# COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 100063601 DATE:06/06/2022

ORGANIZATION: FILING REF.: The preceding

Illinois State University agreement was dated

Campus Box 1200 12/14/2018

Normal, IL 61790-1200

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  |
|-------|------------|------------------|------------------|--|
| FINAL | 07/01/2017 | 06/30/2018       | 45.00 On Campus  | Organized<br>Research  |
| FINAL | 07/01/2017 | 06/30/2018       | 26.00 Off Campus | Organized<br>Research  |
| PRED. | 07/01/2018 | 06/30/2019       | 45.00 On Campus  | Organized<br>Research  |
| PRED. | 07/01/2019 | 06/30/2020       | 47.00 On Campus  | Organized<br>Research  |
| PRED. | 07/01/2020 | 06/30/2022       | 48.00 On Campus  | Organized<br>Research  |
| PRED. | 07/01/2018 | 06/30/2022       | 40.00 On Campus  | Instruction  |
| PRED. | 07/01/2018 | 06/30/2022       | 35.00 On Campus  | Other Sponsored Activities   |
| PRED. | 07/01/2018 | 06/30/2022       | 26.00 Off Campus | All Programs   |
| PROV. | 07/01/2022 | Until<br>Amended |                  | Use same rates and conditions as those cited for fiscal year ending June 30, 2022. |

AGREEMENT DATE: 6/6/2022

## \*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: 6/6/2022

| SECTION I: FRINGE BENEFIT RATES** |             |           |                  |                         |  |  |  |
|-----------------------------------|-------------|-----------|------------------|-------------------------|--|--|--|
| TYPE                              | <u>FROM</u> | <u>TO</u> | RATE(%) LOCATION | APPLICABLE TO           |  |  |  |
| FIXED                             | 7/1/2021    | 6/30/2022 | 29.60 All        | Faculty-Tenure<br>Track |  |  |  |
| FIXED                             | 7/1/2021    | 6/30/2022 | 47.60 All        | Academic<br>Personnel   |  |  |  |
| FIXED                             | 7/1/2021    | 6/30/2022 | 7.65 All         | Extra-Help,<br>Students |  |  |  |
| PROV.                             | 7/1/2022    | 6/30/2024 | 29.60 All        | Faculty-Tenure<br>Track |  |  |  |
| PROV.                             | 7/1/2022    | 6/30/2024 | 47.60 All        | Academic<br>Personnel   |  |  |  |
| PROV.                             | 7/1/2022    | 6/30/2024 | 7.65 All         | Extra-Help,<br>Students |  |  |  |

<sup>\*\*</sup> DESCRIPTION OF FRINGE BENEFITS RATE BASE: Salaries and wages.

AGREEMENT DATE: 6/6/2022

# 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.

### FRINGE BENEFITS:

FICA
Retirement
Health Insurance
Dental Insurance
Worker's Compensation
Disability Insurance
Unemployment Insurance
Tuition Remission/Waivers
Life Insurance

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 \$5,000.

\*This Rate Agreement reflects new Fringe Benefits Rates only.\*

The next Fringe Benefit (FB) proposal, based on actual costs for the fiscal year ended 06/30/2021, is currently due as of 12/31/2021 and should be submitted to our office as soon as possible.

The next Facilities and Administration (F&A) proposal, based on actual costs for the fiscal year ended 06/30/2019, is currently due as of 12/31/2019 and should be submitted to our office as soon as possible.

AGREEMENT DATE: 6/6/2022

## 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 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. <u>USE BY OTHER FEDERAL AGENCIES:</u>

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.

| BY THE INSTITUTION:   | ON BEHALF OF THE FEDERAL GOVERNMENT:                  | :                                     |
|---|---|---------------------------------------|
| Illinois State University                                     | DEPARTMENT OF HEALTH AND HUMAN SERVI                  | ICES                                  |
| (INSTITUTION)  Dan Stephens Date: 2022.06,28 10:30:27 -05'00' | Arif M. Karim -S Digitally signed by Date: 2022.06.09 | y Arif M. Karim -<br>09:27:59 -05'00' |
| (SIGNATURE)   | (SIGNATURE)   |                                       |
| Dan Stephens  | Arif Karim  | ***                                   |
| Vice President Finance & Planning                             | (NAME)  Director, Cost Allocation Services            |                                       |
| (TITLE)   | (TITLE)   |                                       |
| 6/28/22   | 6/6/2022  |                                       |
| (DATE)  | (DATE) 3584   | -                                     |
|   | HHS REPRESENTATIVE: Joel McKer                        | nzie                                  |
|   | Telephone: (214) 767                                  | -3261                                 |