## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1362177139A1

DATE: 02/10/2017

ORGANIZATION:

FILING REF .: The preceding

University of Chicago

agreement was dated

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00/00/0016

6054 South Drexel Avenue, Ste. 300

08/22/2016

Chicago, IL 60637-2612

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	FROM	<u>TO</u>	RATE (%) LOCATION	APPLICABLE TO
PRED.	07/01/2015	06/30/2016	58.00 On Campus	Organized Research
PRED.	07/01/2016	06/30/2017	60.50 On Campus	Organized Research
PRED.	07/01/2017	06/30/2019	62.00 On Campus	Organized Research
PRED.	07/01/2015	06/30/2016	46.00 On Campus	Instruction
PRED.	07/01/2016	06/30/2019	49.50 On Campus	Instruction
PRED.	07/01/2015	06/30/2016	33.00 On Campus	Other Sponsored Activities
PRED.	07/01/2016	06/30/2019	39.50 On Campus	Other Sponsored Activities
PRED.	07/01/2015	06/30/2019	26.00 Off Campus	All Programs
PROV.	07/01/2019	Until Amended	62.00 On Campus	Organized Research
PROV.	07/01/2019	Until Amended	49.50 On Campus	Instruction
PROV.	07/01/2019	Until Amended	39.50 On Campus	Other Sponsored Activities
PROV.	07/01/2019	Until Amended	26.00 Off Campus	All Programs

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# SECTION I: FRINGE BENEFIT RATES\*\*

TYPE	FROM	TO	RATE (%) LOCATION	APPLICABLE TO
FIXED	7/1/2016	6/30/2017	26.80 All	Full-Time Employees
FIXED	7/1/2016	6/30/2017	7.20 All	Part-Time Employees
FIXED	7/1/2017	6/30/2018	23.20 All	Full-Time Employees
FIXED	7/1/2017	6/30/2018	7.30 All	Part-Time Employees
PROV.	7/1/2018	6/30/2020		Use same rates and conditions as those cited for fiscal year ending June 30, 2018.

<sup>\*\*</sup> 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 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. Actual costs will be apportioned between oncampus and off-campus components. Each portion will bear the appropriate rate.

#### FRINGE BENEFITS:

FICA
Retirement
Disability Insurance
Worker's Compensation
Life Insurance
Unemployment Insurance
Health Insurance
Tuition Remission
Child Care Subsidy
Employee Training & Services
Flexible Spending and Child & Elderly Care Referral Expenses

Equipment Definition -

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

Next Fringe Benefit rates proposal for fiscal year ending 06/30/2017 is due in our office by 12/31/2017 and F&A rate proposal for fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

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#### SECTION III: GENERAL

#### 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

#### ACCOUNTING CHANGES: B.

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 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.

#### Ε.

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:

(INSTITUTION)

University of Chicago

(SIGNATURE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -A

Digitally signed by Arif M. Karim -A

DN: c=US, Government, ou=HHS, ou=PSC, ou=People, cn=Arif M. Karim -A

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(SIGNATURE)

Arif Karim

Director, Cost Allocation Services

(TITLE)

2/10/2017

(DATE) 5023

HHS REPRESENTATIVE:

Olulola Oluborode

Telephone:

(214) 767-3261