

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) 264-2669 FAX: (212) 264-5478 EMAIL: CAS-NY@psc.hhs.gov

December 7, 2022

Ms. Patricia Casey University Controller University of Rhode Island 110 Carlotti Administration Bldg. 75 Lower College Rd., Suite 10 Kingston, RI 02881-0806

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 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.

In consideration of this negotiation, the following conditions are agreed to:

Attached are 5 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 must be signed and returned to this office along with the signed rate agreement.

An indirect cost 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. Therefore, your next indirect cost rate proposal for the fiscal year ending June 30, 2024 will be due in our office by December 31, 2024. In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and submit your next proposal electronically via email to CAS-NY@psc.hhs.gov.

Sincerely, Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes - S DN; c=U5. 0=U5. Government, out=IH5, out=P6C, out=People. 0-9.2342.19200300.100.1.1=200013166 9.cn=Darryl W. Mayes - 5 Date: 2023.01.17 08:40:13 =05:00

Darryl W. Mayes Deputy Director

Cost Allocation Services

Enclosures
Concurrence:
Angela Miller
Name /
Name / INP Firencial Openinons of Controller
Title
2/28/23
Date

Institution:

University of Rhode Island

D. G. Communit	7/1/2022 - 6/30/2025 PRED.
Rate Component	KED.
1. a. Depreciation - Bldgs & Improvements	<u>4.90%</u>
b. Depreciation - Moveable Equipment	1.26%
2. Interest	0.04%
3. Operation & Maintenance	<u>22.00%</u>
4. General Administration	<u>0.00%</u> *
5. Departmental Administration	<u>26.00%</u> *
6. Sponsored Projects Administration	<u>0.00%</u> *
7. Library	<u>2.00%</u>
8. Utility Cost Adjustments	<u>1.30%</u>
Published On-Campus Rate - Organized Research	<u>57.5%</u>

^{*} Reflects provisions of Uniform Guidance, Appendix III to Part 200, Section C.8.

Name: Angelia Miller

Title: Avp Francial Operations + Controller

Date: 2128/23

Institution:

University of Rhode Island

	7/1/2022 - 6/30/2025	
Rate Component	PRED	
I. a. Depreciation - Bldgs & Improvements	0.00%	
b. Depreciation - Moveable Equipment	0.00%	
2. Interest	0.00%	
3. Operation & Maintenance	0.00%	
4. General Administration	0.00%	A
5. Departmental Administration	<u>26.00%</u>	*
6. Sponsored Projects Administration	0.00%	*
7. Library	0.00%	
8. Utility Cost Adjustments	0.00%	

Published Off-Campus Rate - All programs 26.0%

* Reflects provisions of Uniform Guidance, Appendix III to Part 200, Section C.8.

Name: Angele Willer

Title: AVP Francial Department

Date: 2/28/23

Institution:

University of Rhode Island

Rate Component	7/1/2022- 6/30/2025 <u>PRED</u>
1. a. Depreciation - Bldgs & Improvements	<u>4.5%</u>
b. Depreciation - Moveable Equipment	0.2%
2. Interest	0.1%
3. Operation & Maintenance	15.0%
4. General Administration	<u>0.0%</u> *
5. Departmental Administration	<u>26.0%</u> *
6. Sponsored Projects Administration	<u>0.0%</u> *
7. Library	9.2%
8. Student Services	0.0%
9. Utility Cost Adjustment	0.0%
Published On-Campus Rate - Instruction	<u>55%</u>

^{*} Reflects provisions of Uniform Guidance, Appendix III to Part 200, Section C.8.

Name	Angela M.	Iler	
Title:	ANP Francial	O perations +	Controllar
Date:	A / /	<i>V</i>	



Institution:

University of Rhode Island

D. A. Commonweat	7/1/2022 - 6/30/2025 PRED
Rate Component	IKED
1. a. Depreciation - Bldgs & Improvements	4.70%
b. Depreciation - Moveable Equipment	<u>0.70%</u>
2. Interest	0.00%
3. Operation & Maintenance	<u>17.20%</u>
4. General Administration	<u>0.00%</u> *
5. Departmental Administration	26.00% *
6. Sponsored Projects Administration	<u>0.00%</u> *
7. Library	1.40%
8. Utility Cost Adjustment	0.00%
Published On-Campus Rate - Agr.Exp.Station	<u>50.0%</u>

^{*} Reflects provisions of Uniform Guidance, Appendix III to Part 200, Section C.8.

Name: Angele Miller
Title: AVP Financial Operations + Controller

Date: 3/38/25

Components of Published Facilities and Administrative Cost Rate

Institution:

University of Rhode Island

	7/1/2022 - 6/30/2025
Rate Component	PRED
1. a. Depreciation - Bldgs & Improvements	<u>2.3%</u>
b. Depreciation - Moveable Equipment	0.5%
2. Interest	0.0%
3. Operation & Maintenance	<u>15.3%</u>
4. General Administration	<u>0.0%</u> *
5. Departmental Administration	<u>26.0%</u> *
6. Sponsored Projects Administration	0.0% *
7. Library	<u>1.9%</u>
8. Utility Cost Adjustment	0.0%

Published On-Campus Rate -Other Sponsored Prog.

<u>46%</u>

Name: Angela Millin

Title: AVF Financial Operations + Controller

Date: 3/28/23

^{*} Reflects provisions of Uniform Guidance, Appendix III to Part 200, Section C.8.

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 05-60000522

DATE:12/7/2022

ORGANIZATION:

FILING REF.: The preceding

University of Rhode Island

agreement was dated

110 Carlotti Administration Bldg.

08/26/2020

75 Lower College Rd., Suite 10

Kingston, RI 02881

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: Facilities And Administrative Cost Rates

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

EFFECTIVE PERIOD

TYPE	FROM	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED. PRED. PRED. PRED.	07/01/2022 07/01/2022 07/01/2022 07/01/2022 07/01/2022	06/30/2025 06/30/2025 06/30/2025 06/30/2025 06/30/2025	57.50 On-Campus 55.00 On-Campus 46.00 On-Campus 50.00 On-Campus 26.00 Off-Campus	Research Instruction OSA Agr.Exp.Station All Programs
PROV.	07/01/2025	Until Amended	20100 OII Campab	Use same rates and conditions as those cited for fiscal year ending June 30, 2025.

ORGANIZATION: University of Rhode Island

AGREEMENT DATE: 12/7/2022

*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 Rhode Island

AGREEMENT DATE: 12/7/2022

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: The off-site rate will apply for all activities:

- a) Performed in facilities not owned by the organization and where no costs are included in the F&A pools; or
- b) Where rent is directly allocated/charged to the project(s)

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.

- 1. Fringe Benefits: The fringe benefits specifically identified to individuals include: FICA and Medicare taxes, health, dental and vision insurance, disability insurance, retirement benefits, group life insurance, unemployment insurance, workers' compensation, tuition assistance(employees only), employee assistance programs, and accrued leave payouts.
- 2. Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year, and an acquisition cost of \$5,000 or more per unit.

NEXT PROPOSAL DUE DATE Your next proposal based on actual costs for the fiscal year ending 6/30/2024 is due by 12/31/2024.

A two-year rate extension of the F&A cost rate(s) was granted in accordance with 2 CFR 200.414(g).

ORGANIZATION: University of Rhode Island

AGREEMENT DATE: 12/7/2022

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

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:

BY THE INSTITUTION:

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.

ON BEHALF OF THE PEDERAL GOVERNMENT:

University of Rhode Island DEPARTMENT OF HEALTH AND HUMAN SERVICES TENSTITUTEON Digitally signed by Darryl IV, Mayes -5 DAY C=US, O=US, Government, priamHS, our FSC. 'Darryl W. Mayes ru=Peop!e 0 9.2342.39201360 102 1,1=2000131669, cn=(3aty) S VC Mayer 5 Date: 2023/01.17 DR 42.06-05/07 (SIGNATURE) Darryl W. Mayes (NAME) Deputy Director, Cost Allocation Services 12/7/2022 (DATE) 7137 HHS REPRESENTATIVE: Edwin Miranda Telephone: (212) 264-2069