

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1586002050A1

DATE:03/13/2018

ORGANIZATION:

FILING REF.: The preceding agreement was dated 02/22/2018

Georgia State University and
Georgia State University Research
Foundation
University Research Services &
Administration
P.O. Box 3999
Atlanta, GA 30302-3999

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.	07/01/2017	06/30/2018	51.50	On-Campus	Organized Research
PRED.	07/01/2018	06/30/2019	53.50	On-Campus	Organized Research
PRED.	07/01/2019	06/30/2020	54.50	On-Campus	Organized Research
PRED.	07/01/2020	06/30/2021	55.50	On-Campus	Organized Research
PRED.	07/01/2021	06/30/2022	56.00	On-Campus	Organized Research
PRED.	07/01/2017	06/30/2018	53.00	On-Campus	Instruction
PRED.	07/01/2018	06/30/2022	53.50	On-Campus	Instruction
PRED.	07/01/2017	06/30/2018	34.00	On-Campus	Other Sponsored Activities
PRED.	07/01/2018	06/30/2022	43.00	On-Campus	Other Sponsored Activities

ORGANIZATION: Georgia State University and Georgia State University Research Foundation

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2017	06/30/2022	26.00	Off-Campus	Organized Research, Instruction & Other Sponsored Activities
PROV.	07/01/2022	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2022.

*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and 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, rental costs, tuition remission, 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: Georgia State University and Georgia State
University Research Foundation

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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	7/1/2018	6/30/2019	33.00	All	Full-Time Faculty & Staff
FIXED	7/1/2018	6/30/2019	3.50	All	Part-Time Faculty & Staff
FIXED	7/1/2018	6/30/2019	2.60	All	GRA & GTA
PROV.	7/1/2019	Until amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

** 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. The fringe benefit rate(s) are used for budgeting and charging purposes for federal projects.

TREATMENT OF PAID ABSENCES

The costs of vacation, holiday, sick leave pay and other paid absences are included in the organization's fringe benefit rate and are not included in the direct cost of salaries and wages. Claims for direct salaries and wages must exclude those amounts paid or accrued to employees for periods when they are on vacation, holiday, sick leave or are otherwise absent from work.

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:

- 1) Full-time Employees fringe benefits include: FICA, Group Health Insurance, Group Life Insurance, Retirement, Workers' Compensation, Unemployment, Tuition Assistance Program, ADP Flex Spending, MARTA & GRTA Subsidy, Vacation Payout, and Leave Programs.
- 2) Part-time Employees fringe benefits include: FICA, Workers' Compensation, Unemployment, and MARTA & GRTA Subsidy.
- 3) GRA/GTA fringe benefits include: GRA Health Insurance.

Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

The rates contained in this Agreement reflect the combined costs of the Georgia State University Research Foundation and Georgia State University, and will apply to grants and contracts awarded to the University.

This rate agreement updates the Fringe Benefits section only. Next Fringe Benefit rate proposal for the fiscal year ending June 30, 2018 will be due in our office by December 31, 2018.

ORGANIZATION: Georgia State University and Georgia State University Research Foundation

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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 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:

Georgia State University and Georgia State University Research Foundation

(INSTITUTION)

(SIGNATURE)

James Weyhenmeyer

James Weyhenmeyer, Ph.D
Vice President for Research and Economic Development
Georgia State University Chair,
Georgia State University Research Foundation

(TITLE)

1/23/19

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes

Digitally signed by Darryl W. Mayes -S
DN: cn=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People,
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c=Darryl W. Mayes -S
Date: 2018.03.19 08:59:50 -0700

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(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

3/13/2018

(DATE) 3168

HHS REPRESENTATIVE: Lucy Siow

Telephone: (301) 492-4855