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NONPROFIT RATE AGREEMENT

EIN: 953432210
ORGANIZATION:
Beckman Research Institute
of the City of Hope
1500 East Duarte Road
Duarte, CA 91010

Date: 03/07/2025
FILING REF.: The preceding agreement was dated 10/03/2023

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)

	EFFECTIVE PERIOD				
TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	10/01/2022	09/30/2023	76.00	All	All Programs
PROV.	10/01/2023	09/30/2026	78.00	All	All Programs

*BASE

For awards beginning 9/30/25 and earlier, the Base is as follows:
Total direct costs less items of equipment and other capital expenditures, that portion of each subaward in excess of $25,000, and hospitalization and other fees related to patient care.

For awards beginning 10/1/25 and later, the Base is as follows:
Total direct costs less items of equipment and other capital expenditures, that portion of each subaward in excess of $50,000, and hospitalization and other fees related to patient care.

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SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	10/1/2024	9/30/2025	30.20	All	Research Scientists
FIXED	10/1/2024	9/30/2025	20.20	All	Post-Doctoral
FIXED	10/1/2024	9/30/2025	10.90	All	Part-Time Staff & Students
FIXED	10/1/2024	9/30/2025	22.30	All	Other
FIXED	10/1/2024	9/30/2025	27.50	All	Physicians
FIXED	10/1/2024	9/30/2025	29.80	All	Research Scientists - LTO
FIXED	10/1/2024	9/30/2025	21.90	All	Other - LTO
PROV.	10/1/2025	9/30/2028	30.20	All	Research Scientists
PROV.	10/1/2025	9/30/2028	20.20	All	Post-Doctoral
PROV.	10/1/2025	9/30/2028	10.90	All	Part-Time Staff & Students
PROV.	10/1/2025	9/30/2028	22.30	All	Other
PROV.	10/1/2025	9/30/2028	27.50	All	Physicians
PROV.	10/1/2025	9/30/2028	29.80	All	Research Scientists - LTO
PROV.	10/1/2025	9/30/2028	21.90	All	Other - LTO

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

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

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SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
This organization uses fringe benefit rates which are applied to salaries and wages for both budgeting and charging purposes for Federal projects.

The following fringe benefits are included in the fringe benefit rates:

Research Scientists: FICA (Social Security, Medicare), Workers Compensation, Vacation Termination Pay, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, RSO Pension and Retirement, Employee Assistance Program, Trip Reduction, Non-Taxable Expense Reimbursement, and RSO Benefits.

Post-Doctoral: FICA (Social Security & Medicare), Workers Compensation, Vacation Termination Pay, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, Non-RSO Pension and Retirement, Employee Assistance Program, Trip Reduction, Non-Taxable Expense Reimbursement, and Post-Docs/Other Benefits.

Part-Time Staff & Students: FICA (Social Security & Medicare), SUI/FUI, Workers Compensation, Vacation Termination Pay, Standard Benefits, Employee Assistance Program, Trip Reduction, and Non-Taxable Expense Reimbursement.

Other: FICA (Social Security & Medicare), Workers Compensation, Vacation Termination Pay, Tuition Reimbursement, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, Executive Long-Term Disability, Non-RSO Pension and Retirement, Executive Pension, Employee Assistance Program, Trip Reduction, and Non-Taxable Expense Reimbursement.

Physicians: FICA (Social Security & Medicare), SUI, Workers Compensation, Group Health Insurance, Life Insurance, Disability, Retirement, and Employee Assistance Program.

Research Scientists - LTO: FICA (Social Security & Medicare), Workers Compensation, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, RSO Pension and Retirement, Employee Assistance Program, Trip Reduction, Non-Taxable Expense Reimbursement, and RSO Benefits.

Other - LTO: FICA (Social Security & Medicare), Workers Compensation, Tuition Reimbursement, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, Executive Long-Term Disability, Non-RSO Pension and Retirement, Executive Pension, Employee Assistance Program, Trip Reduction, and Non-Taxable Expense Reimbursement.

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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.

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 rates in this rate agreement were reviewed in compliance with the HHS and NIH Grants Policy Statement applying a Salary Rate Limit (SRL) to indirect cost salaries & wages not exceeding the Executive Level II rate contained in the HHS Appropriations Act.

NEXT PROPOSAL DUE DATES
The indirect cost and fringe benefit rate proposal based on actual costs for fiscal years ended 09/30/2024 will be due no later than 03/31/2025.

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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. 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:

Beckman Research Institute of the City of Hope
(INSTITUTION)

Signed by: Ashley Baker Lee 1F2CD2A5D3F5434...
(SIGNATURE)

Ashley Baker Lee
(NAME)

Senior Vice President, Research Operations
(TITLE)

5/27/2025
(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Olulola O. Oluborode -S
Digitally signed by Olulola O. Oluborode -S
Date: 2025.05.23 10:24:28 -04'00'
(SIGNATURE)

Olulola Oluborode
(NAME)

Director, Cost Allocation Services
(TITLE)

03/07/2025
(DATE)

HHS REPRESENTATIVE: Jeanette Lu
TELEPHONE: (415) 437-7820