Department of Health and Human Services
Office of the Secretary
Office of Consumer Information and Insurance Oversight
Grants, Contracts and Integrity Division
7501 Wisconsin Ave West Tower
Room 10-15
Bethesda, MD 20814-6819

NOTICE OF GRANT AWARD
AUTHORIZATION (Agreement/Modification)
Section 2794 of the Public Health Service Act (Section 1003 of the Affordable Care Act)

Grants are made to: States for Health Insurance Premium Review-Cycle I

1. DATED ISSUED: 06/03/2010
2. CFDA NO.: 93.511

3. SUPPLEMENTARY AUDIT NOTICE dated: none
4. GRANT NO.: IPRPR00048-00-00
5. ADMINISTRATIVE CODE: IPR

6. PROJECT PERIOD:
   From: 08/09/2010
   Through: 09/30/2011

7. BUDGET PERIOD:
   From: 08/09/2010
   Through: 09/30/2011

8. TITLE OF PROJECT/PROGRAM: Mississippi Department of Insurance
   2010 Grants to States for Health Insurance Premium Review Cycle I

9. GRANTEE NAME AND ADDRESS:
   Mississippi Department of Insurance
   501 N West St Ste 1001
   Woonsocket Building
   Jackson, MS 339201-1008
   Phone: 601-359-3659

10. DIRECTOR OF PROJECT/PROGRAM: Aaron Silk
   Last Name First and Address: Aaron Silk
   501 N West St Ste 1001
   Woonsocket Building
   Jackson, MS 339201
   Phone: 601-359-3659

11. APPROVED BUDGET (Exceeds $10K Direct Assistance):
   IHS Great Lakes Only
   Total project costs including grant funds and all other financial participation
   [
   Itemized Direct Costs
   1. Salaries and Wages: 100,000
   2. Fringe Benefits: 0
   3. Total Personnel Costs: 100,000
   4. Consultant Costs: 0
   5. Equipment: 25,000
   6. Supplies: 0
   7. Travel: 0
   8. Medical Care - Inpatient: 0
   9. Medical Care - Outpatient: 0
   10. Other: 0
   11. Other: 0
   12. Total Indirect Costs: 0
   13. Total Indirect Costs: 0
   14. Total Direct Costs: 1,000,000
   15. Total Budget Amount: 1,000,000

12. AWARD COMPLETION FOR GRANT:
   Amount of IHS Financial Assistance: 1,000,000
   Less Unallocable Balance From Prior Direct Budget Period: 0
   Less Cumulative Prior Awards: 0
   Total Budget Period: 0
   Amount of Financial Assistance to This Action: 1,000,000

13. RECOMMENDED FUTURE SUPPORT:
   [Subject to the availability of funds and satisfactory progress of the project]
   
14. APPROVED DIRECT ASSISTANCE BUDGET:
   IN LIEU OF CASHE:
   a. Amount of IHS Direct Assistance: 0
   b. Less Unallocable Balance From Prior Direct Budget Period: 0
   c. Less Cumulative Prior Award(s): 0
   d. Total Budget Period: 0
   e. Amount of Direct Assistance to This Action: 0

15. PROGRAM REVISE/END BUDGET 10/06/2011, REVISED 12/06/2011, SHALL BE IN EFFECT WITH ONE OF THE FOLLOWING ALTERNATIVES:
   [Select one and list the 7 items]
   a. Addenda Costs
   b. Matched Costs
   c. Other Federal Costs
   d. Other Federal Revenue
   e.ien
   f. Other Federal Revenue
   g. Other Federal Revenue

16. TERMS AND CONDITIONS ATTACHED: Yes


GRANTS MANAGEMENT OFFICER:

Senior Grants Management Specialist

17. OAA CLASS: 004
18. OAA CLASS: 004
19. LIST NO.: 004
20. OAA CLASS: 004

MESSAGE: Other Terms and Conditions Attached: Yes

OAA CLASS: 004

ADMINISTRATIVE CODE: IPR

ANT ACTION FR ASST: 0

ANT ACTION FR ASST: 0

ANT ACTION FR ASST: 0

ANT ACTION FR ASST: 0

ANT ACTION FR ASST: 0

ANT ACTION FR ASST: 0

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