

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 846000545

DATE:05/24/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 06/30/2016

Colorado State University
Business and Financial Services
202 Johnson Hall
Fort Collins, CO 80523

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>
PRED.	07/01/2014	06/30/2015	48.70	On-Campus	Organized Research
PRED.	07/01/2015	06/30/2016	50.00	On-Campus	Organized Research
PRED.	07/01/2016	06/30/2017	51.00	On-Campus	Organized Research
PRED.	07/01/2017	06/30/2019	52.00	On-Campus	Organized Research
PRED.	07/01/2014	06/30/2019	26.00	Off-Campus	Organized Research
PRED.	07/01/2014	06/30/2019	56.00	On-Campus	Instruction
PRED.	07/01/2014	06/30/2019	26.00	Off-Campus	Instruction
PRED.	07/01/2014	06/30/2019	34.00	On-Campus	Other Sponsored Activities
PRED.	07/01/2014	06/30/2019	26.00	Off-Campus	Other Sponsored Activities
PRED.	07/01/2014	06/30/2019	8.00	Off-Campus	(A)
PROV.	07/01/2019	Until Amended		(B)	

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*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.

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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	7/1/2017	6/30/2018	27.60	All (A)	FAC. & Prof. (1)
FIXED	7/1/2017	6/30/2018	42.60	All (A)	State Classified
FIXED	7/1/2017	6/30/2018	0.90	All (A)	Student Hourly
FIXED	7/1/2017	6/30/2018	26.50	All (A)	Temporary (2)
FIXED	7/1/2017	6/30/2018	10.50	All (A)	All Graduate Students
FIXED	7/1/2017	6/30/2018	13.20	All (A)	First Year Post Docs (3)
FIXED	7/1/2017	6/30/2018	13.40	All (A)	Temporary (4)
FIXED	7/1/2017	6/30/2018	18.00	(5) (B)	All Employees (5)
PROV.	7/1/2018	6/30/2020		(C)	

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

(A) Salaries and wages including vacation, holiday, sick leave pay and other paid absences.

(B) The total of salaries and wages plus appropriate fringe benefits excluding vacation, holiday, sick leave pay and other paid absences.

(C) Use same rates and conditions as those cited for fiscal year ending June 30, 2018.

(1) Faculty, administrative professionals and second-year plus post docs and interns

(2) Temporary non-student hourly

(3) First-year post docs and interns

(4) Temporary first-year faculty, administrative professionals, including continuing temporary faculty and administrative professionals at less than 50% time.

(5) Leave benefit rate for Center for Environmental Management of Military Lands (CEMML) & Colorado National Heritage Program (CNHP)

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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:

WORKERS COMPENSATION, MEDICAL/LIFE INSURANCE, DISABILITY INSURANCE, UNEMPLOYMENT INSURANCE, MEDICARE, RETIREMENT PERA/DCP, RETIREMENT TERMINATION PAY, EXCESS LEAVE, RETIREE HEALTH INSURANCE, AND EMPLOYEES' TUITION (DOES NOT INCLUDE GRADUATE STUDENTS).

TREATMENT OF PAID ABSENCES

Except for CEMML & CHNP employees, vacation, holiday, sick leave pay and other paid absences are included in salaries and wages and are charged to Federal projects as part of the normal charge for salaries and wages. Separate charges for the cost of these absences are not made.

For CEMML & CHNP employees, the cost of vacation, holiday, sick leave pay, and other paid absences are included in a leave benefit rate which is applied to the total of salaries and wages plus appropriate fringe benefits for budgeting and charging purposes for Federal projects, and are not included in direct charges for salaries and wages. Charges for salaries and wages must exclude those paid to CEMML & CNHP employees for periods when they are on vacation, holiday, or sick leave, or are otherwise absent from work.

DEFINITION OF OFF-CAMPUS

For projects which include activities conducted at both on- and off-campus sites, the following criteria will determine costs to be allocated as off-campus: Must extend over a period of more than 120 consecutive days (or the duration of the project, if less than 120 days) at the off-campus site.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable 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 DATES

An indirect cost proposal based on actual costs for fiscal year ending 06/30/18, will be due no later than 12/31/18, and a fringe benefit proposal based on actual costs for fiscal year ended 06/30/17, will be due no later than 12/31/17.

This rate agreement updates the fringe benefits only.

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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 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 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.

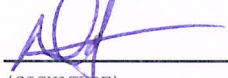
E. OTHER:

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.

BY THE INSTITUTION:

Colorado State University Business and Financial Services

(INSTITUTION)



(SIGNATURE)

DAVID RYAN

(NAME)

Controller

(TITLE)

5/26/17

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -A

Digitally signed by Arif M. Karim -A
DN: c=US, o=U.S. Government, ou=HHS,
ou=PSC, ou=People, cn=Arif M. Karim -A,
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Date: 2017.05.24 19:52:12 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

5/24/2017

(DATE) 1001

HHS REPRESENTATIVE: Cora Coleman

Telephone: (415) 437-7820