	of Application					
OSBM Office of State 6	udget and Management, 116 \ Instructions at http://www.osb	West Jones Street, Raleigh, N m.state.nc.us/files/pdf_files/gr		0.		
1 Department	Department of Insurance					
2 Division (except in DHHS)	Technical Services-					
DHHS only, choose division from drop down list	Division of Central Managem	ent and Support				
3 Contact person (name)	Ernest L. Nickerson					
4 Phone number	919180716871					
5 E-mail	emest,nickerson@ncd					
6 Funding Entity (grantor)	Department of Health and Hu	Aman Services				
7 CFDA number	93.511					
8 Grant title	Health Care Reform Act					
Grant application deadline (MM/DD/YY)	07/07/10					
10 Start date of grant (MM/DD/YY)	08/09/10					
11 End date of grant (MM/DD/YY)	09/30/11					•
12 Application type	New					
13 is this grant already in agency's continuation budget?	No					
14 Budget code the grant will be expended in (XXXXX)	13900					
15 Fund code (2000X or NA)	1300	**				
16 is there a state matching requirement?	No					•
17 If yes, what is the matching requirement?						
18 If yes, what is the source of state funds being used to match grant funds.	General Fund					
19 Is there a maintenance of effort (MOE) requirement?	No					
20 If yes, what is the MOE?						
			İ			
21 is an additional General Fund appropriation required to meet the state match requirement?	No					
22 Will any of these funds be passed through to local govern- ments or non-state entities?	No				-	
23 If yes, identify affected entities by type						
24 Will additional state monies be required to continue the program if grant expires or is reduced?	Yes	·····				
25 If yes, is this a requirement of the grant?	No					
26 Are new FTEs funded through the grant?	Yes				į.	
TO THE TENENT WHO STATE STATE THE STATE ST		ı For 20	110-11 I			
		Complete either Auth				
1	SFY 2009-10	SFY 2010-11	SFY 2010-11	SFY 2011-12	SFY 2012-13	SFY 2013-14
	Actual	Authorized	Proposed	Proposed	Proposed	Proposed
27 If yes, give the number by type for each year: Permanent		7.00107.000	10.000	10.000	10.000	10.000
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Time-Limi	190	\$1,000,000.00	\$0.00	\$1,170,043,00	\$1,170,043.00	\$1,170,043.00
28 Amount of grants funds applied for in each year	··· · · · · · · · · · · · · · · · · ·	\$1,000,000.00	\$0.00	\$0.00	\$0.00	\$0.00
29 Amount of grants funds awarded in each year	The second of Coderal Mak	thcare Reform legislation focu			· · · · · · · · · · · · · · · · · · ·	<u> </u>
30 Purpose of grant or amendment	significant demand for health fillings as companies are req be followed closely by marks	incurance products and will in juired to change existing polici eting efforts. The Reform will a increase. These requirements	most certainly impact the N.C ies to conform to Federal law. also require additional audit v	 Department of Insurance. T This increase in filings must work to ensure compliance with 	her Reform will immediately in be reviewed and approved by hithe Federal and State Laws	crease insurance forms DOI employees and will Consumer Complaints and
31 Comments	SFY 2011-12, SFY 2012-13,	, SFY 2013-14 amount of \$1,	170,043 is a 'proposed' grant	amount, Re-application will p	resume during 2011.	
Return completed form as email attachment and indicate in message that pr	pper agency sign-offs have be	en obtained. Contact your OS	BM budget analyst if you hav	e questions.		