

HOSPITAL RATE AGREEMENT

EIN: 93-0386823
ORGANIZATION:
Legacy Emanuel Hospital & Health Center
Legacy Health System
2801 N. Gantenbien
Portland, OR 97227

Date: 07/30/2024
FILING REF.: The preceding
agreement was dated
07/21/2022

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)
	<u>EFFECTIVE PERIOD</u>				
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	04/01/2023	03/31/2026	65.30	All	Research
PROV.	04/01/2026	03/31/2029	65.30	All	Research

*BASE

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000, and hospitalization and other fees related to patient care.

Upon receipt of any Federal awards that may significantly impact the existing rates, you must contact CAS immediately, as rate adjustments may be required. In addition, predetermined rates cannot be used for Federal cost reimbursement contracts. Therefore, if you receive a Federal cost reimbursement contract, you must also notify CAS immediately.

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	4/1/2022	3/31/2023	31.30	All	All Employees
FIXED	4/1/2023	3/31/2024	27.40	All	All Employees
PROV.	4/1/2024	3/31/2027	27.40	All	All Employees

**** DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages.

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 following fringe benefits are included in the rate(s):

SOCIAL SECURITY, WORKERS COMPENSATION, UNEMPLOYMENT COMPENSATION, GROUP LIFE, MEDICAL, DENTAL, VISION, EMPLOYEE TUITION ASSISTANCE, EMPLOYEE DISCOUNT, TRI-MET, PRODUCTIVITY BONUSES, RETIREMENT.

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.

DEFINITION OF EQUIPMENT

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.

NEXT PROPOSAL DUE DATE

Fringe benefit cost proposals based on actual costs for fiscal year ending 3/31/2023 and 3/31/2024 will be due no later than 9/30/2024. And indirect cost proposal based on actual costs for fiscal year ending 3/31/2025 will be due no later than 9/30/2025.

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:

Legacy Emanuel Hospital & Health Center Legacy Health System

(INSTITUTION)

Sarah Jensen
Sarah Jensen (Aug 7, 2024 15:05 PDT)

(SIGNATURE)

Sarah Jensen

(NAME)

VP of Finance Operations

(TITLE)

08/07/2024

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S Digitally signed by Arif M. Karim -S
Date: 2024.08.01 09:37:33 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

07/30/2024

(DATE)

HHS REPRESENTATIVE: Stanley Huynh

TELEPHONE: (415) 437-7820



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

90 7th Street, Suite 4-600
San Francisco, CA 94103-6705
PHONE: (415) 437-7820
EMAIL: CAS-SF@psc.hhs.gov

July 30, 2024

Sarah Jensen
Vice President - Finance
Legacy Emanuel H&H Center
Legacy Health System
2801 N. Gantenbein Ave.
Portland, OR 97227

Dear Ms. Jensen:

A copy of an indirect cost/fringe benefits rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rates that may be used to support your claim for indirect and fringe benefit costs on grants and contracts with the Federal Government.

In addition, both parties agree to the following over/under recoveries:

Under-recovery of \$68,202 applicable to All Employees
Over-recovery of \$59,442 applicable to All Employees

These amounts are included in your fixed fringe benefit rates for the fiscal year ending (FYE) 3/31/2023 and 3/31/2024 respectively, which are listed in the attached rate agreement.

Please indicate your concurrence by counter-signing this letter below and returning it to me.

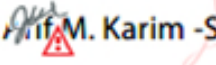
Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement should be sent to me by email, while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

Indirect cost and fringe benefits proposals, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims indirect and fringe benefits costs under grants and contracts awarded by the Federal Government. Therefore, your next fringe benefit cost proposals based on actual costs for FYE 3/31/2023 and

Sarah Jensen
Vice President, Finance

3/31/2024 are due in our office by 9/30/2024. And your next indirect cost proposal based on FYE 3/31/2025 is due in our office by 9/30/2025. Please submit your next proposals electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,

 Digitally signed by Arif M. Karim -S
Date: 2024.08.01 09:38:20 -05'00'

Arif Karim, Director
Cost Allocation Services

Enclosure

In concurrence:

Sarah Jensen

Sarah Jensen (Aug 7, 2024 15:05 PDT)

Signature

Sarah Jensen

Name

VP of Finance Operations

Title






08/07/2024

Date

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL

Created:	2024-08-07
By:	Leann Phanivong (LPHANIVO@LHS.ORG)
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-  Document created by Leann Phanivong (LPHANIVO@LHS.ORG)
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