From Prior Budget	Periods		9,344,866.00	
a. Salaries and WageS	. 579.546.00	c. Less Cui	nulative Prior Award(s) This Budget I	Period		8,712,288.00	
		d. AMOUN	T OF FINANCIAL ASSISTANCE TH	IS ACTION		0.00	
b. Fringe Benefits	. 538,398.00	13. Total Fe	deral Funds Awarded to Date for P	roject Period		30,419,177.46	
c. Total Personnel Costs	1,117,944.00		MENDED FUTURE SUPPORT				
d. Equipment	0.00	(Subject to	the availability of funds and satisfacto	ory progress of the	project):		
e. Supplies	1,000.00	YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL	DIRECT COSTS	
f. Travel	27,569.00	a. 3		d. 6			
	0.00	b. 4		e. 7			
g. Construction		c. 5		f. 8			
h. Other	. 1,377.00	15. PROGRAM ALTERNATIVE		ONE OF THE FOLLOW	ING		
i. Contractual	16,909,264.00	a. b. c.	DEDUCTION ADDITIONAL COSTS			b	
j. TOTAL DIRECT COSTS — 18,057,154.00			MATCHING OTHER RESEARCH (Add / Deduct Option) OTHER (See REMARKS)				
k. INDIRECT COSTS	0.00	16. THIS AWA	RD IS BASED ON AN APPLICATION SUBMITT	ED TO. AND AS APPRO	OVED BY. THE FEDI	ERAL AWARDING AGENCY	
I. TOTAL APPROVED BUDGET	18,057,154.00	ON THE ABOVE OR BY REFER	TITLED PROJECT AND IS SUBJECT TO THE TENCE IN THE FOLLOWING:				
		a. b. c.	The grant program legislation The grant program regulations. This award notice including terms and condition	is if any noted hele	dor DEMADKS		
m. Federal Share	18,057,154.00	d.	Federal administrative requirements, cost princ	iples and audit requireme	ents applicable to thi		
n. Non-Federal Share 0.00			In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall of 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.				
REMARKS (Other Terms and Conditions Attached - See next page	Yes	No)					

#### GRANTS MANAGEMENT OFFICIAL:

Chris Clark

200 Independence Avenue, S.W. Room 738-G

Washington, DC 20201 Phone: 301-492-4319

17.OBJ CLASS	4158	18a. VENDOR CODE	1066000798Q8	18b. EIN	066000798	19. DUNS	080974802	20. C	ONG. DIST.	01
FY-AC	FY-ACCOUNT NO. DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION			
21. a.	9-5990300	b. 1G13	31630A	C.	SIM	d.	\$0.00	e.	75	5-X-0522
22. a.		b.		C.		d.		e.		
23. a.		b.		C.		d.		e.		

# NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2		DATE ISSUED 01/09/2020
GRANT NO.	1G10	CMS331630-02-18

#### REMARKS:

This Notice of Award approves the lifting of restricts for funds to support the contract with Community Health Network of Connecticut (CHNCT) in the amount of \$215,875 per the request submitted under amendment # 1G12020002558 on December 20, 2019.

This Notice of Award approves the lifting of restricts for funds to support the contract with Wheeler Clinic in the amount of \$566,949 per the request submitted under amendment # 1G12020002559 on December 23, 2019.

This Notice of Award approves the lifting of restricts for funds to support the contract with UConn Health, Center for Public Health and Health Policy in the amount of \$1,055,207 per the request submitted under amendment # 1G12020002560 on December 23, 2019.

This Notice of Award approves the lifting of restricts for funds to support the contract with University of Connecticut Center for Public Health and Health Policy (Scorecard) in the amount of \$736,306 per the request submitted under amendment # 1G12020002561 on December 23, 2019.