

SHIP Sub-Recipients Report

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

Subrecipient Name	Address	City	State	Zip

Annual Federal SHIP Amount

Applies to ACL's SHIP grantees' sub-contracts and sub-grants which are delivering SHIP services. If the sub-awards are further 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 thereafter, the Agency for Community Living shall electronically post on its website the following information, with respect to States for State health insurance assistance programs, (such information to be presented by State and by entity receiving funds from State to carry out such a program funded by such grant):

(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 involved.

(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.

Public Burden Statement: According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number (OMB 0985-0070). Public reporting burden for this collection of information averages and estimate of one hour per response, including time for gathering, maintaining the data, completing, reviewing the collection of information. The obligation to respond to this collection is required to retain or maintain benefits under the statutory authority Bipartisan Budget Act of 2018, SEC. 50207 (b).

OMB Control Number 0985-0070

Expiration: MM/DY/202X