## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 74-2652689 Date: 01/23/2024

ORGANIZATION: FILING REF.: The preceding university of Arizona agreement was dated

University Services Building 04/20/2023

888 N. Euclid Ave., Rm. 502F Tucson, AZ 85721-0158

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: FINAL FIXED PROV. (PROVISIONAL) PRED. (PREDETERMINED) **EFFECTIVE PERIOD TYPE FROM** TO RATE(%) LOCATION APPLICABLE TO **FINAL** 07/01/2020 06/30/2023 53.50 On-Campus Organized Research PRED. 07/01/2023 06/30/2024 53.50 On-Campus Organized Research PRED. 07/01/2024 06/30/2025 54.50 On-Campus Organized Research PRED. 07/01/2025 06/30/2026 55.00 On-Campus Organized Research PRED. 07/01/2026 06/30/2027 55.50 On-Campus Organized Research FINAL 07/01/2020 06/30/2023 26.00 Off-Campus Organized Research PRED. 07/01/2023 06/30/2027 26.00 Off-Campus Organized Research **FINAL** 07/01/2020 06/30/2023 50.00 On-Campus Instruction PRED. 07/01/2023 06/30/2024 50.00 On-Campus Instruction PRED. 07/01/2024 06/30/2027 40.00 On-Campus Instruction FINAL 07/01/2020 26.00 Off-Campus 06/30/2023 Instruction PRED. 07/01/2023 06/30/2027 26.00 Off-Campus Instruction **FINAL** 07/01/2020 06/30/2023 47.00 On-Campus Other Sponsored Activities PRED. 07/01/2023 06/30/2024 47.00 On-Campus Other Sponsored Activities PRED. 07/01/2024 06/30/2027 38.00 On-Campus Other Sponsored Activities **FINAL** 07/01/2020 06/30/2023 26.00 Off-Campus Other Sponsored Activities PRED. 07/01/2023 06/30/2027 26.00 Off-Campus Other Sponsored Activities Use same rates and conditions as PROV. Until Amended 07/01/2027

\*BASE

30, 2027.

those cited for fiscal year ending Jun

ORGANIZATION: University of Arizona AGREEMENT DATE: 01/23/2024

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, 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, student tuition remission, rental costs of off-site facilities, 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 Arizona AGREEMENT DATE: 01/23/2024

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

<b>TYPE</b>	<u>FROM</u>	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	7/1/2023	6/30/2024	32.00	All	UA Employees
FIXED	7/1/2023	6/30/2024	17.10	All	Ancillary Employees
FIXED	7/1/2023	6/30/2024	2.00	All	Student Employees
FIXED	7/1/2023	6/30/2024	13.20	All	Graduate Assistants
PROV.	7/1/2024	6/30/2027			Use same rates and conditions as those cited for fiscal year ending June 30, 2024.

## \*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages including vacation, holiday, sick leave pay and other paid absences.

Page 3 of 5 U26990

ORGANIZATION: University of Arizona AGREEMENT DATE: 01/23/2024

### 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 for the costs of these paid absences are not made, except where vacation benefit leave is accrued and earned but unused at the termination of a project.

#### OFF-CAMPUS DEFINITION AND APPLICATION

The off-campus rate is applicable to those projects that are conducted in facilities not owned, leased or operated by the University. If the project is conducted in leased space and lease costs are directly charged to the project, then the off-campus rate must be used. A project is considered off-campus if more than 50% of its salaries and wages are incurred at an off-campus facility. If a project is determined to be off-campus, it shall be considered wholly off-campus. Separate on and off-campus rates will not be used for a single project.

#### **DEFINITION OF EQUIPMENT**

Equipment is defined as tangible nonexpendable personal property (including information technology systems) having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are included in the fringe benefit rate(s):

FICA, WORKERS COMPENSATION, UNEMPLOYMENT COMPENSATION, LIABILITY INSURANCE, HEALTH/ACCIDENT/LIFE/DISABILITY INSURANCE (HALD), DEPENDENT CARE ASSISTANCE, RETIREMENT, RETIREE SICK PAY, TERMINATION LEAVE AND QUALIFIED TUITION REDUCTION PROGRAM FOR EMPLOYEES.

## **NEXT PROPOSAL DUE DATE**

Your indirect cost proposal based on your fiscal year ending 06/30/26 is due in our office by 12/31/26.

ORGANIZATION: University of Arizona AGREEMENT DATE: 01/23/2024

### 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. 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:	ON BEHALF OF THE GOVERNMENT:			
University of Arizona	DEPARTMENT OF HEALTH AND HUMAN SERVICES			
(INSTITUTION)	(AGENCY)  Arif M. Karim -S Digitally signed by Arif M. Karim -S Date: 2024.01.30 14:25:25 -06'00'			
(SIGNATURE)	(SIGNATURE)			
Nicole Salazar	Arif Karim (NAME)			
(NAME)				
VP, Financial Services	Director, Cost Allocation Services			
(TITLE)	(TITLE)			
Feb 15, 2024	01/23/2024			
(DATE)	(DATE)			
	HHS REPRESENTATIVE: Jeanette Lu			
	TELEPHONE: (415) 437–7820			

Page 5 of 5 U26990

# U26990-19 University of Arizona RA 02152024

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