



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

May 22, 2017

Mr. Gary Andres
University of Toledo Health Science Center
Director, Grants Accounting
2801 West Bancroft Street
Mail Stop 455
Toledo, OH 43603

Dear Mr. Andres:

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

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

The Office of Management and Budget (OMB) has requested that we reach an agreement with each institution on components for the published F&A cost rates. The attached form(s) are provided for that purpose. Please sign the form(s) and return them with the agreement.

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. Thus your next F&A cost proposal for fiscal year ending June 30, 2020 is due in our office by December 31, 2020.

Sincerely,

Arif M. Karim -A

Digitally signed by Arif M. Karim -A
DN: c=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People, cn=Arif M. Karim -A,
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Date: 2017.05.26 08:30:23 -05'00'

Arif Karim
Director
Cost Allocation Services

Enclosures

PLEASE SIGN AND RETURN VIA EMAIL A COPY OF THE RATE AGREEMENT

COMPONENTS OF PUBLISHED F&A COST RATE

INSTITUTION: **University of Toledo Health Science Center**

FY COVERED BY RATE: **JULY 1, 2016 through JUNE 30, 2021**

APPLICABLE TO: **ORGANIZED RESEARCH**

<u>RATE COMPONENT:</u>	<u>FY 17 ON CAMPUS</u>	<u>FY 18 - 20 ON CAMPUS</u>	<u>FY 21 ON CAMPUS</u>
Building Depreciation	5.2	5.6	5.8
Equipment Depreciation	3.6	3.9	4.1
Interest	1.0	1.1	1.2
Operation & Maintenance	14.6	15.7	16.2
Library	1.1	1.2	1.2
Administration*	<u>26.0</u>	<u>26.0</u>	<u>26.0</u>
TOTAL	<u><u>51.5</u></u>	<u><u>53.5</u></u>	<u><u>54.5</u></u>

* Reflects provisions of Appendix III to Part 200 of Uniform Guidance—Indirect (F&A) Costs Identification and Assignment, and Rate Determination for Institutions of Higher Education (IHEs), C.8. dated December 26, 2013.

CONCURRENCE:

University of Toledo Health Science Center
(Institution)

(Signature)

LAWRENCE R. KELLEY
(Name)

EXEC. VP FINANCE & Admin/CFO
(Title)

(Date)

6/1/2017

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1340967014A1

DATE: 05/22/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 04/11/2013

University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

Controller's Office
2801 W. Bancroft St, MS325
Toledo, OH 43606-3390

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: Facilities And Administrative 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.	07/01/2016	06/30/2017	51.50	On Campus	Organized Research
PRED.	07/01/2017	06/30/2020	53.50	On Campus	Organized Research
PRED.	07/01/2020	06/30/2021	54.50	On Campus	Organized Research
PRED.	07/01/2016	06/30/2021	52.50	On Campus	Instruction
PRED.	07/01/2016	06/30/2021	32.00	On Campus	Other Sponsored Activities
PRED.	07/01/2016	06/30/2021	26.00	Off Campus	All Programs
PROV.	07/01/2021	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2021.

ORGANIZATION: University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

AGREEMENT DATE: 5/22/2017

*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.

ORGANIZATION: University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

AGREEMENT DATE: 5/22/2017

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: 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. Actual costs will be apportioned between on-campus and off-campus components. Each portion will bear the appropriate rate.

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:

FICA

Retirement

Worker's Compensation

Unemployment Insurance

Health Insurance

Life Insurance

Dental Insurance

Tuition Remission

Vision Care

Medicare

Disability Insurance

University Parking Subsidy

Prescription Drug Insurance

The next F&A cost rate proposal based on actual costs for the fiscal year ending 06/30/2020 is due on 12/31/2020.

ORGANIZATION: University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

AGREEMENT DATE: 5/22/2017

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:

University of Toledo Health Science Center (formerly Medical College of Ohio at Toledo)

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -A

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ou=People, cn=Arif M. Karim -A,
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Date: 2017.05.26.08:29:21 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

5/22/2017

(DATE) 5091

HHS REPRESENTATIVE:

Matthew Dito

Telephone:

(214) 767-3261