

ORIGINAL

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1146013200H4

DATE: September 2, 2009

INSTITUTION:
RFSUNY and SUNY Upstate Medical University
35 State Street
Albany NY 12207-2826

FILING REF.: The preceding
Agreement was dated
March 10, 2009

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: FACILITIES AND ADMINISTRATIVE COST RATES*

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/09	06/30/11	58.0	On-Campus	Research
PRED.	07/01/11	06/30/13	59.5	On-Campus	Research
PRED.	07/01/09	06/30/13	26.0	Off-Campus	All Prog.ex.DOD Con
PRED.	07/01/09	06/30/11	61.0	On-Campus	Res.DOD Contract (B)
PRED.	07/01/11	06/30/13	62.5	On-Campus	Res.DOD Contract (B)
PRED.	07/01/09	06/30/13	29.0	Off-Campus	Res.DOD Contract (B)
PRED.	07/01/09	06/30/13	52.0	On-Campus	Instruction
PRED.	07/01/09	06/30/13	30.9	On-Campus	Oth. Spons. Progr.
PRED.	07/01/09	06/30/13	10.0	All	IPA (A)
PROV.	07/01/13	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2013.		

(A) See Special Remarks (7)

(B) See Special Remarks (8)

*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, 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.

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SECTION I: FRINGE BENEFITS RATES**

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
FIXED	07/01/09	06/30/10	37.5	All	Regular Employees
FIXED	07/01/09	06/30/10	16.0	All	Summer Employees
FIXED	07/01/09	06/30/10	13.5	All	Graduate Students
FIXED	07/01/09	06/30/10	5.0	All	Undergraduate Stud.
PROV.	07/01/10	UNTIL AMENDED	39.0	All	Regular Employees
PROV.	07/01/10	UNTIL AMENDED	16.0	All	Summer Employees
PROV.	07/01/10	UNTIL AMENDED	14.0	All	Graduate Students
PROV.	07/01/10	UNTIL AMENDED	5.0	All	Undergraduate Stud.

**DESCRIPTION OF FRINGE BENEFITS RATE BASE:
Salaries and wages.

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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 listed below.

1. The rates in this agreement have been negotiated to reflect the administrative cap provisions of the revision to OMB Circular A-21 published by the Office of Management and Budget on May 8, 1996. No rate affecting the institution's fiscal periods beginning on or after October 1, 1991 contains total administrative cost components in excess of that 26 percent cap.

2. These Facilities and Administrative cost rate apply when grants and contracts are awarded jointly to Research Foundation of SUNY and SUNY Upstate Medical University.

3. For all activities performed in facilities not owned or leased by the institution or to which rent is directly allocated to the project(s), the off-campus rate will apply. Grants or contracts will not be subject to more than one Facilities and Administrative cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

4. The fringe benefit costs listed below are reimbursed to the grantee through the direct fringe benefit rates applicable to Research Foundation employees:

- | | |
|-------------------------------|------------------------------|
| A. Retiree Health Insurance | G. Group Life Insurance |
| B. Retirement Expense | H. Long Term Disability Ins. |
| C. Social Security | I. Workers' Compensation |
| D. NYS Unemployment Insurance | J. Dental Insurance |
| E. NYS Disability Insurance | K. Vacation & Sick Leave* |
| F. Group Health Insurance | |

*This component consists of payments for accrued unused vacation leave made in accordance with the Research Foundation Leave Policy to employees who have terminated, changed accruing status, or transferred. It also includes payments for absences over 30 calendar-days that are charged to sick leave.

The fringe benefit costs for State University of New York employees are charged utilizing the New York State fringe benefit rate for federal funds. This approved rate is contained in the New York State-Wide Cost Allocation Plan. This rate includes the following costs:

- | | |
|--------------------------|---------------------------|
| A. Social Security | E. Workers' Compensation |
| B. Retirement | F. Survivors' Benefits |
| C. Health Insurance | G. Dental Insurance |
| D. Unemployment Benefits | H. Employee Benefit Funds |

5. 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.

6. 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 for the cost of these paid absences are not made.

7. This rate applies to positions covered under the Intergovernmental Personnel Act (IPA) Mobility Program. This rate includes the applicable administrative costs only.

8. This rate is not subject to the 26 percent cap in #1 above.

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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 Office of Management and Budget Circular A-21 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, 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:

RFSUNY and SUNY Upstate Medical University

(INSTITUTION)

(SIGNATURE)

Michelle Aguilar

(NAME)

Associate Director of Cost Accounting

(TITLE)

September 3, 2009

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Robert I. Aaronson

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE)

September 2, 2009

(DATE) 0115

HHS REPRESENTATIVE: Michael Leonard

Telephone: (212) 264-2069