

Program Support Center Financial Management Portfolio Cost Allocation Services

1301 Young Street, Room 732 Dallas, TX 75202 PHONE: (214) 767-3261 FAX: (214) 767-3264 EMAIL: CAS-Dallas@psc.hhs.gov

March 9, 2015

Brian Laffey
Office of the Associate
Assistant Vice President for Finance and Controller
Room 201 MB
2200 S. Federal Street
Chicago, Illinois 60616

Dear Mr. Laffey:

A copy of the Facilities and Administrative cost and Fringe Benefit Rate Agreement are enclosed. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the Facilities and Administrative cost rates along with Fringe Benefit rate(s) that may be used to support your claim for facilities and administrative costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and fax it to me, retaining the copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

The Fixed Fringe Benefit cost rate(s) for the fiscal year ending May 31, 2015 are based on actual costs for the fiscal year ended May 31, 2013. They included the following under-recovered (-) or over-recovered (+) amounts:

Full Time Faculty

Full Time Staff

Under-recovery amount (\$449,319)

Under-recovery amount (\$210,300)

Part Time Faculty & Staff

Over -recovery amount \$18,273

The fixed Fringe Benefit rate(s) for fiscal year ending May 31, 2013 are considered final.

The Fixed Fringe Benefit cost rate(s) for the fiscal year ending May 31, 2016 are based on actual costs for the fiscal year ended May 31, 2014. They included the following under-recovered (-) or over-recovered (+) amounts:

Full Time Faculty
Full Time Staff
Part Time Faculty & Staff

Under-recovery amount (\$554,688) Under-recovery amount (\$243,909) Under-recovery amount (\$8,227)

The fixed Fringe Benefit rate(s) for fiscal year ending May 31, 2014 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 May 31, 2015 is due in our office by November 30, 2015. Your next Facilities and Administrative cost rate proposal based on actual costs for the fiscal year ending May 31, 2018 is due in our office by November 30, 2018.

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

Thank you for your cooperation.

Sincerely,

Arif M. Karim - Digitally signed by Arif M. Karim - S DN: c=US, 0=U.S. Government, ou=HHS, 0=U-S-C, ou=People, cn=Arif M. Karim - S, 09:2342.19200300.100.1.1=2000212895

Arif Karim

Director

Division of Cost Allocation

Central States Field Office

ACCEPTANCE

Illinois Institute of Technology
(Institution)

Atu Amphlus
(Signature)

PATRICIA LAUGHLIN
(Name)

VP FINANCE + ADMINISTRATION
(Title)

3-17-15
(Date)

# COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1362170136A1

DATE:03/09/2015

ORGANIZATION:

FILING REF.: The preceding

Illinois Institute of Technology

agreement was dated

3300 South Federal Street, MB 201

03/03/2015

Chicago, IL 60616-3793

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	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED.	06/01/2012	05/31/2015	52.00 On Campus	Organized Research
PRED.	06/01/2012	05/31/2015	24.00 Off Campus	All Programs
PRED.	06/01/2012	05/31/2015	34.00 On Campus	Instruction
PRED.	06/01/2012	05/31/2015	24.00 Moffett Center	Non-FDA Programs
PRED.	06/01/2012	05/31/2015	9.50 Moffett Center	FDA Programs
PRED.	06/01/2015	05/31/2019	53.00 On Campus	Organized Research
PRED.	06/01/2015	05/31/2019	24.00 Off Campus	All Programs
PRED.	06/01/2015	05/31/2019	34.00 On Campus	Instruction
PRED.	06/01/2015	05/31/2019	24.00 Moffett Ctr	Non-FDA Programs
PRED.	06/01/2015	05/31/2019	11.00 Moffett Ctr	FDA Programs
PROV.	06/01/2019	05/31/2021		Use same rates and conditions as those cited for fiscal year ending May 31, 2019.

AGREEMENT DATE: 3/9/2015

## \*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: 3/9/2015

SECTION I: FRINGE BENEFIT RATES**					
TYPE	FROM		RATE(%) LOCATION	APPLICABLE TO	
FIXED	6/1/2014	5/31/2015	23.50 All	Full Time Faculty	
FIXED	6/1/2014	5/31/2015	25.40 All	Full Time Staff	
FIXED	6/1/2014	5/31/2015	8.10 All	Part Time Faculty & Staff	
FIXED	6/1/2015	5/31/2016	20.80 All	Full Time Faculty	
FIXED	6/1/2015	5/31/2016	23.00 All	Full Time Staff	
FIXED	6/1/2015	5/31/2016	7.70 All	Part-Time Faculty & Staff	
PROV.	6/1/2016	5/31/2018		Use same rates and conditions as those cited for fiscal year ending May 31, 2016.	

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

AGREEMENT DATE: 3/9/2015

## 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 off-campus, 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 \$2,500 or more per unit.

#### FRINGE BENEFITS:

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

The next Fringe Benefit cost proposal based on actual costs for the fiscal year ending May 31, 2015 is due in our office by November 30, 2015. The next Facilities and Administrative cost rate proposal based on actual costs for the fiscal year ending May 31, 2018 is due in our office by November 30, 2018.

AGREEMENT DATE: 3/9/2015

#### 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 reimburnement 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. PIXED 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 Office of Management and Budget Circular A-21, and should be applied to grants, contracts and other agreements covered by this Circular, 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.

#### S. 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.

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BY THE INSTITUTION:	ON BEHALF OF THE FEDERAL GOVERNMENT:		
Illinois Institute of Technology	DEPARTMENT OF HEALTH AND HUMAN SERVICES		
Patin Laughler	Arif M. Karin	Digitally signed by Adi M. Karin. 3  Officials, each S. Communit, part HS. Con-PS. Con-Propher  Officials, Adia, 1, 2014, 1970-1981, 100.1, 1-100001 1993  Owin 2013,03,12 11:24:25 43707	
(SIGNATURE)	(SIGNATURE)		
PATRICIA LAUGHLIN	Arif Karim		
(NAME)	(NAME)		
UP, FINANCE + ADMINISTRATION	Director, Cost Alloca	tion Services	
(TITLE)	(TITLE)		
3-17-15	3/9/2015		
(DATE)	(DATE) 5024		
	HHS REPRESENTATIVE:	Ernest Kinneer	
	Telephone:	(214) 767-3261	

# COMPONENTS OF PUBLISHED F&A COST RATE

INSTITUTION:

Illinois Institute of Technology

FY COVERED BY RATE:

JULY 1, 2015 through JUNE 30, 2019

APPLICABLE TO:

**ORGANIZED RESEARCH** 

RATE COMPONENT:	ON CAMPUS	OFF CAMPUS
Building Depreciation	2.8	
Equipment Depreciation	0.8	
Interest	4.1	
Operation & Maintenance	18.2	
Library	3.1	
Administration	24.0_	24.0_
TOTAL	53.0	24.0

CONCURRENCE:

Illinois Institute of Technology
(Institution)

Valm

(Signature)

PATRICIA LAUGHLIN
(Name)

UP FINANCE + BOMINISTER TION

3-17-15 (Date)

# OFFICIAL NOTIFICATION

# New Procedures for Submitting College and University Facilities & Administrative Rate Proposals

# NAME CHANGE: From Division of Cost Allocation to Cost Allocation Services (CAS)

This is to officially notify you that CAS has implemented an automated Document Management and Workflow System (eFlow). The eFlow System is designed to capture Facilities & Administration (F&A) rate proposals (and if applicable, associated fringe rate proposals) along with other supporting documents electronically by email or scanning. CAS implemented this system to enhance the efficiency and productivity of our review process, in compliance with the Paper Reduction Act. Additionally, transitioning to eFlow eliminates barriers associated with paper documents in the new era of electronic transmission.

Effective immediately, all F&A rate proposals together with supporting information should be submitted electronically to your respective regional office at the following email address: <u>CAS-Dallas@psc.hhs.gov</u>. For those organizations not having the capability to submit their proposals electronically, you may submit a hardcopy via mail for scanning into the eFlow System. However, an electronic submission is preferred.

## Please note that effective January 2015 all organizations will be required to submit electronically.

The preferred electronic format is two separate PDF files, as follows:

- Single PDF file titled "Proposal" containing the entire proposal, including the transmittal letter, checklists, required certification, and reconciliation/support schedules. This file should <u>not</u> include the supporting financial data (e.g. audited financial statements, Single Audit, etc.)
- Separate single PDF file titled "Financial Statements", containing the applicable financial data (e.g. audited financial statements, Single Audit, etc.) upon which the rates are based.

Note: If the organization proposes a fringe benefit rate, it should be submitted as a separate e-mail and separate proposal PDF attachment.

Due to our email server limitations, we cannot receive e-mails exceeding 25MB (including all attachments). Therefore, if the proposal and financial statements together exceed 25 MB, please mail a CD or flash drive containing the electronic files. This is the preferred option for very large proposals.

If you have any questions concerning the next submittal of your F&A rate proposal, or have problems forwarding your documents electronically, please contact us at (214) 767-3261.