

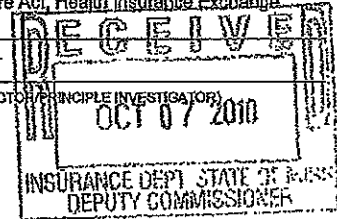
Department of Health and Human Services

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 20814-6519

**NOTICE OF GRANT AWARD**  
AUTHORIZATION (Legislation/Regulations)  
Section 1311 of the Affordable Care Act, Health Insurance Exchange



1. DATE ISSUED (Mo./Day/Yr.) 09/29/2010  
2. CFDA NO. 93.525

3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

4. GRANT NO. 1 HBEIE100039-01-00  
Formerly:

5. ADMINISTRATIVE CODES SEPI

6. PROJECT PERIOD Mo./Day/Yr. From 09/30/2010 Through 09/29/2011

7. BUDGET PERIOD Mo./Day/Yr. From 09/30/2010 Through 09/29/2011

6. TITLE OF PROJECT (OR PROGRAM) (Limit to 56 spaces)  
Mississippi's Health Insurance Exchange Planning Grant

9. GRANTEE NAME AND ADDRESS  
a. Mississippi Department of Insurance  
b. 501 N West St Ste 1001  
c.  
d. Jackson e. MS f. 39201-1008

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)  
(LAST NAME FIRST AND ADDRESS)  
Mark Haire  
501 N West St Ste 1001  
Jackson, MS 39201  
Phone: 601-359-3569

11. APPROVED BUDGET (Excludes HHS Direct Assistance)

I HHS Grant Funds Only

II Total project costs including grant funds and all other financial participation (Select one and place NUMERAL in box) **II**

a. Salaries and Wages	100,000
b. Fringe Benefits	0
c. Total Personnel Costs	100,000
d. Consultants Costs	0
e. Equipment	24,000
f. Supplies	1,000
g. Travel	30,000
h. Patient Care - Inpatient	0
i. Patient Care - Outpatient	0
j. Alterations and Renovations	0
k. Other	10,000
l. Consortium/Contractual Costs	835,000
m. Trainee Related Expenses	0
n. Trainee Stipends	0
o. Trainee Tuition and Fees	0
p. Trainee Travel	0
q. TOTAL DIRECT COSTS	1,000,000
r. INDIRECT COSTS (rate of)	0
s. TOTAL APPROVED BUDGET	\$ 1,000,000
u. Federal Share	\$ 1,000,000
v. Non-Federal Share	\$ 0

12. AWARD COMPUTATION FOR GRANT

a. Amount of HHS Financial Assistance (from item 11.u)	1,000,000
b. Less Unobligated Balance From Prior Budget Periods	0
c. Less Cumulative Prior Award(s) This Budget Period	0
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	1,000,000

13. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project)

YEAR	TOTAL DIRECT COSTS	YEAR	TOTAL DIRECT COSTS
a. 2		d. 5	
b. 3		e. 6	
c. 4		f. 7	

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH):

a. AMOUNT OF HHS Direct Assistance	0
b. Less Unobligated Balance From Prior Budget Periods	
c. Less Cumulative Prior Award(s) This Budget Period	
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.23, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:  
(Select one and place LETTER in box) **b**

a. DEDUCTION  
b. ADDITIONAL COSTS  
c. MATCHING  
d. OTHER RESEARCH (Add / Deduct Option)  
e. OTHER (see REMARKS)

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, HHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program regulations cited above.  
b. The grant program regulations cited above.  
c. This award notice including terms and conditions, if any, noted below under REMARKS.  
d. HHS Grants Policy Statement including addenda in effect as of the beginning date of the budget period.  
e. 45 CFR Part 74 or 45 CFR Part 92 as applicable.

In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obligated from the grant payment system.

REMARKS: (Other Terms and Conditions Attached -  Yes  No)  
Refer to the following Award Attachments: 1) Standard Terms and Conditions 2) Special Terms and Conditions

GRANTS MANAGEMENT OFFICER

(Signature)

(Name - Typed/Print)

(Title)

Michelle Feagins

Senior Grants Management Specialist

17. OBJ CLASS 4121	18. CRS - EIN 164600786A1	19. LIST NO.	CONG. DIST.: 02
FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST
20. a. 0-199RE41	b. HBEIE0039A	c. SEPI	d. 1,000,000
21. a.	b.	c.	d.
22. a.	b.	c.	d.
			e. 0