

1. DATE ISSUED MM/DD/YYYY 09/26/2019

1a. SUPERSEDES AWARD NOTICE dated 08/27/2019  
except that any additions or restrictions previously imposed remain in effect unless specifically rescinded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. 1G1CMS331630-02-07  
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 01/31/2020

7. BUDGET PERIOD 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  
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

<b>11. APPROVED BUDGET (Excludes Direct Assistance)</b>	
I Financial Assistance from the Federal Awarding Agency Only	
II Total project costs including grant funds and all other financial participation	<b>II</b>
a. Salaries and WageS	978,724.00
b. Fringe Benefits	909,234.00
c. Total Personnel Costs	1,887,958.00
d. Equipment	0.00
e. Supplies	1,000.00
f. Travel	27,569.00
g. Construction	0.00
h. Other	1,377.00
i. Contractual	16,139,250.00
j. TOTAL DIRECT COSTS	18,057,154.00
k. INDIRECT COSTS	0.00
<b>l. TOTAL APPROVED BUDGET</b>	<b>18,057,154.00</b>
m. Federal Share	18,057,154.00
n. Non-Federal Share	0.00

<b>12. AWARD COMPUTATION</b>	
a. Amount of Federal Financial Assistance (from item 11m)	18,057,154.00
b. Less Unobligated Balance From Prior Budget Periods	9,344,866.00
c. Less Cumulative Prior Award(s) This Budget Period	8,712,288.00
<b>d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION</b>	<b>0.00</b>
<b>13. Total Federal Funds Awarded to Date for Project Period</b>	<b>30,419,177.46</b>

<b>14. RECOMMENDED FUTURE SUPPORT</b> (Subject to the availability of funds and satisfactory progress of the project):			
YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 3		d. 6	
b. 4		e. 7	
c. 5		f. 8	

**15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:**

- a. DEDUCTION
- b. ADDITIONAL COSTS
- c. MATCHING
- d. OTHER RESEARCH (Add / Deduct Option)
- e. OTHER (See REMARKS)

**b**

**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:**

- 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)  
See next page

**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. 75X0522
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.

# NOTICE OF AWARD (Continuation Sheet)

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GRANT NO. 1G1CMS331630-02-07	

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REMARKS:

This Notice of Award approves the lifting of restrictions for funds to support the contract with Fair Haven Community Health Center, Inc. in the amount of \$137,298.88, per the amendment submitted September 23, 2019.

- 1.  Fair Haven Community Health Center, Inc.- \$81,498.88
- 2.  Subcontractor City of Milford Health Department - \$55,800

This Notice of Award approves the lifting of restrictions for funds to support the contract with University of Connecticut School of Pharmacy in the amount of \$1,542.67 per the amendment submitted August 15, 2019.