



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Notice of Award

Award# RHTCMS332053-01-01

FAIN# RHTCMS332053

Federal Award Date: 02/04/2026

Recipient Information

1. Recipient Name

EXECUTIVE OFFICE OF THE GOVERNOR OF
DELAWARE
417 Federal St STE 1
Dover, DE 19901-3635
[NO DATA]

2. Congressional District of Recipient

00

3. Payment System Identifier (ID)

1516000279A3

4. Employer Identification Number (EIN)

516000279

5. Data Universal Numbering System (DUNS)

103989187

6. Recipient's Unique Entity Identifier (UEI)

GKQPH6J32LN7

7. Project Director or Principal Investigator

Ms. Katherine Hughes
Katherine.Hughes@delaware.gov
302-744-4712

8. Authorized Official

Mr. Steven Blessing
Director
steven.blessing@delaware.gov
302-223-1720

Federal Agency Information

Office of Acquisitions and Grants Management

9. Awarding Agency Contact Information

Ms. Jennifer Herndon
Grants Management Specialist
jennifer.herndon1@cms.hhs.gov
410-786-8598

10. Program Official Contact Information

Katherine Sapra
Acting Deputy Director
katherine.sapra@cms.hhs.gov
410-786-8984

30. Remarks

See Remarks (continuation)

Federal Award Information

11. Award Number

RHTCMS332053-01-01

12. Unique Federal Award Identification Number (FAIN)

RHTCMS332053

13. Statutory Authority

Big Beautiful Bill Act of 2025, Section 71401

14. Federal Award Project Title

The Delaware Rural Health Transformation Plan addresses critical healthcare access and outcome disparities affecting approximately 400,000 residents in rural Sussex and Kent Counties.

15. Assistance Listing Number

93.798

16. Assistance Listing Program Title

Rural Health Transformation Program

17. Award Action Type

Revision (Budget)

18. Is the Award R&D?

No

Summary Federal Award Financial Information

19. Budget Period Start Date 12/29/2025 - **End Date** 10/30/2026

20. Total Amount of Federal Funds Obligated by this Action

\$0.00

20a. Direct Cost Amount

(\$13,128,269.21)

20b. Indirect Cost Amount

\$13,128,269.21

21. Authorized Carryover

\$0.00

22. Offset

\$0.00

23. Total Amount of Federal Funds Obligated this budget period

\$157,394,963.86

24. Total Approved Cost Sharing or Matching, where applicable

\$0.00

25. Total Federal and Non-Federal Approved this Budget Period

\$157,394,963.86

26. Period of Performance Start Date 12/29/2025 - **End Date** 10/30/2030

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

\$157,394,963.86

28. Authorized Treatment of Program Income

ADDITIONAL COSTS

29. Grants Management Officer - Signature

Ms. Shamia Cunningham
Grants Management Officer



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Payment Account Number and Type

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Employer Identification Number (EIN) Data

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Universal Numbering System (DUNS)

103989187

Recipient's Unique Entity Identifier (UEI)

GKQPH6J32LN7

31. Assistance Type

Cooperative Agreement

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	\$390,952.60
b. Fringe Benefits	\$232,047.21
c. Total Personnel Costs	\$622,999.81
d. Equipment	\$0.00
e. Supplies	\$431,591.68
f. Travel	\$24,635.68
g. Construction	\$0.00
h. Other	\$0.00
i. Contractual	\$143,187,467.48
j. TOTAL DIRECT COSTS	\$144,266,694.65
k. INDIRECT COSTS	\$13,128,269.21
l. TOTAL APPROVED BUDGET	\$157,394,963.86
m. Federal Share	\$157,394,963.86
n. Non-Federal Share	\$0.00

34. Accounting Classification Codes

FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	OBJECT CLASS	ASSISTANCE LISTING	AMT ACTION FINANCIAL ASSISTANCE	APPROPRIATION
6-5992269	RHT332053A	RHT	4158	93.798	\$0.00	75-2632-0515



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Federal Award Date: **02/04/2026**

Remarks (Continuation)

This Notice of Award approves the revised budget and lifting of restriction in the amount of \$157,394,963.86 per your request dated 02/03/2026.

Sufficient reporting information was provided to lift the restriction on contractual funds. However, a complete description and cost breakdown must be provided to CMS for each consultant, subrecipient, or contract upon selection. If Recipient previously included any of the required contractual reporting information in its budget, this information should be updated, as necessary, to reflect the specific subrecipient/contractor/consultant selected. Please review the “CMS Guidance for Preparing a Budget Request and Narrative” (Section F) for further guidance on these requirements: <https://www.cms.gov/about-cms/work-us/cms-grants-cooperative-agreements/how-apply-cms-grants/cms-guidance-preparing-budget-request-narrative>

Program, and Standard Terms and Conditions remain in effect.