

1. DATE ISSUED MM/DD/YYYY 10/23/2019		1a. SUPERSEDES AWARD NOTICE dated 10/17/2019 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	
2. CFDA NO. 93.624 - State Innovation Model			
3. ASSISTANCE TYPE Cooperative Agreement			
4. GRANT NO. 1G1CMS331630-02-10 Formerly 1G1CMS331404		5. TYPE OF AWARD Other	
4a. FAIN 1G1CMS331404		5a. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 06/01/2018		Through MM/DD/YYYY 01/31/2020	
7. BUDGET PERIOD MM/DD/YYYY From 02/01/2019		Through MM/DD/YYYY 01/31/2020	
8. TITLE OF PROJECT (OR PROGRAM) State Innovation Models: Round Two of Funding for Design and Test Assistance			

**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

9a. GRANTEE NAME AND ADDRESS Office of Health Strategy 410 Capitol Ave Hartford, CT 06106-1367	9b. GRANTEE PROJECT DIRECTOR Mark Schaefer 410 Capitol Avenue PO Box 340308 Hartford, CT 06106 Phone: 860-331-2461
10a. GRANTEE AUTHORIZING OFFICIAL Ms. Victoria Veltri 450 Capitol Ave Hartford, CT 06106-1365 Phone: 860-524-7386	10b. FEDERAL PROJECT OFFICER Rose Anne Felipe 7500 Security Blvd Baltimore, MD 21244-1849 Phone: 4107862482

**ALL AMOUNTS ARE SHOWN IN USD**

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 participation <b>II</b>		b. Less Unobligated Balance From Prior Budget Periods 9,344,866.00	
a. Salaries and WageS	978,724.00	c. Less Cumulative Prior Award(s) This Budget Period 8,712,288.00	
b. Fringe Benefits	909,234.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs	1,887,958.00	13. Total Federal Funds Awarded to Date for Project Period 30,419,177.46	
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	1,000.00	YEAR	TOTAL DIRECT COSTS
f. Travel	27,569.00	a. 3	d. 6
g. Construction	0.00	b. 4	e. 7
h. Other	1,377.00	c. 5	f. 8
i. Contractual	16,139,250.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	18,057,154.00	a. DEDUCTION	
k. INDIRECT COSTS	0.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	18,057,154.00	c. MATCHING	
m. Federal Share	18,057,154.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	0.00	e. OTHER (See REMARKS)	
		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. 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 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.	

REMARKS (Other Terms and Conditions Attached -  Yes  No)

This Notice of Award approves the lifting of restrictions for funds to support the contract with the University of Connecticut in the amount of \$268,196 per the amendment submitted October 21, 2019.

This Notice of Award approves the lifting of restrictions for funds to support the contract with the St. Vincent's Medical Center (SVMC) in the amount of \$13,685.64 per the amendment submitted August 25, 2019 and supplemental documents submitted September 4, 2019.

**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. CONG. DIST.	01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	9-5990300	b.	1G1331630A	c.	SIM	d.	\$0.00	e.	75-X-0522
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	