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NON-PROFIT RATE AGREEMENT

EIN: 112013303
ORGANIZATION:
Cold Spring Harbor Laboratory
1 Bungtown Road,
Cold Spring Harbor, NY 11724

Date: 04/24/2026
FILING REF: The preceding agreement was dated 01/23/2025

The rates approved in this agreement are for use on grants, contracts, and other agreeements 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	01/01/2024	12/31/2025	92.00	On-Site	All Programs
PRED.	01/01/2026	12/31/2028	92.00	On-Site	All Programs
PROV.	01/01/2029	12/31/2032	92.00	On-Site	All Programs

***BASE**

For all awards beginning 12/31/2024 and earlier, the Base is as follows : Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of $25,000. For all awards beginning l /1 /2025 and later, the Base is as follows: Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of $50,000

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SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	01/01/2025	12/31/2025	28.50	All	All Employees
FIXED	01/01/2026	12/31/2027	27.00	All	All Employees
PROV.	01/01/2028	12/31/2031			Use Same Rates and conditions as those cited for fiscal year ending 12-31-2027

** 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.

(1) Fringe benefits applicable to direct salaries and wages are treated as direct costs.

(2) The following fringe benefits are included in the fringe benefit rate:

Pension/Retirement-Fidelity

New York State

Disability

New York State Unemployment

Basic Surgical, Major Medical Group Life Insurance

Dental

Long Term Disability

New York State Worker's Compensation Childcare Center

Wellness Program

MCTM Commuter Tax in New York

(3) Social Security Taxes (FICA) are directly identified and assigned to each individual employee and directly charged to projects.

** A fringe benefit proposal for combined fiscal years ending 12/31/2025 and 12/31/2026 is due on June 30, 2027.

** An indirect cost proposal for fiscal year ending December 31, 2027 is due on June 30, 2028.

The rates in this rate agreement were reviewed in compliance with the HHS 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.

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"Upon receipt of any Federal awards that may significantly impact the existing rates, you must contact CAS immediately, as rate adjustments may be required. In addition, predetermined rates cannot be used for Federal cost reimbursement contracts. Therefore, if you receive a Federal cost reimbursement contract, you must also notify CAS immediately."

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: For all awards beginning 12/31/2024 and earlier, $5,000. For all awards beginning l /1 /2025 and later, $10,000.

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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. **USER 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.

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BY THE INSTITUTION

Cold Spring Harbor Laboratory
(INSTITUTION)

Signed by:
A92DCEF1CF98413...
(SIGNATURE)

Nicholas Milowski
(NAME)

CFO
(TITLE)

4/29/2026
(DATE)

ON BEHALF OF THE GOVERNMENT

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(DEPT/AGENCY)

Signed by:
Olulola Oluborode
Signer Name: Olulola Oluborode
Signing Reason: I approve this document
Signing Time: 4/29/2026 | 8:35:04 AM EDT
D7A2BB3FCB684CF8B7E767C806C54131
(SIGNATURE)

Olulola Oluborode
(NAME)

Director, Cost Allocation Services
(TITLE)

4/29/2026
(DATE)

HHS REPRESENTATIVE: Ernest Kinneer
TELEPHONE: +1 (214) 767-3213