



Recipient Information	Federal Award Information
<p>1. Recipient Name NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION 1 Pillsbury St Ste 200 Concord, NH 03301-3556 603-225-6633</p> <p>2. Congressional District of Recipient 02</p> <p>3. Payment System Identifier (ID) 1020499340A1</p> <p>4. Employer Identification Number (EIN) 020499340</p> <p>5. Data Universal Numbering System (DUNS) 780146275</p> <p>6. Recipient's Unique Entity Identifier</p> <p>7. Project Director or Principal Investigator Mr. Kevin Stone kstone@helmsco.com 603-223-6633</p> <p>8. Authorized Official Michael Degnan jmdegnan@helmsco.com 603-223-6453</p>	<p>11. Award Number SIWIW210017-01-01</p> <p>12. Unique Federal Award Identification Number (FAIN) SIWIW210017</p> <p>13. Statutory Authority Section 1332 of the Affordable Care Act</p> <p>14. Federal Award Project Title State Innovation Waiver under Section 1332 of the Affordable Care Act</p> <p>15. Assistance Listing Number 93.423</p> <p>16. Assistance Listing Program Title 1332 State Innovation Waivers</p> <p>17. Award Action Type Supplement (Programmatic)</p> <p>18. Is the Award R&D? No</p>
<p>Federal Agency Information Office of Acquisitions and Grants Management</p> <p>9. Awarding Agency Contact Information Mr. Kevin Hornbeak Grants Management Specialist kevin.hornbeak@cms.hhs.gov 301-492-4879</p> <p>10. Program Official Contact Information Rochelle Prentice State Officer rochelle.prentice@cms.hhs.gov 301-492-4446</p>	<p style="text-align: center;">Summary Federal Award Financial Information</p> <p>19. Budget Period Start Date 01/01/2021 - End Date 12/31/2021</p> <p>20. Total Amount of Federal Funds Obligated by this Action \$8,820,847.00</p> <p style="padding-left: 20px;">20a. Direct Cost Amount \$8,820,847.00</p> <p style="padding-left: 20px;">20b. Indirect Cost Amount \$0.00</p> <p>21. Authorized Carryover \$0.00</p> <p>22. Offset \$0.00</p> <p>23. Total Amount of Federal Funds Obligated this budget period \$22,723,855.00</p> <p>24. Total Approved Cost Sharing or Matching, where applicable \$0.00</p> <p>25. Total Federal and Non-Federal Approved this Budget Period \$31,544,702.00</p> <p>26. Project Period Start Date 01/01/2021 - End Date 12/31/2025</p> <p>27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period Not Available</p> <p>28. Authorized Treatment of Program Income ADDITIONAL COSTS</p> <p>29. Grants Management Officer - Signature Michelle Brown Grant Officer</p>
<p>30. Remarks This is supplemental funding based on recalculations.</p>	



Notice of Award

Award# SIWIW210017-01-01
FAIN# SIWIW210017
Federal Award Date: 09/21/2021

Recipient Information
Recipient Name NEW HAMPSHIRE INDIVIDUAL HEALTH PLAN BENEFIT ASSOCIATION 1 Pillsbury St Ste 200 Concord, NH 03301-3556 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

33. Approved Budget (Excludes Direct Assistance)	
I. Financial Assistance from the Federal Awarding Agency Only	
II. Total project costs including grant funds and all other financial participation	
a. Salaries and Wages	\$0.00
b. Fringe Benefits	\$0.00
c. Total Personnel Costs	\$0.00
d. Equipment	\$0.00
e. Supplies	\$0.00
f. Travel	\$0.00
g. Construction	\$0.00
h. Other	\$31,544,702.00
i. Contractual	\$0.00
j. TOTAL DIRECT COSTS	\$31,544,702.00
k. INDIRECT COSTS	\$0.00
l. TOTAL APPROVED BUDGET	\$31,544,702.00
m. Federal Share	\$31,544,702.00
n. Non-Federal Share	\$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	\$8,820,847.00	75-20-X-0949.005