

## HOSPITAL RATE AGREEMENT

EIN: 1043400617A1  
ORGANIZATION:  
Tufts Medical Center  
800 Washington St., #453  
Boston, MA 02111

Date: 12/11/2023  
FILING REF.: The preceding  
agreement was dated  
08/02/2018

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)

TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATION	APPLICABLE TO
	FROM	TO			
FINAL	10/01/2019	09/30/2020	78.00	On-Site	Research
FINAL	10/01/2019	09/30/2020	38.00	Off-Site	Research
FINAL	10/01/2020	09/30/2021	78.00	On-Site	Research
FINAL	10/01/2020	09/30/2021	38.00	Off-Site	Research
FIXED	10/01/2021	09/30/2023	76.00	On-Site	Research
FIXED	10/01/2021	09/30/2023	37.00	Off-Site	Research
FIXED	10/01/2023	09/30/2024	78.00	On-Site	Research
FIXED	10/01/2023	09/30/2024	37.00	Off-Site	Research
PROV.	10/01/2024	09/30/2027	78.00	On-Site	Research
PROV.	10/01/2024	09/30/2027	37.00	Off-Site	Research

\*BASE

Total direct costs less items of equipment, alterations and renovations, hospitalization and other fees related to patient care, and that portion of each subaward in excess of \$25,000.

ORGANIZATION: Tufts Medical Center  
AGREEMENT DATE: 12/11/2023

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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>
FINAL	10/1/2019	9/30/2020	27.00	All	All Employees
FINAL	10/1/2020	9/30/2021	27.00	All	All Employees
FIXED	10/1/2021	9/30/2023	26.00	All	All Employees
FIXED	10/1/2023	9/30/2024	27.00	All	All Employees
PROV.	10/1/2024	9/30/2027	27.00	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) 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.

(2) The fringe benefits rate includes: FICA, Pension, Health Insurance, Life Insurance, Long Term Disability Insurance, Short Term Disability Insurance, Worker's Compensation, Unemployment Insurance, Dental Insurance, Severance, and Terminal Vacation pay.

Your next indirect cost proposal based on actual costs for the fiscal year ending 09/30/23 is due in our office by 03/31/24.

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.

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### SECTION III: GENERAL

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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.

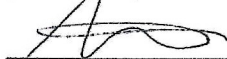
E. OTHER:

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:

Tufts Medical Center

(INSTITUTION)



(SIGNATURE)

Assad Siddiqi

(NAME)

Sr Vice President of Finance

(TITLE)

2/6/24

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes

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Date: 2024.01.22 09:55:51 -05'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

12/11/2023

(DATE)

HHS REPRESENTATIVE: Michael Stanco

TELEPHONE: (212) 264-2069