

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1362170136A1

DATE:02/24/2020

ORGANIZATION:

FILING REF.: The preceding agreement was dated 02/01/2019

Illinois Institute of Technology  
3424 S. State Street  
Tech Central, 4th Floor  
Chicago, IL 60616

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>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
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
PRED.	06/01/2019	05/31/2023	54.00	On Campus	Organized Research
PRED.	06/01/2019	05/31/2023	24.00	Off Campus	All Programs
PRED.	06/01/2019	05/31/2023	34.00	On Campus	Instruction
PRED.	06/01/2019	05/31/2023	26.00	IFSH**	Non-FDA Programs
PRED.	06/01/2019	05/31/2023	11.00	IFSH**	FDA Programs
PROV.	06/01/2023	Until Amended			Use same rates and conditions as those cited for fiscal year ending May 31, 2023.

---

ORGANIZATION: Illinois Institute of Technology

AGREEMENT DATE: 2/24/2020

---

\*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.

\*\*The Institute for Food Safety and Health (IFSH) represents a name change from the former name of the "Moffett Center".

ORGANIZATION: Illinois Institute of Technology

AGREEMENT DATE: 2/24/2020

---

**SECTION I: FRINGE BENEFIT RATES\*\***

---

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	6/1/2019	5/31/2020	27.10	All	Full Time Faculty
FIXED	6/1/2019	5/31/2020	28.40	All	Full Time Staff
FIXED	6/1/2019	5/31/2020	7.90	All	PT/Temp. Faculty & Staff
FIXED	6/1/2020	5/31/2021	24.50	All	Full Time Faculty
FIXED	6/1/2020	5/31/2021	26.60	All	Full Time Staff
FIXED	6/1/2020	5/31/2021	7.70	All	PT/Temp. Faculty & Staff
PROV.	6/1/2021	Until amended		All	Use same rates and conditions as those cited for fiscal year ending May 31, 2021.

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: Illinois Institute of Technology

AGREEMENT DATE: 2/24/2020

---

---

**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.

FRINGE BENEFITS:

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

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

The next Fringe Benefit cost proposal, based on actual costs for the fiscal year ending May 31, 2020, is due in our office by November 30, 2020.

The next Facilities & Administrative cost rate proposal, based on actual costs for the fiscal year ending May 31, 2022, is due in our office by November 30, 2022.

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.

ORGANIZATION: Illinois Institute of Technology

AGREEMENT DATE: 2/24/2020

**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.

BY THE INSTITUTION:

Illinois Institute of Technology

(INSTITUTION)

*Kenneth Johnston*

(SIGNATURE)

*Kenneth Johnston*

(NAME)

*Associate VP for Finance & Controller*

(TITLE)

*2-26-2020*

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

*Arif M. Karim - S*

Digitally signed by Arif M. Karim S  
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, cn=Arif M. Karim S,  
0.9.2342.19200300.100.1.1=2000212895  
Date: 2020.02.25 13:19:40 -0600

(SIGNATURE)

*Arif Karim*

(NAME)

*Director, Cost Allocation Services*

(TITLE)

*2/24/2020*

(DATE) 3580

HHS REPRESENTATIVE:

*Uyen Tran*

Telephone:

*(214) 767-3261*