

## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1486029925DZ

DATE:07/21/2011

## ORGANIZATION:

University of Kansas Medical Center  
3901 Rainbow Blvd.  
Kansas City, KS 66160-7100

FILING REF.: The preceding  
agreement was dated  
06/05/2008

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.	07/01/2011	06/30/2015	51.00	On Campus	Org. Research
PRED.	07/01/2011	06/30/2015	26.00	Off Campus	Org. Research
PRED.	07/01/2011	06/30/2015	39.00	On Campus	Instruction
PRED.	07/01/2011	06/30/2015	26.00	Off Campus	Instruction
PRED.	07/01/2011	06/30/2015	33.00	On Campus	Other Spon. Acts.
PRED.	07/01/2011	06/30/2015	26.00	Off Campus	Other Spon. Acts.

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	07/01/2015	Until Amended		"Use same rates and conditions as those cited for FYE 6/30/15."	

\*BASE

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

This rate is also applicable to the University of Kansas Medical Center Research Institute (EIN#: 1461108930A3).

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SECTION II: SPECIAL REMARKS

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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  
TIAA/CREF  
Retirement  
Disability Insurance  
Worker's Compensation  
Life Insurance  
Unemployment Insurance  
Health Insurance  
Sick Leave Pool  
Flexible Spending Account  
Parking

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**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 or 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 Office of Management and Budget Circular A-21 Circular, 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.

**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 Kansas Medical Center

(INSTITUTION)

*Barbara Atkinson, M.D.*

(SIGNATURE)

Barbara Atkinson, M.D.

(NAME)

Executive Vice Chancellor and Executive Dean, School of Medicine

(TITLE)

8/8/11

(DATE)

**ON BEHALF OF THE FEDERAL GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

*Arif Karim*

(SIGNATURE)

Arif Karim

(NAME)

Director, Central States Field Office

(TITLE)

7/21/2011

(DATE) 7051

HHS REPRESENTATIVE: Theodore Foster

Telephone: (214) 767-3261