Annual SMP Sub-Recipients Report

Grantee Name:
State:
Report Period:
Total # of Sub-Recipients:
Total Annual
Sub-Recipient Amount
(Federal SMP Dollars Only):

(reueral sivir bollars offiny).					
Subreceipient Name	Address	City	State	Zip	Annual Federal SMP Amount

Applies to ACL's SHIP grantees' sub-contracts and sub-grants which are delivering SHIP services. If the sub-awards are further regranting, we do not need to track those.

As required by the Bipartisan Budget Act of 2018, SEC. 50207 (b):

STATE HEALTH INSURANCE ASSISTANCE PROGRAM REPORTING REQUIREMENTS.—Beginning not later than April 1, 2019, and biennially thereafter, the Agency for Community Living shall electronically post on its website the following information, with respect to grants to States for State health insurance assistance programs, (such information to be presented by State and by entity receiving funds from the State to carry out such a program

- (1) The amount of Federal funding provided to each such State for such program for the period involved and the amount of Federal funding provided by each such State for such program to each such entity for the period
- (2) Information as the Secretary may specify, with respect to such programs carried out through such grants, consistent with the terms and conditions for receipt of such grants.