

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN:	DATE:06/27/2019
ORGANIZATION:	FILING REF.: The preceding
University of Oregon-Eugene, OR	agreement was dated
1266 University of Oregon	04/24/2018
203 Johnson Hall	
Eugene, OR 97403-1266	

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.	07/01/2014	06/30/2016	45.00	On-Campus	Organized Res.
PRED.	07/01/2014	06/30/2016	26.00	Off-Campus	Organized Res.
PRED.	07/01/2014	06/30/2016	59.40	On-Campus	Instruction
PRED.	07/01/2014	06/30/2016	26.00	Off-Campus	Instruction
PRED.	07/01/2014	06/30/2016	30.70	On-Campus	Other Spon Act.
PRED.	07/01/2014	06/30/2016	24.30	Off-Campus	Other Spon Act.
PRED.	07/01/2016	06/30/2017	46.50	On-Campus	Organized Res.
PRED.	07/01/2016	06/30/2017	26.00	Off-Campus	Organized Res.
PRED.	07/01/2016	06/30/2017	46.00	On-Campus	Instruction
PRED.	07/01/2016	06/30/2017	26.00	Off-Campus	Instruction
PRED.	07/01/2016	06/30/2017	30.70	On-Campus	Other Spon Act.
PRED.	07/01/2016	06/30/2017	26.00	Off-Campus	Other Spon Act.
PRED.	07/01/2017	06/30/2019	47.50	On-Campus	Organized Res.
PRED.	07/01/2017	06/30/2019	26.00	Off-Campus	Organized Res.
PRED.	07/01/2017	06/30/2019	46.00	On-Campus	Instruction
PRED.	07/01/2017	06/30/2019	26.00	Off-Campus	Instruction
PRED.	07/01/2017	06/30/2019	30.70	On-Campus	Other Spon Act.
PRED.	07/01/2017	06/30/2019	26.00	Off-Campus	Other Spon Act.

ORGANIZATION: University of Oregon-Eugene, OR

AGREEMENT DATE: 6/27/2019

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	07/01/2019	Until Amended		(A)	

*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) Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

ORGANIZATION: University of Oregon-Eugene, OR
AGREEMENT DATE: 6/27/2019

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	7/1/2019	6/30/2020	80.40	All	Faculty/Staff A
FIXED	7/1/2019	6/30/2020	52.90	All	Faculty/Staff B
FIXED	7/1/2019	6/30/2020	33.00	All	Faculty/Staff C
FIXED	7/1/2019	6/30/2020	123.50	All	Classified Services
FIXED	7/1/2019	6/30/2020	103.10	All	Classified Skilled/Cleric al
FIXED	7/1/2019	6/30/2020	86.80	All	Classified Technical
FIXED	7/1/2019	6/30/2020	33.80	All	Retirees-Temps
FIXED	7/1/2020	6/30/2020	3.00	All	Students
PROV.	7/1/2020	6/30/2022		(B)	

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

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

(B) Use same rates and conditions as those cited for fiscal year ending June 30, 2020.

ORGANIZATION: University of Oregon-Eugene, OR

AGREEMENT DATE: 6/27/2019

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

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.

DEFINITION OF OFF-CAMPUS

An off-campus rate is applicable to those projects conducted in facilities not owned or operated by the University, which include charges for facility rental as a direct expenditure and for which more than 50% of the project salaries and wages are for effort conducted in the rental facility.

DEFINITION OF EQUIPMENT

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 following fringe benefits are included in the fringe benefit rates: HEALTH INSURANCE, OTHER, PAYROLL TAX, RETIREMENT, UNEMPLOYMENT, WORKER'S COMPENSATION-SAIF, and LEAVE.

NEXT PROPOSAL DUE DATE

A fringe benefit proposal based on actual costs for fiscal year ending 06/30/19, will be due no later than 12/31/2019.

This rate agreement updates the fringe benefits only.

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:

University of Oregon-Eugene, OR

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -S
DN: c=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People, cn=Arif M. Karim -S,
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Date: 2019.07.01 13:13:31 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

6/27/2019

(DATE) 7122

HHS REPRESENTATIVE:

Cora Coleman

Telephone:

(415) 437-7820