

NONPROFIT RATE AGREEMENT

EIN: 88-6000024

DATE:05/11/2023

ORGANIZATION:

FILING REF.: The preceding agreement was dated 01/31/2022

Desert Research Institute
2215 Raggio Parkway

Reno, NV 89512

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>
FINAL	07/01/2021	06/30/2022	65.00	On-Site	All Programs
FINAL	07/01/2021	06/30/2022	39.00	Off-Site	All Programs
PROV.	07/01/2022	06/30/2025	65.00	On-Site	All Programs
PROV.	07/01/2022	06/30/2025	39.00	Off-Site	All Programs

*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.

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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	7/1/2023	6/30/2024	22.10	All	Post-Doctoral
FIXED	7/1/2023	6/30/2024	52.00	All	Professional
FIXED	7/1/2023	6/30/2024	35.40	All	Graduate Students
FIXED	7/1/2023	6/30/2024	58.80	All	Technologists
FIXED	7/1/2023	6/30/2024	2.80	All	Hourly/Letter of Appointment
PROV.	7/1/2024	6/30/2027	22.10	All	Post-Doctoral
PROV.	7/1/2024	6/30/2027	52.00	All	Professional
PROV.	7/1/2024	6/30/2027	35.40	All	Graduate Students
PROV.	7/1/2024	6/30/2027	58.80	All	Technologists
PROV.	7/1/2024	6/30/2027	2.80	All	Hourly/Letter of Appointment

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages excluding vacation, sick leave pay and other paid absences.

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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

The costs of vacation, sick leave pay, and other paid absences are included in the organization's fringe benefit rate and are not included in the direct cost of salaries and wages. Claims for direct salaries and wages must exclude those amounts paid or accrued to employees for periods when they are on vacation, sick leave, or are otherwise absent from work.

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. Actual costs will be apportioned between on-site and off-site components. Each portion will bear the appropriate rate.

FRINGE BENEFITS:

FICA

Retirement

Worker's Compensation

Vacation

Health Insurance

Disability Insurance

Unemployment Insurance

Sick Leave

Medicare

Grant-In-Aid

The next IDC and Fringe benefit proposals, based on actual costs for the fiscal year ending 06/30/2023, are due in our office by 12/31/2023.

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.

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:

Desert Research Institute

(INSTITUTION)

(SIGNATURE)

Lindsay Sessions

(NAME)

Controller

(TITLE)

June 9, 2023

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

05/11/2023

(DATE) 2701

HHS REPRESENTATIVE:

Rebecca Kaplan

Telephone:

(212) 264-2069