

COLLEGES AND UNIVERSITIES RATE AGREEMENT

**ORIGINAL**

EIN #: 060772160

DATE: August 12, 2002

INSTITUTION:  
University of Connecticut  
343 Mansfield Road, Rm. 214  
Storrs

FILING REF.: The preceding Agreement was dated October 29, 1998

CT 06269-2074

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)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/02	06/30/04	47.0	On-Campus	Research
PRED.	07/01/04	06/30/06	48.0	On-Campus	Research
PRED.	07/01/02	06/30/06	26.0	Off-Campus	Research (2)
PROV.	07/01/06	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2006.		

\*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, 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.

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SECTION I: FRINGE BENEFITS RATES\*\*

RATE TYPES: FIXED		FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
FIXED	07/01/01	06/30/02	42.9	All	Full-Time
FIXED	07/01/01	06/30/02	30.0	All	Temporary
FIXED	07/01/01	06/30/02	8.1	All	Contractual
FIXED	07/01/01	06/30/02	0.6	All	Student Labor
FIXED	07/01/01	06/30/02	13.3	All	Graduate Assistants
FIXED	07/01/01	06/30/02	22.9	All	Alt.Ret. w/o S.S.
FIXED	07/01/01	06/30/02	30.3	All	Alt.Ret. with S.S.
FIXED	07/01/01	06/30/02	24.4	All	Alt.Ret. w/med S.S.
FIXED	07/01/01	06/30/02	31.3	All	Teach Ret.w/o med SS
FIXED	07/01/01	06/30/02	32.7	All	Teach Ret.w/med S.S.
FIXED	07/01/01	06/30/02	7.4	All	Acc.S/L Ret.or Death
FIXED	07/01/01	06/30/02	30.0	All	Acc.Vac/Term/Ret/Dth
FIXED	07/01/01	06/30/02	22.0	All	Acc.Vac/Dth/w/o S.S.
FIXED	07/01/01	06/30/02	43.3	All	Hazardous Duty w/SS
PROV.	07/01/02	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2002.		

\*\*DESCRIPTION OF FRINGE BENEFITS RATE BASE:  
Salaries and wages.

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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.

(1) The rates in this agreement have been negotiated to reflect, the administrative cap provisions of the revision to OMB Circular A-21 published by the Office of Management and Budget on May 8, 1996. No rate affecting the institution's fiscal period beginning on or after October 1, 1991 contains total administrative cost components in excess of that 26 percent cap.

(2) 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 indirect cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(3) The Fringe Benefit rates include the following: Unemployment Compensation, Worker's Compensation, Health Services, Group Life Insurance, Social Security, and Medical Insurance. In addition, the full-time rate includes retirement costs. The Alternate Retirement Plan rate includes Alternate Retirement Plan costs. The Temporary and Contractual rate excludes group life insurance and medical insurance. The Graduate Student rate excludes Unemployment Compensation, Group Life Insurance, and Social Security.

(4) The following is a list of the locations to which the On-Campus indirect cost rate is applicable to:

Storrs - Main Campus  
Greater Hartford Campus:  
Hartford Branch  
School of Law  
School of Social Work  
School of Insurance  
Institute of Public Services

Southeastern Location:  
Groton, CT  
Southeastern Branch  
Marine Services Institute

Waterbury Branch, Torrington Branch, Stamford Branch

(5) Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year, and an acquisition cost of \$1,000 or more per unit.

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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 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 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 Connecticut

\_\_\_\_\_  
(INSTITUTION)

  
\_\_\_\_\_  
(SIGNATURE)

Dale M. Dreyfuss

\_\_\_\_\_  
(NAME)

Vice Chancellor for Business & Administration

\_\_\_\_\_  
(TITLE)

August 16, 2002

\_\_\_\_\_  
(DATE)

BY THE COGNIZANT AGENCY

ON BEHALF OF THE FEDERAL GOVERNMENT:

\_\_\_\_\_  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

  
\_\_\_\_\_  
(SIGNATURE)

Robert I. Aaronson

\_\_\_\_\_  
(NAME)

\_\_\_\_\_  
DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE)

\_\_\_\_\_  
August 12, 2002

(DATE) 0714

HHS REPRESENTATIVE: Council Moore

Telephone: (212) 264-2069