

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN:	DATE:07/02/2018
ORGANIZATION:	FILING REF.: The preceding
Arizona State University	agreement was dated
Fulton Center 410, Rm. 4478	07/05/2017
P.O. Box 87705	
Tempe, AZ 85287-7605	

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)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2016	06/30/2017	54.50	On-Campus	Organized Research
PRED.	07/01/2017	06/30/2018	56.00	On-Campus	Organized Research
PRED.	07/01/2018	06/30/2019	56.50	On-Campus	Organized Research
PRED.	07/01/2019	06/30/2020	57.00	On-Campus	Organized Research
PRED.	07/01/2016	06/30/2020	26.00	Off-Campus	Organized Research
PRED.	07/01/2016	06/30/2017	51.60	On-Campus	Instruction
PRED.	07/01/2017	06/30/2020	48.00	On-Campus	Instruction
PRED.	07/01/2016	06/30/2020	26.00	Off-Campus	Instruction
PRED.	07/01/2016	06/30/2017	37.50	On-Campus	Other Sponsored Activities
PRED.	07/01/2017	06/30/2020	44.40	On-Campus	Other Sponsored Activities
PRED.	07/01/2016	06/30/2020	26.00	Off-Campus	Other Sponsored Activities

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ORGANIZATION: Arizona State University

AGREEMENT DATE: 7/2/2018

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	07/01/2020	Until Amended		(1)	

\*BASE

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, participant support costs, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

(1) Use same rates and conditions as those cited for fiscal year ending June 30, 2020.

ORGANIZATION: Arizona State University

AGREEMENT DATE: 7/2/2018

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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>
FIXED	7/1/2018	6/30/2019	27.30	All (A)	Faculty
FIXED	7/1/2018	6/30/2019	36.10	All (A)	Staff
FIXED	7/1/2018	6/30/2019	9.40	All (A)	Part Time
FIXED	7/1/2018	6/30/2019	2.10	All (A)	Students
FIXED	7/1/2018	6/30/2019	7.10	All (A)	RA/TA
FIXED	7/1/2018	6/30/2019	25.10	All (A)	Post DOC
PROV.	7/1/2019	6/30/2022		(B)	

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

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

(B) Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

ORGANIZATION: Arizona State University

AGREEMENT DATE: 7/2/2018

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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 costs for salaries and wages. Separate claims for the costs of these paid absences are not made except for paid absences that have been earned but not taken when an individual separates from the university prior to the completion of the grant, contract or other agreement.

OFF-CAMPUS DEFINITION

An off-campus rate is applicable to those projects conducted in facilities not owned or operated by the University, which include charges for facility rental as a direct expenditure, and for which more than 50% of the project salaries and wages are for effort conducted in the rental facility.

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.

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

FICA, WORKERS COMPENSATION, HEALTH/DENTAL/LIFE INSURANCE, UNEMPLOYMENT INSURANCE, DISABILITY INSURANCE, ACCIDENTAL DEATH, RETIREMENT PLANS (STATE RETIREMENT PROGRAMS AND TIAA/CREF), FLEXIBLE SPENDING PLAN, RETIREE ACCUMULATIVE SICK LEAVE, AND EMPLOYEE TUITION REMISSION, EMPLOYEE WELLNESS, SABBATICAL PAYMENTS, EMPLOYEE ASSISTANCE, AND TERMINAL LEAVE.

NEXT PROPOSAL DUE DATE

A proposal based on actual costs for fiscal year ended 06/30/18, will be due no later than 12/31/18.

This rate agreement updates the fringe benefits only.

**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:

Arizona State University

(INSTITUTION)

  
(SIGNATURE)

Tamara Deuser

(NAME)

Associate Vice President

(TITLE)

07/27/2018

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Arif M. Karim -S**  
Digitally signed by Arif M. Karim -S  
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, cn=Arif M. Karim -S,  
0.9.2342.19200300.100.1.1=2000212895  
Date: 2018.07.09 09:29:29 -0500

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

7/2/2018

(DATE) 1353

HHS REPRESENTATIVE: Cora Coleman

Telephone: (415) 437-7820