

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1470049123A6

ORGANIZATION:

University of Nebraska Medical Center

986680 Nebraska Medical Center

Omaha, NE 68198-6680

Date: 05/09/2024

FILING REF.: The preceding
agreement was dated
11/16/2023

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)
	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2024	06/30/2026	53.50	On Campus	Organized Research
PRED.	07/01/2024	06/30/2026	38.50	On Campus	Instruction
PRED.	07/01/2024	06/30/2026	40.00	On Campus	Other Sponsored Activities
PRED.	07/01/2024	06/30/2026	54.50	On-Campus	DoD – Organized Research
PRED.	07/01/2024	06/30/2026	26.00	Off-Campus	All Programs
PRED.	07/01/2024	06/30/2026	27.50	Off-Campus	DoD – All Programs
PROV.	07/01/2026	Until Amended			Use same rates and conditions as those cited for fiscal year ending Jun 30, 2026

*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: University of Nebraska Medical Center

AGREEMENT DATE: 05/09/2024

SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	7/1/2023	6/30/2024	29.30	All	Faculty
FIXED	7/1/2023	6/30/2024	23.40	All	House Officers
FIXED	7/1/2023	6/30/2024	31.40	All	Staff
FIXED	7/1/2023	6/30/2024	24.60	All	Post Docs
FIXED	7/1/2023	6/30/2024	0.50	All	Graduate Assistants
FIXED	7/1/2023	6/30/2024	2.30	All	Students
FIXED	7/1/2023	6/30/2024	7.80	All	Temp. Personnel
FIXED	7/1/2024	6/30/2025	29.90	All	Faculty
FIXED	7/1/2024	6/30/2025	24.90	All	House Officers
FIXED	7/1/2024	6/30/2025	27.70	All	Staff
FIXED	7/1/2024	6/30/2025	17.20	All	Post Docs
FIXED	7/1/2024	6/30/2025	0.40	All	Graduate Assistants
FIXED	7/1/2024	6/30/2025	3.80	All	Students
FIXED	7/1/2024	6/30/2025	7.50	All	Temp. Personnel
PROV.	7/1/2025	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2025

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

Salaries and wages.

ORGANIZATION: University of Nebraska Medical Center

AGREEMENT DATE: 05/09/2024

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 are not made for the cost of these paid absences.

OFF-CAMPUS DEFINITION: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). 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:

FICA

Retirement

Worker's Compensation

Life Insurance

Unemployment Insurance

Health Insurance

Tuition Remission

Dental Insurance

Sick/Vacation Termination Payouts

This Rate Agreement reflects new fringe benefit rates only.

Per 2 CFR 200.414(g) – A rate extension has been granted.

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 next fringe benefit proposal, based on actual cost for the fiscal year ending 06/30/2024, is due in our office by 12/31/2024.

Your next facilities and administration proposal, based on actual cost for fiscal year ending 06/30/2025, is due in our office by 12/31/2025.

ORGANIZATION: University of Nebraska Medical Center
AGREEMENT DATE: 05/09/2024

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 indirect cost pool 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 indirect 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 indirect 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 indirect 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 indirect costs allocable to these programs.

BY THE INSTITUTION:

University of Nebraska Medical Center

(INSTITUTION)

Anne Barnes

(SIGNATURE)

Anne Barnes

(NAME)

Vice Chancellor for Business & Finance

(TITLE)

5/23/2024

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S Digitally signed by Arif M. Karim -S
Date: 2024.05.20 09:50:31 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

05/09/2024

(DATE)

HHS REPRESENTATIVE: Theodore Foster

TELEPHONE: (214) 767-3261
