

## HOSPITAL RATE AGREEMENT

EIN: 1231352166  
 ORGANIZATION:  
 Children's Hospital of Philadelphia  
 3516 Civic Center Boulevard  
 Philadelphia, PA 19104-4318

Date: 06/12/2024  
 FILING REF.: The preceding  
 agreement was dated  
 06/22/2023

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)
TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATION	APPLICABLE TO
	FROM	TO			
FIXED	07/01/2021	06/30/2022	76.00	On-Site	Organized Research (1)
FIXED	07/01/2021	06/30/2022	42.00	Off-Site	Organized Research (1)
FIXED	07/01/2021	06/30/2022	52.00	On-Site	Other Sponsored Activities (1)
FIXED	07/01/2021	06/30/2022	42.00	Off-Site	Other Sponsored Activities (1)
FIXED	07/01/2021	06/30/2022	8.50	All	COG Subcontracts (2)
FIXED	07/01/2022	06/30/2023	78.00	On-Site	Organized Research (1)
FIXED	07/01/2022	06/30/2023	42.00	Off-Site	Organized Research (1)
FIXED	07/01/2022	06/30/2023	52.00	On-Site	Other Sponsored Activities (1)
FIXED	07/01/2022	06/30/2023	42.00	Off-Site	Other Sponsored Activities (1)
FIXED	07/01/2022	06/30/2023	8.50	All	COG Subcontracts (2)
PROV.	07/01/2023	06/30/2026			Use same rates and conditions as those cited for fiscal year ending June 30, 2023.

\*BASE

(1) 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.

(2) Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and subawards. Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, and participant support costs . 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.

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

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<b>TYPE</b>	<b>FROM</b>	<b>TO</b>	<b>RATE(%)</b>	<b>LOCATION</b>	<b>APPLICABLE TO</b>
FIXED	7/1/2023	6/30/2024	23.30	All	CHOP Research Employees
FIXED	7/1/2023	6/30/2024	21.20	All	Pediatrics Faculty
FIXED	7/1/2023	6/30/2024	16.60	All	Non-Pediatrics Faculty
FIXED	7/1/2024	6/30/2025	23.20	All	CHOP Research Employees
FIXED	7/1/2024	6/30/2025	22.20	All	Pediatrics Faculty
FIXED	7/1/2024	6/30/2025	17.00	All	Non-Pediatrics Faculty
PROV.	7/1/2025	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2025

**\*\* 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.

The off-site rate will apply for all activities: a) Performed in facilities not owned by the organization and where these facility cost are not included in the indirect cost 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.

Fringe Benefits include: FICA, Disability Insurance, Life Insurance, Tuition Remission, Pension Costs, Workers' Compensation, Unemployment Insurance, and Health Insurance.

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.

\*\*This agreement updates the Fringe Benefits Rates Section only. All other terms and conditions from the previous agreement remain unchanged.

Next fringe benefit rate proposal based on FYE 06/30/24 is due in our office by 12/31/24.

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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:**

Children's Hospital of Philadelphia  
\_\_\_\_\_  
(INSTITUTION)  
  
\_\_\_\_\_  
(SIGNATURE)  
Sophia G Holder  
\_\_\_\_\_  
(NAME)  
EVP & CFO  
\_\_\_\_\_  
(TITLE)  
6/27/24  
\_\_\_\_\_  
(DATE)

**ON BEHALF OF THE GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
\_\_\_\_\_  
(AGENCY)  
Darryl W. Mayes -S Digitally signed by Darryl W. Mayes -S  
\_\_\_\_\_  
(SIGNATURE) Date: 2024.06.21 10:19:24 -04'00'  
Darryl W. Mayes  
\_\_\_\_\_  
(NAME)  
Deputy Director, Cost Allocation Services  
\_\_\_\_\_  
(TITLE)  
06/12/2024  
\_\_\_\_\_  
(DATE)  
**HHS REPRESENTATIVE:** Steven Zuraf  
**TELEPHONE:** (301) 492-4855

