

DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center Financial Management Service Divison of Cost Allocation

> Room 732 1301 Young Street Dallas, TX 75202 PHONE: (214) 767-3261 FAX: (214) 767-3264

March 17, 2014

Ms. Natalie Krawitz
Vice President for Finance and Administration
University of Missouri – Kansas City
215 University Hall
Columbia, MO 65211

Dear Ms. Krawitz:

A copy of a facilities and administrative cost (F&A) and fringe benefit (FB) Rate Agreement are being faxed to you for your signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the FB rates that may be used to support your claim for these indirect costs on grants and contracts with the Federal Government.

Please have the Agreement signed by an authorized representative of your organization and fax or email to me, retaining the copy for your files. Our fax number is (214) 767-3264 and email address is <u>Joel McKenzie@psc.hls.gov</u>. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

The Fixed Fringe Benefit cost rate(s) for the fiscal year ending June 30, 2014 and June 30, 2015 are based on actual costs for the fiscal year(s) ended June 30, 2012 and June 30, 2013, respectively; over-recovered (+) or under-recovered (-) amounts are listed below:

	<u>2012/2014</u>	<u>2013/2015</u>
All Employees:	\$1,665,753	\$1,606,726

The fixed rate(s) for fiscal year 2012 and 2013 are considered final.

A Fringe Benefit cost proposal, together with supporting information, and audited financial statements, are required each year. Your next Fringe Benefit Cost proposal, based on actual costs for the fiscal year ending June 30, 2014, is due in our office by December 31, 2014. Additionally, your next Facilities and Administrative Cost rate proposal, based on actual costs for the fiscal year ending June 30, 2015, is due in our office by December 31, 2015.

Ms. Natalic Krawitz March 17, 2014 Page 2 of 2

Since this is an integral part of the Negotiation Agreement, please note your acceptance by signing in the space provided below.

Thank you for your cooperation.

Division of Cost Allocation

Enclosures

ACCEPTANCE

University of Missouri – Kansas City	
(Institution)	
19	
(Signature)	
Ryan Kapp	
(Name)	
Controller	
(Title)	
3-25-14	
(Date)	

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1436003859A1

DATE: 03/17/2014

ORGANIZATION:

FILING REF.: The preceding

agreement was dated

University of Missouri- Kansas City

05/15/2013

215 University Hall

Columbia, MO 65211-3020

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 C	OST RATES				
RATE TYPES:	FIXED	FINAL	PROV.	(PROVISIONAL)	PRED.	(PREDETERMINED)
	EFFECTIVE P	ERIOD				
TYPE	FROM	<u>TO</u>	R	ATE(%) LOCAT	NOI	APPLICABLE TO
PRED.	07/01/2012	06/30/2013	3	50.00 On Ca	ampus	Organized Research
PRED.	07/01/2013	06/30/2016	5	51.00 On Ca	ampus	Organized Research
PRED.	07/01/2012	06/30/2016	5	49.00 On Ca	ampus	Instruction
PRED.	07/01/2012	06/30/2016	5	30.00 On Ca	ampus	Other Sponsored Activities
PRED.	07/01/2012	06/30/2016	5	26.00 Off (Campus	All Programs
PROV.	07/01/2016	Until Amended				Use same rates and conditions as those cited for FYE 6/30/16.

*BASE

AGREEMENT DATE: 3/17/2014

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.

AGREEMENT DATE: 3/17/2014

SECTION	I: FRINGE BE	NEFIT RATES**		
TYPE	FROM	TO	RATE(%) LOCATION	APPLICABLE TO
FIXED	7/1/2013	6/30/2014	23.70 All	All Employees
FIXED	7/1/2014	6/30/2015	21.54 All	All Employees
PROV.	7/1/2015	6/30/2017	21.54 All	All Employees

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

AGREEMENT DATE: 3/17/2014

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. FICA is specifically identified to each employee and is charged individually as direct costs. The fringe benefits included in the rate(s) are listed in the Special Remarks Section of this agreement.

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.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s). the off-campus rate will apply. Actual costs will be apportioned between oncampus and off-campus components. Each portion will bear the appropriate rate.

FRINGE BENEFITS:

Disability Insurance Worker's Compensation Life Insurance Unemployment Insurance Health Insurance Dental Insurance Retirement Tuition Remission Wellness Program

Equipment Definition -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.

Your next fringe benefit proposal, based on actual costs for the fiscal year ending 06/30/2014, is due in our office by 12/31/2014. Furthermore, your next indirect cost proposal, based on actual costs for the fiscal year ending 06/30/2015, is due in our office by 12/31/2015.

AGREEMENT DATE: 3/17/2014

SECTION III: GENERAL

A. LIMITATIONS:

The rates in this Agreement are subject to any statutory or administrative limitations and apply to a given grant, 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 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 Foderal Covernment. In such situations the rate(s) would be subject to renegotiation at the discretion of the Pederal Government. 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.

FINED RATES:

If a fixed race is in this Agreement, it is based on on estimate of the costs for the period covered by the rate. When the accual 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 secual costs.

USE BY OTHER FROERAL AGENCIES:

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21, 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 sarly notification of the Agreement.

(DATE)

BY THE INSTITUTION:

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.

University of Missouri- Kansas City (INSTITUTION) (SIGNATURE)

ON BEHALF OF THE PEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
and lo
(SIGNATURY)
Arif Karim
(KAMÉ)
Director, Division of Cost Allocation
(TITLE)
3/17/2014
(DATE) 7088
HHS REPRESENTATIVE: Joel McKenzie

Telephone

(214) 767-3261