

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dated 08/12/2011 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded		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 From 08/15/2011	MM/DD/YYYY Through 08/14/2012	
7. BUDGET PERIOD From 08/15/2011	MM/DD/YYYY Through 08/14/2012	

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
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
11. APPROVED BUDGET (Excludes HHS Direct Assistance) I HHS Grant Funds Only II Total project costs including grant funds and all other financial participation	12. AWARD COMPUTATION FOR GRANT a. Amount of HHS Financial Assistance (from item 11m) 12,396,019.00 b. Less Unobligated Balance From Prior Budget Periods 0.00 c. Less Cumulative Prior Award(s) This Budget Period 12,396,019.00 d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION 0.00 13. Total Federal Funds Awarded to Date for Project Period 12,396,019.00
a. Salaries and Wages ..... 840,240.00 b. Fringe Benefits ..... 260,149.00 c. Total Personnel Costs ..... 1,100,389.00 d. Equipment ..... 194,291.00 e. Supplies ..... 190,677.00 f. Travel ..... 99,692.00 g. Construction ..... 0.00 h. Other ..... 377,733.00 i. Contractual ..... 10,433,237.00 j. TOTAL DIRECT COSTS → 12,396,019.00 k. INDIRECT COSTS (rate of) 0.00 l. TOTAL APPROVED BUDGET 12,396,019.00 m. Federal Share 12,396,019.00 n. Non-Federal Share 0.00	14. 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 .....
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: 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 legislation cited above. b. The grant program regulations cited above. c. The 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.

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

GRANTS MANAGEMENT OFFICER: Michelle Feagins, Senior Grants Management Specialist

17. OBJ CLASS 44115	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.