## NONPROFIT RATE AGREEMENT

EIN: 1236291113A1 DATE:10/13/2020

ORGANIZATION: FILING REF.: The preceding

Geisinger Clinic agreement was dated

100 North Academy Avenue 07/28/2017

Danville, PA 17822

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	<u>FROM</u>	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED.	07/01/2020	12/31/2023	62.89 On Site	All Programs
PRED.	07/01/2020	12/31/2023	44.42 Off Site	All Programs
PROV.	07/01/2023	12/31/2025		Use same rates and conditions as those cited for fiscal year ending December 31, 2023.

# \*BASE

The direct costs excluding individual items of equipment in excess of \$5,000, that portion of each subcontract/subgrant in excess of \$25,000, patient care costs, and alterations and renovations.

ORGANIZATION: Geisinger Clinic

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# SECTION I: FRINGE BENEFIT RATES\*\*

TYPE	FROM	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED.	7/1/2020	12/31/2023	24.10 All	All Employees
PROV.	7/1/2023	12/31/2025		Use same rates and conditions as those cited for fiscal year ending December 31, 2023.

<sup>\*\*</sup> DESCRIPTION OF FRINGE BENEFITS RATE BASE: Salaries and wages.

ORGANIZATION: Geisinger Clinic

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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-SITE DEFINITION: For all activities performed in facilities not owned by the organization and to which rent is directly allocated to the project(s), the off-site rate will apply. Grants or contracts will not be subject to more than one indirect cost rate. If more than 50% of a project is performed off-site, the off-site rate will apply to the entire project.

## EQUIPMENT DEFINITION:

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.

### FRINGE BENEFITS:

FICA
Retirement
Disability Insurance
Worker's Compensation
Unemployment Insurance
Health Insurance
Life Insurance
Flexible Benefit Plan

The next indirect cost proposal based on actual costs for the fiscal year ending 12/31/2022 is due by 06/30/2023.

ORGANIZATION: Geisinger Clinic

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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 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. <u>ACCOUNTING CHANGES:</u>

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. <u>USE BY OTHER FEDERAL AGENCIES:</u>

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:	ON BEHALF OF THE FEDERAL GOVERNMENT:		
Geisinger Clinic	DEPARTMENT OF HEALTH AND HUMAN SERVICES		
(INSTITUTION)	(AGENCY) Darryl W. Mayes - S    Digitally signed by Darryl W. Mayes - S   DN: c=US, o=US. Government, ou=HS5, ou=PSC, ou=People, 09.2342.19200300.100.1.1=2000131669, on=Darryl W. Mayes. S   Date: 2020.11.18 16.29-57 - 0500'		
(SIGNATURE)	(SIGNATURE)		
Kathleen Chapman	for Arif Karim		
(NAME)	(NAME)		
CFO, Geisinger Clinic	Director, Cost Allocation Services		
(TITLE)	(TITLE)		
01/29/2021	10/13/2020		
(DATE)	(DATE) 3138		
	HHS REPRESENTATIVE: Wheatford Ashby		
	Telephone: (214) 767-3261		