



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
EMAIL: CAS-NY@psc.hhs.gov

February 13, 2023

Mr. James H. Lapple
Vice President for Finance
Rockefeller University
1230 York Avenue
New York, New York 10021

Dear Mr. Lapple:

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 e-mailed to CAS-NY@psc.hhs.gov. Retain a copy for your file. 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.

The following schedule summarizes the carry-forwards resulting from the settlement of the 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.

Table with 4 columns: CAS Letter Dated, Carry-forward from FYE, Consider with Actuals for FYE, Under(Over) Recovery. Rows include dates from 2020 to 2023 with corresponding monetary values.

A fringe benefit proposal, together with the supporting information, is required to substantiate your claim for fringe benefit costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 06/30/2023 is due in our office by 12/31/2023. 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 email it to me with the enclosed negotiation agreement.

Sincerely,
Darryl W.
Mayes -S
Darryl W. Mayes
Deputy Director
Cost Allocation Services

Digitally signed by Darryl W. Mayes -S
DN: cn=US, o=U.S. Government, ou=HHS, ou=OSC, ou=People
0.9.2342.191000000.1001.1.1.200012166
%cn=Darryl W. Mayes -S
Date: 2023.02.09 08:39:23 -0500

Enclosures:

Concurrence: [Signature]
Name: VP Finance and Treasurer
Title:
Date: 3/9/2023

## NONPROFIT RATE AGREEMENT

EIN: 1131624158A1  
 ORGANIZATION:  
 Rockefeller University  
 1230 York Avenue  
 New York, NY 10021-6399

Date: 02/13/2023  
 FILING REF.: The preceding  
 agreement was dated  
 12/27/2021

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.

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### SECTION I: INDIRECT COST RATES

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RATE TYPES:	FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)	
	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2020	06/30/2023	69.50	On-Campus	Research
PRED.	07/01/2020	06/30/2023	40.10	On-Campus	Other Sponsored Activities
PRED.	07/01/2020	06/30/2023	26.00	Off-Campus	Research
PRED.	07/01/2020	06/30/2023	26.00	Off-Campus	Other Sponsored Activities
PROV.	07/01/2023	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2023.

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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.

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**SECTION I: FRINGE BENEFIT RATES\*\***

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2022	6/30/2023	39.10	All	All Employees
FIXED	7/1/2023	6/30/2024	44.30	All	All Employees
PROV.	7/1/2024	Until Amended	40.00	All	All Employees

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

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## **SECTION II: SPECIAL REMARKS**

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### 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) All activities conducted in facilities not owned by the Institution are considered off-campus.
- (2) The fringe benefit costs listed below are reimbursed to the grantee through the direct fringe benefit rate:

Pension/Annuities Social Security Taxes (FICA)  
Health and Dental Ins. Unemployment Insurance  
Disability Insurance Workers Compensation  
Tuition Aid/Reimbursement Group Life Insurance  
Employees' Health Service Employees' Assistance Program  
Travel Insurance Adoption Reimb. Program  
Childrens School Retirees Health&Dental Coveragae

- (3) 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.
  - (4) Your next F&A cost rate proposal based on actual costs for the fiscal year ending 6/30/2022 is due to our office by 12/31/2022. Your next fringe benefit cost rate proposal based on actual costs for the fiscal year ended 6/30/2023 is due to our office by 12/31/2023.
  - (5) This Rate Agreement updates Fringe Benefit Rates only.
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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:**

Rockefeller University

(INSTITUTION)

Romayne L. Botti  
(SIGNATURE)

ROMAYNE L. BOTTI  
(NAME)

VP FINANCE & TREASURER  
(TITLE)

3/9/2023  
(DATE)

**ON BEHALF OF THE GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
(AGENCY)

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: 2023.03.09 08:35:11 -05'00'

Darryl W. Mayes  
(NAME)

Deputy Director, Cost Allocation Services  
(TITLE)

02/13/2023  
(DATE)

HHS REPRESENTATIVE: Edwin Miranda

TELEPHONE: (212) 264-2069

