



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

7700 Wisconsin Avenue, Suite 2301
Bethesda, MD 20814
PHONE: (301) 492-4855
FAX: (301) 492-5081
EMAIL: CAS-Bethesda@psc.hhs.gov

July 31, 2015

Carol Kissal
Vice President for Finance and CFO
Emory University
1599 Clifton Road, 4th Floor
Mail Stop 1599/001/1BA
Atlanta, GA 30322

Dear Ms. Kissal:

A copy of the facilities and administrative (F&A) cost Rate Agreement is being mailed to you for your 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.

In addition, both parties agree that the differences between the fixed and actual fringe benefit costs for the fiscal year ended August 31, 2014 are:

- Over-recovery of \$15,331,986 applicable to Faculty
- Over-recovery of \$681,005 applicable to Residents
- Over-recovery of \$1,068 applicable to Part-Time

These amounts are included in your fixed fringe benefit rates for the fiscal year ending August 31, 2016 which are listed in the attached Rate Agreement.

Please have the agreement signed by an authorized representative of your organization and send to me, retaining a copy for your files. We will reproduce and distribute the Rate Agreement to the appropriate awarding organizations of the Federal Government for their use.

Ms. Kissal
July 31, 2015
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A fringe benefit proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims fringe benefits under grants and contracts awarded by the Federal Government. Therefore, your next fringe benefit proposal for the fiscal year ending August 31, 2015 will be due in our office by February 29, 2016. The proposal and supporting documents should be emailed to CAS-Bethesda@psc.hhs.gov.

Sincerely,

Darryl W. Mayes -S
Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government,
ou=HHS, ou=PSC, ou=People,
0.9.2342.19200300.100.1.1=2000
131669, cn=Darryl W. Mayes -S
Date: 2015.08.05 06:17:32 -0400

Darryl W. Mayes
Deputy Director
Cost Allocation Services

CONCURRENCE:

Emory University
(Institution)


(Signature)

Carol Dillon Kissal
(Name)

VP for Finance & CFO
(Title)

12 August 2015
(Date)

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1580566256A1

DATE:07/31/2015

ORGANIZATION:

FILING REF.: The preceding agreement was dated 04/08/2015

Emory University
1599 Clifton Road NE
4th Floor
Atlanta, GA 30322

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.	09/01/2015	08/31/2019	56.00	On-Campus	Organized Research
PRED.	09/01/2015	08/31/2019	28.20	Off-Campus	Organized Research (A)
PRED.	09/01/2015	08/31/2019	26.00	Off-Campus	Organized Research (B)
PRED.	09/01/2015	08/31/2019	55.00	On-Campus	Instruction
PRED.	09/01/2015	08/31/2019	37.50	Off-Campus	Instruction (A)
PRED.	09/01/2015	08/31/2019	26.00	Off-Campus	Instruction (B)
PRED.	09/01/2015	08/30/2019	39.00	On-Campus	Other Sponsored Activities
PRED.	09/01/2015	08/31/2019	27.80	Off-Campus	Other Sponsored Activities (A)
PRED.	09/01/2015	08/31/2019	26.00	Off-Campus	Other Sponsored Activities (B)

ORGANIZATION: Emory University

AGREEMENT DATE: 7/31/2015

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	09/01/2019	08/31/2021			Use same rates and conditions as those cited for fiscal year ending August 31, 2019.

*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.

(A) Off-Campus, Adjacent: Location within 50 miles commuting distance of the University.

(B) Off-Campus: Location beyond 50 miles commuting distance of the University.

ORGANIZATION: Emory University

AGREEMENT DATE: 7/31/2015

SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	9/1/2015	8/31/2016	23.90	All	Faculty
FIXED	9/1/2015	8/31/2016	15.10	All	Residents
FIXED	9/1/2015	8/31/2016	7.70	All	Part-Time
PROV.	9/1/2016	8/31/2018			Use same rates and conditions as those cited for fiscal year ending August 31, 2016.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages of faculty and staff including vacation, holiday and sick leave pay and other paid absences of only the faculty and staff. Rate does not apply to student employees, research or teaching assistants.

ORGANIZATION: Emory University

AGREEMENT DATE: 7/31/2015

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 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. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

Fringe Benefits include: FICA, Retirement, Disability Insurance, Life Insurance, Death Benefits, Tuition Remission, Workers' Compensation, Unemployment Insurance, Health Insurance, Employee Assistance Programs, Child Care Subsidy, Fitness Center, Fringe Benefit Administration and other miscellaneous.

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.

NOTE: This agreement updates the Fringe Benefits Rates section only. All other terms and conditions from the agreement dated 4/8/2015 remain the same.

ORGANIZATION: Emory University

AGREEMENT DATE: 7/31/2015

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:

Emory University

(INSTITUTION)

Carol Kissal

(SIGNATURE)

CAROL KISSAL

(NAME)

VP for Finance & CFO

(TITLE)

12 August 2015

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes-S
DN: c=US, o=U.S. Government, ou=HHS, ou=FSC,
ou=People, ou=2342.19200300.100.1.1-2000131669,
cn=Darryl W. Mayes-S
Date: 2015.08.05 06:16:30 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

7/31/2015

(DATE) 0086

HHS REPRESENTATIVE: Steven Zuraf

Telephone: (301) 492-4855