COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 
ORGANIZATION: 
Arizona State University 
Fulton Center 410, Rm. 4478 
P.O. Box 87705 
Tempe, AZ 85287-7605

DATE: 06/28/2019
FILING REF.: The preceding agreement was dated 07/02/2018

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.

SECTION I: INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVE PERIOD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TYPE</strong></td>
<td>FROM</td>
<td>TO</td>
<td>RATE(%) LOCATION</td>
<td>APPLICABLE TO</td>
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<tr>
<td>PRED.</td>
<td>07/01/2016</td>
<td>06/30/2017</td>
<td>54.50 On-Campus</td>
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<tr>
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<td>06/30/2018</td>
<td>56.00 On-Campus</td>
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<td>Other Sponsored Activities</td>
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<td>06/30/2020</td>
<td>26.00 Off-Campus</td>
<td>Other Sponsored Activities</td>
</tr>
</tbody>
</table>
*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.
SECTION I: FRINGE BENEFIT RATES**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
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<tbody>
<tr>
<td>FIXED</td>
<td>7/1/2019</td>
<td>6/30/2020</td>
<td>27.30</td>
<td>All (A)</td>
<td>Faculty</td>
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<td>Part. Time</td>
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<td>1.10</td>
<td>All (A)</td>
<td>Students</td>
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<td>FIXED</td>
<td>7/1/2019</td>
<td>6/30/2020</td>
<td>7.10</td>
<td>All (A)</td>
<td>RA/TA</td>
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<td>Post DOC</td>
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<td>PROV</td>
<td>7/1/2020</td>
<td>Until (B)</td>
<td>amended</td>
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</table>

** 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, 2020.
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 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

An indirect cost and fringe benefit rate proposal based on actual costs for fiscal year ended 06/30/19, will be due no later than 12/31/19.

This rate agreement updates the fringe benefits only.
ORGANIZATION: Arizona State University
AGREEMENT DATE: 6/28/2019

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 accounted 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 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)

NAME

TITLE

DATE

ON BEHALF OF THE FEDERAL GOVERNMENT:

(DEPARTMENT)

(AGENCY)

(SIGNATURE)

(NAME)

(TITLE)

DATE

HHS REPRESENTATIVE:

Telephone:

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June 28, 2019

Joanne M. Wamsley, VP, Finance and Deputy Treasurer
Arizona State University
Fulton Center 300 E. University Dr. Suite 320
P.O. Box 877505
Tempe, AZ 85287-7505

Dear Ms. Wamsley:

A copy of the 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 rate(s) that may be used to support your claim for F&A 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 $1,377,993 applicable to Faculty
Under-recovery of $1,656,789 applicable to Staff
Over-recovery of $130,468 applicable to Post Doc
Over-recovery of $40,737 applicable to Part Time
Over-recovery of $86,389 applicable to Students
Over-recovery of $990,039 applicable to RA/TA

These amounts are included in your fixed fringe benefit rates for the fiscal year ending 06/30/20 which are listed in the attached rate agreement.

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.

An indirect cost and fringe benefit proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims indirect and fringe benefit costs under grants and contracts awarded by the Federal Government. Therefore, your next fringe benefit rate proposal based on actual costs for the fiscal year ending 06/30/19, is due in our office by 12/31/2019. Please submit your next proposal electronically via email to CAS-SF@psc.hhs.gov.

Sincerely,

Arif M. Karim, Director
Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL