

HOSPITALS RATE AGREEMENT

EIN: 1710694931A1

DATE:02/08/2021

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
09/07/2016Arkansas Children's Research Institute
1120 Marshall Street
Little Rock, AR 72202-3591

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.	07/01/2020	06/30/2024	54.00	On Site	Organized Research
PRED.	07/01/2020	06/30/2024	33.00	Off Site	Organized Research
PRED.	07/01/2020	06/30/2024	26.80	On Site	Other Sponsored Programs
PRED.	07/01/2020	06/30/2024	20.36	Off Site	Other Sponsored Programs
PROV.	07/01/2024	06/30/2027			Use same rates and conditions as those cited for fiscal year ending June 30, 2024.

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000 and flow-through funds.

ORGANIZATION: Arkansas Children's Research Institute

AGREEMENT DATE: 2/8/2021

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits 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.

FRINGE BENEFITS:

FICA
Retirement
Life Insurance
Worker's Compensation
Unemployment Insurance
Health Insurance

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 contracts. Therefore, if you receive a Federal cost reimbursement contract, you must also notify CAS immediately.

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 the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

The next indirect cost proposal, based on actual costs for the fiscal year ending June 30, 2023, is due on December 31, 2023.

ORGANIZATION: Arkansas Children's Research Institute

AGREEMENT DATE: 2/8/2021

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 cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital 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:

Arkansas Children's Research Institute

(INSTITUTION)

Digitally signed by: Barry Brady

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(SIGNATURE)

Barry Brady

(NAME)

COO

(TITLE)

18-Feb-2021 | 2:31:59 PM PST

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Digitally signed by: Darryl W. Mayes - S

DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0,9.2342.1.9200300.100.1.1=2000131669, cn=Darryl W. Mayes-S
Date: 2021.02.17 16:14:12 -0500

(SIGNATURE)

for Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

2/8/2021

(DATE) 1358

HHS REPRESENTATIVE: Joel McKenzie

Telephone: (214) 767-3261