



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
FAX: (212) 264-5478
EMAIL: CAS-NY@psc.hhs.gov

February 18, 2020

Ms. Patricia Casey
Associate Vice President, Financial Operations and Controller
University of Connecticut
343 Mansfield Road, Unit 1074
Storrs, CT 06269-1074

Dear Ms. Casey:

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and emailed to me; retain a copy for your file. Our email address is cas-ny@psc.hhs.gov. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this negotiation, the following was agreed to:

1. The carry-forward over-recovery of \$(202,363) resulting from the settlement of your actual Professional fringe benefit rate for fiscal year ended June 30, 2019 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2021.
2. The carry-forward under-recovery of \$172,965 resulting from the settlement of your actual Faculty fringe benefit rate for fiscal year ended June 30, 2019 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2021.
3. The carry-forward over-recovery of \$(1,004,824) resulting from the settlement of your actual Graduate Assistants fringe benefit rate for fiscal year ended June 30, 2019 including amount deferred from fiscal year ended June 30, 2017 will be taken into consideration in computing the actual fringe benefit rates for fiscal years ending June 30, 2021 \$(502,412) and June 30, 2023 \$(502,412).
4. The carry-forward under-recovery of \$674,497 resulting from the settlement of your actual Special Payroll fringe benefit rate for fiscal year ended June 30, 2019 including amount deferred from fiscal year ended June 30, 2017 will be taken into consideration in computing the actual fringe benefit rate for fiscal years ending June 30, 2021 \$149,497 and June 30, 2023 \$525,000.
5. The carry-forward over-recovery of \$(14,657) resulting from the settlement of your actual Student Labor fringe benefit rate for fiscal year ended June 30, 2019 will be taken into consideration in computing the actual fringe benefit rate for your fiscal year ending June 30, 2021.

6. Attached are (4) documents entitled "Components of Published Facilities and Administrative Cost Rate (F&A)". There is one document issued for each F&A rate published on the rate agreement. These documents should be signed and emailed back to this office along with the signed rate agreement.
7. Your fringe benefit proposal for your fiscal year ending June 30, 2020 will be due by December 31, 2020.

An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 6/30/2021 is due in our office by 12/31/2021. If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted. Please submit your next proposal electronically via email to CAS-NY@psc.hhs.gov. In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and returning it to me via email, along with the enclosed negotiation agreement.

Sincerely,

Darryl W.

Mayer -S

Digitally signed by Darryl W.
Mayer -S
DN: cn=US, o=U.S. Government,
ou=HHS, ou=PSC, ou=People,
0.9.2342.1.9200300.100.1.1=20001
31669, cn=Darryl W. Mayer -S
Date: 2020.02.21 14:35:57 -0500

Darryl W. Mayer
Deputy Director
Cost Allocation Services

Enclosures

Concurrence:


Name

AVP Financial Operations & Controller
Title

2/27/2020
Date

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 060772160

DATE:02/18/2020

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
08/09/2019

University of Connecticut
343 Mansfield Road, Unit 2074
Storrs, CT 06269-2112

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.	07/01/2019	06/30/2022	61.00	On-Campus	Research
PRED.	07/01/2019	06/30/2022	57.00	On-Campus	Instruction
PRED.	07/01/2019	06/30/2022	35.00	On-Campus	Other Sponsored Programs
PRED.	07/01/2019	06/30/2022	26.00	Off-Campus	All Programs
PROV.	07/01/2022	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2022.

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*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

ORGANIZATION: University of Connecticut

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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	64.80	All	Professional
FIXED	7/1/2019	6/30/2020	53.20	All	Faculty
FIXED	7/1/2019	6/30/2020	17.20	All	Graduate Assistants
FIXED	7/1/2019	6/30/2020	24.30	All	Special Payroll
FIXED	7/1/2019	6/30/2020	4.10	All	Student Labor
FIXED	7/1/2020	6/30/2021	43.00	All	Professional
FIXED	7/1/2020	6/30/2021	43.00	All	Faculty
FIXED	7/1/2020	6/30/2021	15.50	All	Graduate Assistants
FIXED	7/1/2020	6/30/2021	19.50	All	Special Payroll
FIXED	7/1/2020	6/30/2021	2.40	All	Student Labor
PROV.	7/1/2021	Until amended	44.70	All	Professional
PROV.	7/1/2021	Until amended	40.60	All	Faculty
PROV.	7/1/2021	Until amended	18.30	All	Graduate Assistants
PROV.	7/1/2021	Until amended	18.60	All	Special Payroll
PROV.	7/1/2021	Until amended	3.30	All	Student Labor

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: University of Connecticut

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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.

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(1) 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. Grants or contracts will not be subject to more than one indirect cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(2) The Fringe Benefit rates include the following: Pension, Unemployment Compensation, Worker's Compensation, Health Services, Group Life Insurance, Social Security, and Medical Insurance.

(3) The following is a list of the locations to which the On-Campus indirect cost rate is applicable to:

Storrs - Main Campus

Greater Hartford Campus:

Hartford Branch

School of Law

School of Social Work

School of Insurance

Institute of Public Services

Southeastern Location:

Groton, CT

Southeastern Branch

Marine Services Institute

Waterbury Branch, Torrington Branch, Stamford Branch

(4) 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.

(5) A fringe benefit proposal based on actual costs for the fiscal year ending June 30, 2020 is due by December 31, 2020. A Facilities & Administrative cost proposal based on actual costs for the fiscal year ending June 30, 2021 is due by December 31, 2021.

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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 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 Connecticut

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(SIGNATURE)
Darryl W. Mayes -
S
Digitally signed by Darryl W. Mayes-S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People,
ou=254219200100110011000111000, cn=Darryl
W. Mayes-S
Date: 2020.02.21 14:35:08 -05'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

2/18/2020

(DATE) 7028

HHS REPRESENTATIVE: Michael Leonard

Telephone: (212) 264-2069