

1. DATE ISSUED MM/DD/YYYY 01/10/2020		1a. SUPERSEDES AWARD NOTICE dated 01/09/2020 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded	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. 1G1CMS331630-02-19 Formerly 1G1CMS331404		5. TYPE OF AWARD Other	
4a. FAIN 1G1CMS331630		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	
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 ..... 579,546.00		c. Less Cumulative Prior Award(s) This Budget Period 8,712,288.00	
b. Fringe Benefits ..... 538,398.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs ..... 1,117,944.00		13. Total Federal Funds Awarded to Date for Project Period 30,419,177.46	
d. Equipment ..... 0.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies ..... 1,000.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel ..... 27,569.00		YEAR TOTAL DIRECT COSTS YEAR TOTAL DIRECT COSTS	
g. Construction ..... 0.00		a. 3 b. 4 c. 5 d. 6 e. 7 f. 8	
h. Other ..... 1,377.00		15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
i. Contractual ..... 16,909,264.00		a. DEDUCTION	
j. TOTAL DIRECT COSTS → 18,057,154.00		b. ADDITIONAL COSTS	
k. INDIRECT COSTS 0.00		c. MATCHING	
l. TOTAL APPROVED BUDGET 18,057,154.00		d. OTHER RESEARCH (Add / Deduct Option)	
m. Federal Share 18,057,154.00		e. OTHER (See REMARKS)	
n. Non-Federal Share 0.00		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARDOING 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:

Jamie Atwood, Sr. Grants Policy Specialist  
200 Independence Avenue, S.W.  
Room 738-G  
Washington, DC 20201-null  
Phone: 301-492-4295

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.

# NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 01/10/2020
GRANT NO. 1G1CMS331630-02-19	

---

REMARKS:

This Notice of Award approves the lifting of restriction for funds to support the contract with City of Hartford Department of Health and Human Services in the amount of \$34,419 per the request submitted under amendment # 1G12020002562 on December 27, 2019.

This Notice of Award approves the lifting of restriction for funds to support the contract with Health Management Associates, Inc. (HMA) in the amount of \$2,047,584 per the request submitted under amendment # 1G12020002563 on December 27, 2019.

This Notice of Award approves the lifting of restriction for funds to support the contract with Health Equity Solutions in the amount of \$35,612 per the request submitted under amendment # 1G12020002564 on December 27, 2019.

This Notice of Award approves the lifting of restriction for funds to support the contract with Naugatuck Valley Health District in the amount of \$30,034.57 per the request submitted under amendment # 1G12020002565 on December 27, 2019.

This Notice of Award approves the lifting of restriction for funds to support the contract with Uncas Health District in the amount of \$20,402.38 per the request submitted under amendment # 1G12020002567 on December 27, 2019.