

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Program Support Center Financial Management Service Division of Cost Allocation

DCA Western Field Office 90 7th Street, Suite 4-600 San Francisco, CA 94103 PHONE: (415) 437-7820 FAX: (415) 437-7823 E-MAIL, dcasi@psc.hhs.gov

JUN 19 2013

Mark McGurk
Associate VP/Comptroller
University of Arizona
University Services building
888 N. Euclid Ave. Rm. 502F
Tucson, AZ 85721-0158

Dear Mr. McGurk:

A copy of an indirect cost/fringe benefit Negotiation Agreement is attached. 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 indirect/fringe benefit costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY EMAIL OR FAX, retaining the copy for your files. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost and fringe benefit proposal together with supporting information are required to substantiate your claim for costs under grants and contracts awarded by the Federal Government. Thus, your next indirect cost proposal based on fiscal year ending 06/30/12 is due in our office by 8/30/13, and your next fringe benefits proposal based on fiscal year ending 06/30/13 is due by 12/31/13.

Arif/Karim, Director

Division of Cost Allocation

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL OR FAX

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 74-2652689

DATE:06/12/2013

ORGANIZATION:

FILING REF.: The preceding

University of Arizona

agreement was dated

University Services Building

06/12/2013

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:

FIXED

FINAL

PROV. (PROVISIONAL)

PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	<u>FROM</u>	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED.	07/01/2011	06/30/2013	51.50 On-Campus	Organized Research
PRED.	07/01/2011	06/30/2013	26.00 Off-Campus	Organized Research
PRED.	07/01/2011	06/30/2013	51.50 On-Campus	Instruction
PRED.	07/01/2011	06/30/2013	26.00 Off-Campus	Instruction
PRED.	07/01/2011	06/30/2013	51.50 On-Campus	Other Spon Act
PRED.	07/01/2011	06/30/2013	26.00 Off-Campus	Other Spon Act
PROV.	07/01/2013	Until Amended	(1)	

*BASE

AGREEMENT DATE: 6/12/2013

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 a portion of each subgrant and subcontract in excess of \$25,000.

(1) Use same rates and conditions as those cited for fiscal year ending June 30, 2013.

AGREEMENT DATE: 6/12/2013

SECTION I: FRINGE BENEFIT RATES**						
TYPE	<u>FROM</u>	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO		
FIXED	7/1/2013	6/30/2014	30.00 All	Faculty - Regular		
FIXED	7/1/2013	6/30/2014	14.80 All	Faculty - Clinical		
FIXED	7/1/2013	6/30/2014	21.00 All	Faculty - Ancillary		
FIXED	7/1/2013	6/30/2014	48.00 All	Classified - Regular		
FIXED	7/1/2013	6/30/2014	10.00 All	Classified - Temporary		
FIXED	7/1/2013	6/30/2014	3.50 All	Student Employees		
FIXED	7/1/2013	6/30/2014	9.50 All	Graduate Assistants		
FIXED	7/1/2013	6/30/2014	27.60 All	Federal Employees		
FIXED	7/1/2013	6/30/2014	50.00 All	Graduate Assistants Tuition Remission		

^{**} DESCRIPTION OF FRINGE BENEFITS RATE BASE:

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

AGREEMENT DATE: 6/12/2013

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 conducted in facilities not owned or leased by the University. However, 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 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, AND QUALIFIED TUITION REDUCTION PROGRAM FOR EMPLOYEES.

This rate agreement updates the fringe benefits only.

AGREEMENT DATE: 6/12/2013

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 are subject to any statutory or administrative immitations 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.

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.

USE BY OTHER PEDERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21, and should be applied to grants, contracts and other agreements overed 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.

if any Federal contract, grant or other agreement is reimbursing facil the approved rate(s) in this Agreement, the organization should (1) c apply the approved rate(s) to the appropriate base to identify the pro- allocable to these programs.	redit such costs to the affected programs and (2)
BY THE INSTITUTION:	ON BEHALF OF THE FEDERAL GOVERNMENT:
University of Arizona	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(SIGNATURE)	(SIGNATURE)
Lee Anne T. Peters	Arif Karim .
(NAME) Contract Officer	(NAME)
	Director, Division of Cost Allocation
(TITLE)	(TITLE)
June 19, 2013	6/12/2013
(ORTE)	(DATE) 0162
	HKS REPRESENTATIVE: Jeanette Lu
	Telephone: (415) 437-7820