



1301 Young Street, Room 732 Dallas, TX 75202 PHONE: (214) 767-3261 FAX: (214) 767-3264

EMAIL: CAS-Dallas@psc.hhs.gov

March 4, 2016

Mr. Patrick Clark
Director, Government Cost Compliance
University of Cincinnati
PO Box 210225
Cincinnati, Ohio 45221-0225

Dear Mr. Clark:

A copy of a facilities and administrative cost (F&A) and fringe benefit (FB) Rate Agreement are being emailed to you for your signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the F&A and FB rates that may be used to support your claim for these indirect costs on grants and contracts with the Federal Government.

Please have the Agreement signed by an authorized representative of your organization and email to me, retaining the copy for your files. Our email address is <u>cas-dallas@psc.hhs.gov</u>. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In addition, the Fixed Fringe Benefit cost rate(s) for the fiscal year ending June 30, 2016 are based on actual costs for the fiscal year ended June 30, 2014 and FB cost rate(s) for the fiscal year ending June 30, 2017 are based on actual costs for the fiscal year ended June 30, 2015. Over-recovered (-) or under-recovered (+) amounts are listed below:

		2014/2016	2015/2017
Faculty Group	Over/Under recovery	\$(2,105,068)	\$1,134,586
Exempt Group	Over/Under recovery	\$(1,679,415)	\$8,678,437
Non-Exempt Group	Over/Under recovery	\$(279,939)	\$2,817,378
Part-Time Group	Over/Under recovery	\$736,828	\$(435,759)
Student Group	Over/Under recovery	\$(476,649)	\$(364,678)

Mr. Patrick Clark March 4, 2016 Page 2 of 2

The fixed rate(s) for fiscal year ended 2014 and 2015 are considered final.

A Fringe Benefit cost proposal, together with supporting information and the certified audit financial statement, is required each year. Thus, your next Fringe Benefit cost proposal based on actual costs for the fiscal year ending June 30, 2016 is due in our office by December 31, 2016.

An F&A cost proposal, together with supporting information, are required to substantiate your claim for F&A costs under grants and contracts awarded by the Federal Government. Your proposal based on actual costs for the fiscal year ending June 30, 2015 is currently in our office under review.

Since this is an integral part of the Negotiation Agreement, please note your acceptance by signing in the space provided below.

Thank you for your cooperation.

Sincerely,

Arif M. Karim - S

Digitally signed by Arif M. Karim - S

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our-People, craff M. Karim - S,
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Arif Karim Director Cost Allocation Services

Enclosures

A	C	CEP	TAN	CE	

University of Cincinnati
(Institution)
MECL
(Signature)
Patrick Clark
(Name)
Director, Government Cost Compliance
(Title)
3/17/16
(Date)

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1316000989A1

DATE:03/04/2016

ORGANIZATION:

FILING REF.: The preceding

University of Cincinnati

agreement was dated

01/29/2015

P.O. Box 210225

Cincinnati, OH 45221-0225

The rates approved in this agreement are for use on grants, contracts and other agreements with the Federal Government, subject to the conditions in Section III.

SECTION I: INDIRECT COST RATES

RATE TYPES:

FIXED

FINAL

PROV. (PROVISIONAL)

PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	FROM	<u>T0</u>	ATE(%) LOCATION	APPLICABLE TO
PRED.	07/01/2009	06/30/2012	57.00 On Campus	Organized Research
PRED.	07/01/2009	06/30/2012	57.00 On Campus	Instruction
PRED.	07/01/2009	06/30/2012	30.00 On Campus	Other Sponsored Activities
PRED.	07/01/2009	06/30/2012	26.00 Off Campus	All Programs
PRED.	07/01/2012	06/30/2013	57.00 On Campus	Organized Research
PRED.	07/01/2013	06/30/2015	58.50 On Campus	Organized Research
PRED.	07/01/2015	06/30/2016	58.00 On Campus	Organized Research
PRED.	07/01/2012	06/30/2016	56.00 On Campus	Instruction
PRED.	07/01/2012	06/30/2016	30.00 On Campus	Other Sponsored Activities
PRED.	07/01/2012	06/30/2016	26.00 Off Campus	All Programs

AGREEMENT DATE: 3/4/2016

TYPE FROM TO RATE(%) LOCATION APPLICABLE TO PROV. 07/01/2016 Until Use same Amended rates and conditions as those cited for FYE 06/30/2016.

*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

AGREEMENT DATE: 3/4/2016

SECTION	I: FRINGE BEN	EFIT RATES**		
TYPE	<u>FROM</u>	TO	RATE(%) LOCATION	APPLICABLE TO
FIXED	7/1/2015	6/30/2016	33.80 All	Faculty Group
FIXED	7/1/2015	6/30/2016	38.10 All	Exempt Group
FIXED	7/1/2015	6/30/2016	50.60 All	Non-Exempt Group
FIXED	7/1/2015	6/30/2016	19.10 All	Part-Time Group
FIXED	7/1/2015	6/30/2016	9.40 All	Student Group
FIXED	7/1/2016	6/30/2017	31.00 All	Faculty Group
FIXED	7/1/2016	6/30/2017	31.10 All	Exempt Group
FIXED	7/1/2016	6/30/2017	38.60 All	Non-Exempt Group
FIXED	7/1/2016	6/30/2017	24.70 All	Part-Time Group
FIXED	7/1/2016	6/30/2017	8.50 All	Student Group
PROV.	7/1/2017	6/30/2019		Use same rates and conditions as those cited for fiscal year ending June 30, 2017.

^{**} DESCRIPTION OF FRINGE BENEFITS RATE BASE: Salaries and wages.

AGREEMENT DATE: 3/4/2016

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using the rate(s) listed in the Fringe Benefits Section of this Agreement. The fringe benefits included in the rate(s) are listed below.

TREATMENT OF PAID ABSENCES

Vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are claimed on grants, contracts and other agreements as part of the normal cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s) the off-campus rate will apply. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed offcampus, the off-campus rate will apply to the entire project.

EQUIPMENT DEFINITION:

Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

FRINGE BENEFITS:

FTCA Retirement Worker's Compensation Unemployment Insurance Tuition Remission-Employee Dental Insurance Extended Sick Leave Severance Allowance

TIAA/CREF Disability Insurance Life Insurance Health Insurance Termination Pay

The next fringe benefit proposal based on actual cost for the fiscal year ending 06/30/2016, is due by 12/31/2016.

The next F&A rate proposal based on actual cost for the fiscal year ending 06/30/2015, was due by 12/31/2015. It is currently under review by our office.

AGREEMENT DATE: 3/4/2016

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, contract or other agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools as finally accepted: such costs are legal obligations of the organization and are allowable under the governing cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is not later found to be materially incomplete or inaccurate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require prior approval of the authorized representative of the cognizant agency. Such changes include, but are not limited to, changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the costs for the period covered by the rate. When the actual costs for this period are determined, an adjustment will be made to a rate of a future year(s) to compensate for the difference between the costs used to establish the fixed rate and actual costs.

D. USE BY OTHER FEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Title 2 of the Code of Federal Regulations, Part 200 (2 CFR 200), and should be applied to grants, contracts and other agreements covered by 2 CFR 200, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them early notification of the Agreement.

E. OTHER:

If any Federal contract, grant or other agreement is reimbursing facilities and administrative costs by a means other than the approved rate(s) in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to these programs.

allocable to these programs. BY THE INSTITUTION: ON BEHALF OF THE FEDERAL GOVERNMENT: University of Cincinnati DEPARTMENT OF HEALTH AND HUMAN SERVICES (INSTITUTION) Digitally signed by Adf M. Karim - S DN: c=U5, o=U.S. Government, ou=HHS, ou=PSC, -ou=People, cn=Adf M. Karim - 5, 69, 2342, 1920300.100.1, 1=2000212895 Date: 2016.03.16 16:55:29 -05'00' Arif M. Karim -S (SIGNATURE) Arif Karim (NAME) Director, Cost Allocation Services (TITLE) 3/4/2016 (DATE) 5112 HHS REPRESENTATIVE: Matthew Dito (214) 767-3261 Telephone: