

1. DATE ISSUED MM/DD/YYYY 01/17/2013  
 2. CFDA NO. 93.525  
 3. ASSISTANCE TYPE Cooperative Agreement

Department of Health and Human Services  
 Centers for Medicare & Medicaid Services  
 Office of Acquisitions and Grants Management

7500 Security Boulevard  
 Baltimore, MD 21244-1850

1a. SUPERSEDES AWARD NOTICE dated  
 except that any additions or restrictions previously imposed remain  
 in effect unless specifically rescinded

4. GRANT NO. 1 HBEIE130147-01-00  
 Formerly  
 5. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY  
 From 01/16/2013 Through 01/15/2014

7. BUDGET PERIOD MM/DD/YYYY  
 From 01/16/2013 Through 01/15/2014

**NOTICE OF AWARD**

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

8. TITLE OF PROJECT (OR PROGRAM)  
 Cooperative Agreement to Support Establishment of the Affordable Care Act's Health Insurance Exchar

9a. GRANTEE NAME AND ADDRESS  
 Vermont Agency of Human Services  
 208 Hurricane Ln  
 Williston, VT 05495-2069

9b. GRANTEE PROJECT DIRECTOR  
 Kate Jones  
 208 Hurricane Lane  
 Williston, VT 05495-2806  
 Phone: 8028798256

10a. GRANTEE AUTHORIZING OFFICIAL  
 Mr. Douglas Racine  
 208 Hurricane Lane  
 Williston, VT 05495-2069  
 Phone: 802-241-2244

10b. FEDERAL PROJECT OFFICER  
 Ms. Susan Lumsden  
 200 Independence Ave Sw Rm 738-G  
 Washington, DC 20201-0004  
 Phone: 301-492-0000

**ALL AMOUNTS ARE SHOWN IN USD**

11. APPROVED BUDGET (Excludes HHS Direct Assistance)	
I HHS Grant Funds Only	
II Total project costs including grant funds and all other financial participation <input checked="" type="checkbox"/>	
a. Salaries and Wages .....	303,929.00
b. Fringe Benefits .....	141,571.00
c. Total Personnel Costs .....	445,500.00
d. Equipment .....	25,750.00
e. Supplies .....	500.00
f. Travel .....	24,388.00
g. Construction .....	0.00
h. Other .....	27,750.00
i. Contractual .....	2,418,816.00
j. TOTAL DIRECT COSTS	2,942,704.00
k. INDIRECT COSTS	148,925.00
l. TOTAL APPROVED BUDGET	3,091,629.00
m. Federal Share	2,167,747.00
n. Non-Federal Share	923,882.00

12. AWARD COMPUTATION FOR GRANT	
a. Amount of HHS Financial Assistance (from item 11 m)	2,167,747.00
b. Less Unobligated Balance From Prior Budget Periods	0.00
c. Less Cumulative Prior Award(s) This Budget Period	0.00
d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	2,167,747.00
13. Total Federal Funds Awarded to Date for Project Period	2,167,747.00

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 92.28, 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)

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)  
 Please see Standard and Special terms and conditions.

GRANTS MANAGEMENT OFFICER: Michelle Feagins, Grants Management Officer

17. OBJ CLASS	41405	18a. VENDOR CODE	1036000264D4	18b. EIN	036000264	19. DUNS	809376155	20. CONG. DIST.	00
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	3-5992638	b.	HBEIE0147A	c.	SEPI	d.	\$2,167,747.00	e.	7530115
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

# AWARD ATTACHMENTS

Vermont Agency of Human Services

1 HBEIE130147-01-00

1. Standard Terms and Conditions

**Cooperative Agreement to Support Establishment of  
The Affordable Care Act's Health Insurance Exchanges**

**Standard Terms & Conditions  
Attachment A**

- 1. The HHS/CMS Center for Consumer Information and Insurance Oversight (CCIIO) Program Official.** The Program Official assigned with responsibility for technical and programmatic questions from the Grantee is Susan Lumsden (Susan.Lumsden@cms.hhs.gov).
- 2. The HHS/Center for Medicaid, CHIP and Survey & Certification (CMCS) Contact Official.** The Center within CMS responsible for reviewing and approving funding documents referred to as Advance Planning Documents (APDs) that are submitted by the State to receive federal matching funds for goods and services that benefit the Medicaid program. The CMCS Contact Official is Charles Lehman (Charles.Lehman@cms.hhs.gov).
- 3. The HHS/Centers for Medicare and Medicaid Services (CMS) Grants Management Specialist.** The Grants Management Specialist assigned with the responsibility for the financial and administrative aspects (non-programmatic areas) of grants administration questions from the Grantee is Vivian Smith in the Division of Grants Management (Vivian.Smith@cms.hhs.gov).
- 4. The HHS Grants Policy Statement (HHS GPS).** This Cooperative Agreement is subject to the requirements of the HHS GPS that are applicable to the Grantee based on your recipient type and the purpose of this award. This includes any requirements in Part I and II (available at <http://www.hhs.gov/grantsnet/adminis/gpd/index.htm>) of the HHS GPS that apply to an award.  
  
Consistent with the HHS GPS, any applicable statutory or regulatory requirements, including 45 CFR Part 92, directly applies to this award in addition to any coverage in the HHS GPS.
- 5. Cost Principles for State, Local, and Indian Tribal Governments.** This cooperative agreement is subject to the requirements as set forth in 2 CFR Part 225, Cost Principles for State, Local, and Indian Tribal Governments (previously OMB Circular A-87). Program may require grantees to continue to provide estimates for cost allocation during periodic phases involving associated funds of the cooperative agreement.
- 6. Subaward Reporting and Executive Compensation.** This cooperative agreement is subject to the reporting requirements of the Federal Funding Accountability and Transparency Act of 2006 (Pub. L. 109-282), as amended by section 6202 of Public Law 110-252 and implemented by 2 CFR Part 170. Grant and cooperative agreement recipients must report information for each first-tier subaward of \$25,000 or more in Federal funds and executive total compensation for the recipient's and subrecipient's five most highly compensated executives as outlined in Appendix A to 2 CFR Part 170. For the full text of the award term,

go to <http://cciio.cms.gov/resources/fundingopportunities/ffata.html>. For further assistance, please contact Iris Grady, the Grants Management Specialist assigned to monitor the subaward and executive compensation reporting requirements at [divisionofgrantsmanagement@cms.hhs.gov](mailto:divisionofgrantsmanagement@cms.hhs.gov).

7. **Trafficking in Persons.** This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000, as amended (22 U.S.C. 7104). For the full text of the award term, go to <http://cciio.cms.gov/resources/fundingopportunities/trafficking-term.html>.
8. **Fraud, Waste, and Abuse.** The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by email to [hhtips@oig.hhs.gov](mailto:hhtips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.
9. **Central Contractor Registration and Universal Identifier Requirements.** This award is subject to the requirements of 2 CFR part 25, Appendix A. For the full text of the award term, go to <http://www.cciio.cms.gov/resources/fundingopportunities/award-term-for-central-contractor-registration.html>.
10. **FY 2013 Appropriations Provisions.** HHS recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions contained in applicable Department of Health and Human Services (HHS) Grant Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administrations regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.