

1. DATE ISSUED (Mo./Day/Yr.) 08/03/2010		2. CFDA NO. 93.511	
3. SUPERCEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded			
4. GRANT NO. 1 IPRPR100048-01-00 Formerly:		5. ADMINISTRATIVE CODES IPR	
6. PROJECT PERIOD From 08/09/2010		Through 09/30/2011	
7. BUDGET PERIOD From 08/09/2010		Through 09/30/2011	

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 2794 of the Public Health Service Act (Section 1003 of the
Affordable Care Act)

8. TITLE OF PROJECT (OR PROGRAM) (Limit to 55 spaces)
2010 Grants to States for Health Insurance Premium Review-Cycle I

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

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPLE INVESTIGATOR)
(LAST NAME FIRST AND ADDRESS)
Aaron Sisk
501 N West St Ste 1001
Woolfolk Building
Jackson, MS 39201
Phone: 601-359-3669

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	25,000
f. Supplies	0
g. Travel	20,000
h. Patient Care - Inpatient	0
i. Patient Care - Outpatient	0
j. Alterations and Renovations	0
k. Other	50,000
l. Consortium/Contractual Costs	805,000
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
t. SBIR Fee	
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 92.25, SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
(Select one and place LETTER in box)

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

b

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 legislation cited above.
b. The grant program regulation 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 obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached - Yes No)

Refer to the following Award Attachments: 1) The Standard and Special Terms and Conditions 2) Grants to States for Health Insurance Premium Review-Cycle I Quarterly Report Template 3) Data Dictionary for the Policy Rate Filing Record-Data Collection for the Rate Review Grants.

GRANTS MANAGEMENT OFFICER: (Signature) Gladys Bohler (Name - Typed/Print) Gladys Bohler (Title) Senior Grants Management Specialist

17. OBJ CLASS	4121	18. CRS - EIN	1646000786A1	19. LIST NO.	CONG. DIST.:	02	
FY-CAN	0-199RB19	DOCUMENT NO.	IPRPR0048A	AMT ACTION FIN ASST	AMT ACTION DR ASST		
20. a.		b.		d.	1,000,000	e.	0
21. a.		b.		d.		e.	
22. a.		b.		d.		e.	