

Notice of Award

Award# SIWIW210017-01-00 FAIN# SIWIW210017

Federal Award Date: 07/01/2021

Recipient Information

1. Recipient Name

NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION

1 Pillsbury St Ste 200

Concord, NH 03301-3556

603-225-6633

2. Congressional District of Recipient 02

3. Payment System Identifier (ID)

1020499340A1

4. Employer Identification Number (EIN) 020499340

5. Data Universal Numbering System (DUNS) 780146275

6. Recipient's Unique Entity Identifier

7. Project Director or Principal Investigator

Mr. Kevin Stone kstone@helmsco.com 603-223-6633

8. Authorized Official

Michael Degnan jmdegnan@helmsco.com 603-223-6453

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Mr. Kevin Hornbeak Grants Management Specialist kevin.hornbeak@cms.hhs.gov 301-492-4879

10.Program Official Contact Information

Rochelle Prentice State Officer rochelle.prentice@cms.hhs.gov 301-492-4446

Federal Award Information

11. Award Number

SIWIW210017-01-00

12. Unique Federal Award Identification Number (FAIN) SIWIW210017

13. Statutory Authority

Section 1332 of the Affordable Care Act

14. Federal Award Project Title

State Innovation Waiver under Section 1332 of the Affordable Care Act

15. Assistance Listing Number

16. Assistance Listing Program Title

1332 State Innovation Waivers

17. Award Action Type

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 01/01/2021 - End Date 12/31/2021

20. Total Amount of Federal Funds Obligated by this Action \$22,723,855.00 20a. Direct Cost Amount \$22,723,855.00 20b. Indirect Cost Amount \$0.00 21. Authorized Carryover \$0.00

22. Offset \$0.00 \$0.00 23. Total Amount of Federal Funds Obligated this budget period

\$0.00 24. Total Approved Cost Sharing or Matching, where applicable

25. Total Federal and Non-Federal Approved this Budget Period \$22,723,855.00

26. Project Period Start Date 01/01/2021 - End Date 12/31/2025

27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period

Not Available

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Michelle Brown Grant Officer

30. Remarks

This award is made to transfer SIWIW210016 to SIWIW210017 at the request of the institutions.



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1 Pillsbury St Ste 200

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603-225-6633

Congressional District of Recipient

02

Payment Account Number and Type

1020499340A1

Employer Identification Number (EIN) Data

020499340

Universal Numbering System (DUNS)

780146275

Recipient's Unique Entity Identifier

Not Available

31. Assistance Type

Project Grant

32. Type of Award

Other

(Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Ag	ency Only
$\ensuremath{\text{II}}.$ Total project costs including grant funds and all o	ther financial participation
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. TotalPersonnelCosts	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$22,723,855.00
i. Contractual	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
1-5991138	SIWIW0017A	IW	4159	\$22,723,855.00	75-20-X-0949.005

j. TOTAL DIRECT COSTS

1. TOTAL APPROVED BUDGET

k. INDIRECT COSTS

m. Federal Share

n. Non-Federal Share

33. Approved Budget

\$22,723,855.00

\$22,723,855.00

\$22,723,855.00

\$0.00

\$0.00