



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

March 25, 2022

Ms. Jane Nisbet
Senior Vice Provost for Research
University of New Hampshire
18 Garrison Avenue
Durham, New Hampshire 03824-3547

Dear Ms. Nisbet:

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 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 agreement:

1. The following schedule summarizes the carry-forwards resulting from the settlement of the **full fringe benefit rates** for the various fiscal years referenced below. These amounts must be included in the calculation of the actual fringe benefit rates for the years cited.

CAS Letter Dated	Carry-forward from FYE	Consider with Actuals for FYE	Under(Over) Recovery
February 21, 2020	6/30/19	6/30/21	\$5,711,851
March 23, 2021	6/30/20	6/30/22	\$8,055,645
March 14, 2022	6/30/21	6/30/23	(\$7,811,156)

2. The following schedule summarizes the carry-forwards resulting from the settlement of the **basic fringe benefit rates** for the various fiscal years referenced below. These amounts must be included in the calculation of the **fixed full fringe benefit** rates for the years cited.

CAS Letter Dated	Carry-forward from FYE	Consider with Actuals for FYE	Under(Over) Recovery
February 21, 2020	6/30/19	6/30/21	\$16,455)
March 23, 2021	6/30/20	6/30/22	(\$168,808)
March 14, 2022	6/30/21	6/30/23	(76,764)


A fringe benefit rate proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims cost under grants and contracts awarded by the Federal Government. This proposal is due within six months after the close of your year. Therefore, a fringe benefit rate proposal for the fiscal year **ending June 30, 2022 is due in our office by December 31, 2022**. The proposal will be used to establish rates for the fiscal year subsequent to the last period covered by an approved final, fixed, or predetermined rate(s). Failure to submit a timely proposal will be interpreted as a forfeiture of reimbursement for indirect costs.

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.

In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and transmitting electronically via email to CAS-NY@psc.hhs.gov.

Sincerely,

**Darryl W.
Mayes -S**


 Digitally signed by Darryl W. Mayes -S
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 ou=HHS, ou=PSC, ou=People,
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 Date: 2022.06.15 10:53:50 -04'00'

Darryl W. Mayes
 Deputy Director
 Cost Allocation Services

Enclosures

Concurrence:

Louise Griffin

 Digitally signed by Louise Griffin
 Date: 2022.06.15 13:00:19 -04'00'

Name

AVP & Chief Research Administration Officer

Title

06/15/22

Date

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 02-6000937

DATE:03/25/2022

ORGANIZATION:

FILING REF.: The preceding agreement was dated 03/26/2021

University of New Hampshire
105 Main Street, Room 107
Durham, NH 03824

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	06/30/2021	50.50	On-Campus	Research
PRED.	07/01/2021	06/30/2022	51.50	On-Campus	Research
PRED.	07/01/2022	06/30/2023	52.50	On-Campus	Research
PRED.	07/01/2023	06/30/2024	53.50	On-Campus	Research
PRED.	07/01/2019	06/30/2024	26.00	Off-Campus	All Programs
PRED.	07/01/2019	06/30/2021	35.20	On-Campus	Other Sponsored Programs
PRED.	07/01/2021	06/30/2024	37.00	On-Campus	Other Sponsored Programs
PRED.	07/01/2019	06/30/2021	57.50	On-Campus	Instruction
PRED.	07/01/2021	06/30/2024	56.90	On-Campus	Instruction
PROV.	07/01/2024	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2024.

*BASE

ORGANIZATION: University of New Hampshire

AGREEMENT DATE: 3/25/2022

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 New Hampshire

AGREEMENT DATE: 3/25/2022

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	7/1/2021	6/30/2022	37.60	All	All Emp. (1,2,4)
FIXED	7/1/2021	6/30/2022	7.90	All	Spec.Remarks (3)
FIXED	7/1/2022	6/30/2023	35.70	All	All Emp. (1,2,4)
FIXED	7/1/2022	6/30/2023	8.10	All	Spec.Remarks (3)
PROV.	7/1/2023	Until amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2023.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

See Special Remarks, (1) (2) (3) (4)

ORGANIZATION: University of New Hampshire

AGREEMENT DATE: 3/25/2022

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-Campus is defined as grants, contracts, and cooperative agreements that are conducted in space not owned by the University and not otherwise paid for by the University from University funds, or where rent is directly charged to sponsored agreements, or where the space is provided at no charge to the University. The off-campus rates will be applied for federally sponsored grant, contract, or cooperative agreement activities when the project activities occur in these situations. Additionally, grants, contracts, and cooperative agreements will not be subject to more than one F&A cost rate. If more than 50% of the project activities are performed in off-campus space the off-campus rate will apply to the entire project. If 50% or less of the project activities is performed in off-campus facilities, the on-campus rate will be used for the entire project.

ORGANIZATION: University of New Hampshire

AGREEMENT DATE: 3/25/2022

(1) Fringe benefit rate is not applicable to hourly wages, college work study wages, graduate student salaries, faculty summer salaries.

(2) Fringe benefits include: Eye Care, Early retirement, Additional Retirement Contribution, Earned Time, University Fitness Program, Federal Retirement, Medical Coverage, Other Health Costs, Other Retirement, Other Salary Based, State Retirement, Social Security, Retirement Plan Premiums, Staff and Fac. Tuition Benefits, Workmen's Compensation, Faculty Summer Fellowships, Benefits Administration, ELF, Interim Disability, and Compensated Absences.

(3) Applicable to Non-Student hourly wages, faculty summer salaries and other exceptions to contract pay. The basic fringe benefit rate is also applicable to FICA eligible graduate student pay.

(4) Applicable to the University System of New Hampshire.

(5) 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.

NEXT PROPOSAL DUE DATE

Your next Indirect cost proposal based on actual costs for the fiscal year ending 06/30/2023 is due in our office by 12/31/2023.

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

This rate agreement updates fringe benefit rates only.

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 New Hampshire

(INSTITUTION)

Louise Griffin

(SIGNATURE)

Louise Griffin

(NAME)

AVP & Chief Research Administration Officer

(TITLE)

06/15/22

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes -S

(SIGNATURE)

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0.9.2342.19200300.100.1.1=2000131669, cn=Darryl W. Mayes -S
Date: 2022.06.15 10:52:57 -04'00'

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

3/25/2022

(DATE) 7097

HHS REPRESENTATIVE: **Edwin Miranda**

Telephone: **(212) 264-2069**