

1. DATE ISSUED MM/DD/YYYY 10/26/2011	2. CFDA NO. 93.525	3. ASSISTANCE TYPE Cooperative Agreement
1a. SUPERSEDES AWARD NOTICE dated 08/12/2011 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		
4. GRANT NO. 6 HBEIE110078-01-01 Formerly	5. ACTION TYPE Post Award Amendment	
6. PROJECT PERIOD MM/DD/YYYY From 08/15/2011	Through 08/14/2012	
7. BUDGET PERIOD MM/DD/YYYY From 08/15/2011	Through 08/14/2012	

Department of Health and Human Services  
Centers for Medicare & Medicaid Services  
Office of Acquisitions and Grants Management  
7500 Security Boulevard  
Baltimore, MD 21244-1850

## NOTICE OF AWARD

AUTHORIZATION (Legislation/Regulations)  
Section 1311 of the Affordable Care Act, Health Insurance Exchange

### 8. TITLE OF PROJECT (OR PROGRAM) Cooperative Agreements to Support Establishment of State-Operated Health Insurance Exchanges

9a. GRANTEE NAME AND ADDRESS North Carolina Department of Insurance Legal Division 1201 Mail Service Ctr Raleigh, NC 27699-1200	9b. GRANTEE PROJECT DIRECTOR Mr. Ben Popkin Legal Division 1201 Mail Service Center Raleigh, NC 27699 Phone: 919-715-8967,x252
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10a. GRANTEE AUTHORIZING OFFICIAL Mr. Louis Belo 1201 Mail Service Center Raleigh, NC 5926 Phone: 919-733-0433	10b. FEDERAL PROJECT OFFICER Ms. Susan Lumsden 200 Independence Ave Sw Rm 738-G Washington, DC 20201 Phone: 301-492-0000
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11. APPROVED BUDGET (Excludes HHS Direct Assistance)		12. AWARD COMPUTATION FOR GRANT	
I HHS Grant Funds Only		a. Amount of HHS Financial Assistance (from item 11m) 12,396,019.00	
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods 0.00	
a. Salaries and Wages 840,240.00		c. Less Cumulative Prior Award(s) This Budget Period 12,396,019.00	
b. Fringe Benefits 260,149.00		d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00	
c. Total Personnel Costs 1,100,389.00		13. Total Federal Funds Awarded to Date for Project Period 12,396,019.00	
d. Equipment 194,291.00		14. RECOMMENDED FUTURE SUPPORT	
e. Supplies 190,677.00		(Subject to the availability of funds and satisfactory progress of the project):	
f. Travel 99,692.00		YEAR	TOTAL DIRECT COSTS
g. Construction 0.00		a. 2	d. 5
h. Other 377,733.00		b. 3	e. 6
i. Contractual 10,433,237.00		c. 4	f. 7
j. TOTAL DIRECT COSTS 12,396,019.00		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:	
k. INDIRECT COSTS (rate of) 0.00		a. DEDUCTION	
l. TOTAL APPROVED BUDGET 12,396,019.00		b. ADDITIONAL COSTS	
m. Federal Share 12,396,019.00		c. MATCHING	
n. Non-Federal Share 0.00		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 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 obtained from the grant payment system.			

REMARKS (Other Terms and Conditions Attached - ☐ Yes ☒ No)

This Notice of Award approves the lifting of Restricted Funds in the amount of \$4,238,022.00 with a remainder of \$946,032.00 still restricted per your request dated October 6, 2011. This Notice of award approves the Budget Revision per your request dated October 12, 2011.

GRANTS MANAGEMENT OFFICER: Michelle Feagins, Senior Grants Management Specialist				
17. OBJ CLASS 4115	18a. VENDOR CODE 1561401519A2	18b. EIN 561401519	19. DUNS 061816133	20. CONG. DIST. 04
FY-ACCOUNT NO.	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT ACTION FIN ASST	APPROPRIATION
21. a. 1-5992625	b. HBEIE0078A	c. SEPI	d. \$0.00	e.
22. a.	b.	c.	d.	e.
23. a.	b.	c.	d.	e.