

Grant Application Package

pplication is intended to specific Federal funding
iere.
portunity listed is not
h you want to apply,
ckage by clicking on the op of this screen. You
the correct Federal
vnload its application
ny, state, local or
(SF-424)
i i h colt w

Instructions



Enter a name for the application in the Application Filing Name field.

- This application can be completed in its entirety offline; however, you will need to login to the Grants.gov website during the submission process.
- You can save your application at any time by clicking the "Save" button at the top of your screen.
- The "Save & Submit" button will not be functional until all required data fields in the application are completed and you clicked on the "Check Package for Errors" button and confirmed all data required data fields are completed.



Open and complete all of the documents listed in the "Mandatory Documents" box. Complete the SF-424 form first.

- It is recommended that the SF-424 form be the first form completed for the application package. Data entered on the SF-424 will populate data fields in other mandatory and optional forms and the user cannot enter data in these fields.
- The forms listed in the "Mandatory Documents" box and "Optional Documents" may be predefined forms, such as SF-424, forms where a document needs to be attached, such as the Project Narrative or a combination of both. "Mandatory Documents" are required for this application. "Optional Documents" can be used to provide additional support for this application or may be required for specific types of grant activity. Reference the application package instructions for more information regarding "Optional Documents".
- To open and complete a form, simply click on the form's name to select the item and then click on the => button. This will move the document to the appropriate "Documents for Submission" box and the form will be automatically added to your application package. To view the form, scroll down the screen or select the form name and click on the "Open Form" button to begin completing the required data fields. To remove a form/document from the "Documents for Submission" box, click the document name to select it, and then click the <= button. This will return the form/document to the "Mandatory Documents" or "Optional Documents" box.
- All documents listed in the "Mandatory Documents" box must be moved to the "Mandatory Documents for Submission" box. When you open a required form, the fields which must be completed are highlighted in yellow with a red border. Optional fields and completed fields are displayed in white. If you enter invalid or incomplete information in a field, you will receive an error message.



Click the "Save & Submit" button to submit your application to Grants.gov.

- Once you have properly completed all required documents and attached any required or optional documentation, save the completed application by clicking on the "Save" button.
- Click on the "Check Package for Errors" button to ensure that you have completed all required data fields. Correct any errors or if none are found, save the application package.
- The "Save & Submit" button will become active; click on the "Save & Submit" button to begin the application submission process.
- You will be taken to the applicant login page to enter your Grants.gov username and password. Follow all onscreen instructions for submission.

OMB Number: 4040-0004 Expiration Date: 03/31/2012

Application for I	Federal Assista	ınce SF	-424			
* 1. Type of Submissi	ion:	* 2. Typ	e of Application:	* If	If Revision, select appropriate letter(s):	
Preapplication		X N∈	ew			
★ Application		Continuation * Other (Specify):				
Changed/Corre	ected Application Revision					
* 3. Date Received:	te Received: 4. Applicant Identifier:					
08/31/2010						
5a. Federal Entity Identifier: 5b. Federal Award Identifier:						
State Use Only:						
6. Date Received by	State:		7. State Application	Ide	lentifier:	
8. APPLICANT INFORMATION:						
* a. Legal Name:	ennsylvania In	suranc	e Department			
* b. Employer/Taxpay	er Identification Nur	mber (EIN	J/TIN):		* c. Organizational DUNS:	
236003060	03060 6095135440000					
d. Address:						
* Street1:	1326 Strawber	ry Squ	are			
Street2:						
* City:	Harrisburg					
County/Parish:						
* State:	PA: Pennsylvania					
Province:						
* Country:	USA: UNITED STATES					
* Zip / Postal Code: 17120-0000						
e. Organizational Unit:						
Department Name:					Division Name:	
Pennsylvania I	nsurance Dept.					
f. Name and contact information of person to be contacted on matters involving this application:						
Prefix: Ms.			* First Nam	e:	Cynthia	
Middle Name:						
* Last Name: Fil	lman					
Suffix:						_
Title: Director						
Organizational Affiliat	tion:					
Pennsylvania Insurance Department						
* Telephone Number: 717-783-2011 Fax Number:						
* Email: cfillman	n@state.pa.us					

Application for Federal Assistance SF-424
* 9. Type of Applicant 1: Select Applicant Type:
A: State Government
Type of Applicant 2: Select Applicant Type:
Type of Applicant 3: Select Applicant Type:
* Other (specify):
* 10. Name of Federal Agency:
Ofc of Consumer Information & Insurance Oversight
11. Catalog of Federal Domestic Assistance Number:
93.525
CFDA Title:
State Planning and Establishment Grants for the Affordable Care Act (ACA)-s Exchanges
* 12. Funding Opportunity Number:
IE-HBE-10-001
* Title:
State Planning and Establishment Grants for the Affordable Care Act?s Exchanges
13. Competition Identification Number:
IE-HBE-10-001-011777
Title:
14. Areas Affected by Project (Cities, Counties, States, etc.):
Add Attachment Delete Attachment View Attachment
* 15. Descriptive Title of Applicant's Project:
State Planning & Establishment Grants for the Affordable Care Act's Exchanges
Attach supporting documents as specified in agency instructions.
Add Attachments Delete Attachments View Attachments

Application for Federal Assistance SF-424					
16. Congressional Districts Of:					
a. Applicant PA-017 b. Program/Project PA-017					
Attach an additional list of Program/Project Congressional Districts if needed.					
Add Attachment Delete Attachment View Attachment					
17. Proposed Project:					
* a. Start Date: 10/01/2010 * b. End Date: 09/30/2011					
18. Estimated Funding (\$):					
a. Federal 1,000,000.00					
b. Applicant 0.00					
c. State 0 . 0 0					
d. Local 0 . 0 0					
e. Other 0 . 0 0					
f. Program Income 0.00					
g. TOTAL 1,000,000.00					
19. Is Application Subject to Review By State Under Executive Order 12372 Process?					
a. This application was made available to the State under the Executive Order 12372 Process for review on					
b. Program is subject to E.O. 12372 but has not been selected by the State for review.					
x c. Program is not covered by E.O. 12372.					
20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)					
Yes X No					
f "Yes", provide explanation and attach					
Add Attachment Delete Attachment View Attachment					
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001) ** AGREE* ** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.					
Authorized Representative:					
Prefix: Mrs. *First Name: Shelley					
Aiddle Name:					
* Last Name: Bain					
Suffix:					
* Title: Director, Policy Office					
Telephone Number: 717-787-0873 Fax Number:					
* Email: sbain@state.pa.us					
Signature of Authorized Representative: Shelley Bain * Date Signed: 08/31/2010					

* Mandatory Other Attachment Filename:	Governor Letter of Supp	port.pdf
Add Mandatory Other Attachment Delete	Mandatory Other Attachment	View Mandatory Other Attachment

To add more "Other Attachment" attachments, please use the attachment buttons below.

OMB Number: 0980-0204 Expiration Date: 12/31/2009

	Project Abstract Sur	nmary
Program Announcement (CFDA)		
93.525		
* Program Announcement (Funding Op	portunity Number)	
IE-HBE-10-001		
* Closing Date		
09/01/2010		
* Applicant Name		
Pennsylvania Insurance Departme	nt	
* Length of Proposed Project	12	
Application Control No.		
Federal Share Requested (for each year	·)	
* Federal Share 1st Year	* Federal Share 2nd Year	* Federal Share 3rd Year
1,000,000	\$ 0	\$ 0
* Federal Share 4th Year	* Federal Share 5th Year	
i ederal Ollare Hill Teal		
	\$ 0	
•	,	
\$ 0 Non-Federal Share Requested (for each	,	* Non-Federal Share 3rd Year
\$ 0 Non-Federal Share Requested (for each * Non-Federal Share 1st Year	year)	* Non-Federal Share 3rd Year \$
Non-Federal Share Requested (for each Non-Federal Share 1st Year	year) * Non-Federal Share 2nd Year	
\$ 0	* Non-Federal Share 2nd Year \$ 0	

OMB Number: 0980-0204 Expiration Date: 12/31/2009

Project Abstract Summary

* Project Summary

Project Abstract: Pennsylvania State Planning and Establishment Grant Application

Goals and Objectives:

- 1. Develop a plan to establish a state-wide exchange to provide health insurance coverage through private providers and to integrate the Commonwealth's Medical Assistance Program, Children's Health Insurance Program, and other public benefit programs.
- 2. Develop a strategy to provide useful, understandable, meaningful information and choice to consumers.
- 3. Determine optimal technical infrastructure enhancements to the Commonwealth's existing internet-based and other communication tools.
- 4. Identify methods for making eligibility and enrollment easy for consumers, providing on-going seamless service to individuals, and improving access to health insurance and health care.
- 5. Develop a plan to conduct outreach to stakeholders groups to educate them about the exchange and its benefits to stakeholders.

Budget:

\$1,000,000.00-Budget details are provided in the SF - 424A Form and Budget Narrative.

Program Description:

The Patient Protection and Affordable Care Act ("Act") requires states to implement an exchange or cede the responsibility to HHS by 2014. In an effort to meet this requirement, the Pennsylvania Insurance Department is applying for this 12-month planning grant to help the Commonwealth develop an implementation plan that will ensure that the Pennsylvania Exchange is well-governed, financially sustainable, and responsive to Pennsylvania consumers, payers, and other stakeholders.

Through this planning grant, the Commonwealth will produce key, quantitative and qualitative deliverables including:

- 1. Comprehensive report(s) which will include:
- identification of the uninsured in Pennsylvania
- an analysis of the insurance market
- an inventory of public benefits programs (including MA and CHIP)
- a comparison of the various exchange models
- an analysis of the steps necessary to integrate public programs and private insurance processes and a cost analysis of such integration.
- an identification of financial, information technology and business operations processes required for implementation of a successful exchange in Pennsylvania.
- 2. An outreach plan and materials to educate stakeholders about the exchange and what the exchange will be able to offer them.
- 3. Draft legislation and legal analysis to support the Commonwealth Health Care Reform Implementation Committee and the Commonwealth Health Care Reform Implementation Advisory Committee.

* Estimated number of people to be served as a result of the award of this grant.

OMB Number: 4040-0010 Expiration Date: 08/31/2011

Project/Performance Site Location(s)

Project/Performance Site Primary Location	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.
Organization Name: Pennsylvania Ins	surance Department
DUNS Number: 6095135440000	
*Street1: 1326 Strawberry Square	Э
Street2:	
* City: Harrisburg	County: Dauphin
* State: PA: Pennsylvania	
Province:	
* Country: USA: UNITED STATES	
* ZIP / Postal Code: 17120-000	* Project/ Performance Site Congressional District: PA-017
Project/Performance Site Location 1 Organization Name: DUNS Number: * Street1:	I am submitting an application as an individual, and not on behalf of a company, state, local or tribal government, academia, or other type of organization.
Street2:	
* City:	County:
* State:	
Province:	
* Country: USA: UNITED STATES	
* ZIP / Postal Code:	* Project/ Performance Site Congressional District:
Additional Location(s)	Add Attachment Delete Attachment View Attachment

* Mandatory Project Narrative File Filenan	ne: Project Narrative.pdf	
Add Mandatory Project Narrative File De	lete Mandatory Project Narrative File	View Mandatory Project Narrative File

To add more Project Narrative File attachments, please use the attachment buttons below.

Add Optional Project Narrative File Delete Optional Project Narrative File View Optional Project Narrative File

* Mandatory Budget Narrative Filename: BudgetNarrative-Final.pdf			
Add Mandatory Budget Narrative	Delete Mandatory Budget Narrative	View Mandatory Budget Narrative	

To add more Budget Narrative attachments, please use the attachment buttons below.

Add Optional Budget Narrative

Delete Optional Budget Narrative

View Optional Budget Narrative

OMB Approval No. 4040-0006 Expiration Date 07/30/2010

BUDGET INFORMATION - Non-Construction Programs

SECTION A - BUDGET SUMMARY

Standard Form 424A (Rev. 7-97) Prescribed by OMB (Circular A -102) Page 1

SECTION B - BUDGET CATEGORIES

6 Object Class Categories		GRANT PROGRAM, F	GRANT PROGRAM, FUNCTION OR ACTIVITY		Total
	(1)	(2)	(3)	(4)	(5)
	State Planning & Establishment Grants for the Affordable Care Act's Exchanges				
a. Personnel	₩	\$	\$	9	\$
b. Fringe Benefits					
c. Travel	170,000.00				170,000.00
d. Equipment					
e. Supplies	25,000.00				25,000.00
f. Contractual	705,000.00				705,000.00
g. Construction					
h. Other	100,000.00				100,000.00
i. Total Direct Charges (sum of 6a-6h)	1,000,000.00				1,000,000.00
j. Indirect Charges					*
k. TOTALS (sum of 6i and 6j)	1,000,000.00	S	<u> </u>	9	1,000,000.00
7 Program Income	φ.	•	φ.	\$	89
2000		Authorized for Local Reproduction	oduction		Standard Form 424A (Rev. 7- 97)

Authorized for Local Reproduction

Standard Form 424A (Rev. 7- 97) Prescribed by OMB (Circular A -102) Page 1A

Authorized for Local Reproduction

OMB Approval No.: 4040-0007 Expiration Date: 07/30/2010

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE:

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

- Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
- Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
- Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
- 5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
- 6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C.§§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation

- Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U. S.C. §§6101-6107), which prohibits discrimination on the basis of age: (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
- 7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
- Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.

- Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
- 10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
- 11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514: (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).

- Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
- Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
- 14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
- 15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
- 16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
- 17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
- Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.

* SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	* TITLE
Shelley Bain	Director, Policy Office
* APPLICANT ORGANIZATION	* DATE SUBMITTED
Pennsylvania Insurance Department	08/31/2010

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB 0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C.1352

1. * <u>Ty</u> pe of Federal Action:	2. * Status of Federal Action:	3. * Report Type:
a. contract	a. bid/offer/application	X a. initial filing
b. grant	b. initial award	b. material change
c. cooperative agreement	c. post-award	
d. loan		
e. loan guarantee f. loan insurance		
4. Name and Address of Reporting	g Entity:	
Y Prime		
*Name Pennsylvania Insurance Department		
*Street 1 1326 Strawberry Square	Street 2	
* City Harrisburg	State PA: Pennsylvania	Zip 17120
Congressional District, if known: PA-017		
5. If Reporting Entity in No.4 is Subawardee, Enter Name and Address of Prime:		
6. * Federal Department/Agency:	7. * Federal Prog	ram Name/Description:
Department of Health & Human Services	State Planning and Est Act (ACA)-s Exchanges	stablishment Grants for the Affordable Care
CFDA Number, if applicable: 93.525		
8. Federal Action Number, if known: 9. Award Amount, if known:		
,	\$	·
10. a. Name and Address of Lobbying Registrant:		
Prefix *First Name N/A	Middle Name	
* Last Name	Suffix	
N/A Sama		
* Street 1	Street 2	
* City	State	Zip
b. Individual Performing Services (including address if different from No. 10a)		
Prefix *First Name N/A Middle Name		
* Last Name \(\sum_{\text{st}/2} \)		
N/A		
* Street 1	Street 2	
* City	State	Zip
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		
* Signature: Shelley Rain		
	mo Avidue Ai	umo.
*Name: Prefix Mrs. *First Na	Shelley Middle Na	ine
* Last Name Bain	Suff	ix
Title: Director, Policy Office	Telephone No.: 717-787-0873	Date: 08/31/2010
Federal Use Only: Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)		
Standard Form - LLL (Rev. 7-97)		