# **COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1486029925D2 Date: 02/06/2023

ORGANIZATION: FILING REF.: The preceding

University of Kansas Medical Center agreement was dated

3901 Rainbow Blvd. 07/27/2020

Kansas City, KS 66160-7100

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 TYPE** FROM TO RATE(%) LOCATION APPLICABLE TO PRED. 07/01/2022 06/30/2023 55.00 On Campus Organized Research PRED. 07/01/2020 06/30/2023 26.00 Off Campus Organized Research PRED. 07/01/2020 40.00 On Campus 06/30/2023 Instruction 06/30/2023 PRED. 07/01/2020 26.00 Off Campus Instruction PRED. 07/01/2020 06/30/2023 33.50 On Campus Other Sponsored Activities PRED. 07/01/2020 06/30/2023 26.00 Off Campus Other Sponsored Activities PRED. 07/01/2023 06/30/2027 55.00 On Campus Organized Research PRED. 07/01/2023 06/30/2027 40.00 On Campus Instruction PRED. 07/01/2023 06/30/2027 33.50 On Campus Other Sponsored Activities PRED. 26.00 Off Campus 07/01/2023 06/30/2027 All Programs Until Amended PROV. 07/01/2027 Use same rates and conditions as those cited for fiscal year ending Jun

# \*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.

30, 2027

ORGANIZATION: University of Kansas Medical Center

AGREEMENT DATE: 02/06/2023

# SECTION II: SPECIAL REMARKS

# TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits 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: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). Actual costs will be apportioned between on-campus and off-campus components. Each portion will bear the appropriate rate.

## FRINGE BENEFITS:

OASDI
Medicare
TIAA/CREF Retirement
KPERS Retirement
Disability/Life Insurance
Worker's Compensation Insurance
Unemployment Compensation Insurance
Health Insurance
State Leave Pool
Parking Fee

This rate is also applicable to The University of Kansas Medical Center Research Institute (EIN: 1481108830A3)

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

Per 2 CFR 200.414(g) – A rate extension has been granted.

## **NEXT PROPOSAL DUE DATE:**

The next Facilities and Administrative Cost proposal, based on actual costs for the fiscal year ending 06/30/2026, is due in our office by 12/31/2026.

ORGANIZATION: University of Kansas Medical Center

AGREEMENT DATE: 02/06/2023

# SECTION III: GENERAL

## A. <u>LIMITATIONS:</u>

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 indirect cost pool 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 indirect 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 indirect 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 indirect 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 indirect costs allocable to these programs.

BY THE INSTITUTION:	ON BEHALF OF THE GOVERNMENT:
University of Kansas Medical Center	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(INSTITUTION)	Arif M. Karim - Digitally signed by Arif M. Karim - Date: 2023.02.06 12:21:40 -06'00'
(SIGNATURE)	(SIGNATURE)
Paul W. Toler	Arif Karim
(NAME)	(NAME)
Director of Research Business and Fiscal Operations	Director, Cost Allocation Services
(TITLE)	(TITLE)
02/10/2023	02/06/2023
(DATE)	(DATE)
	HHS REPRESENTATIVE: Olulola Oluborode
	TELEPHONE: (214) 767–3261

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