



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

7700 Wisconsin Avenue, Suite 2301  
Bethesda, MD 20814  
PHONE: (301) 492-4855  
FAX: (301) 492-5081  
EMAIL: [CAS-Bethesda@psc.hhs.gov](mailto:CAS-Bethesda@psc.hhs.gov)

June 13, 2016

Mr. Darrell Kozuch  
Assistant Vice President, Human Resources  
University of Virginia  
914 Emmett Street, P. O Box 400127  
Charlottesville, VA 22904

Dear Dr. Kozuch,

A copy of the Fringe Benefit (FB) Rate Agreement is being E-mailed to you for your 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 that the differences between the fixed and actual fringe benefit costs for the fiscal year ended June 30, 2015 are:

- Under-recovery of \$3,689,000 applicable to Faculty.
- Under-recovery of \$1,197,000 applicable to Staff.
- Over-recovery of \$386,000 applicable to Hourly.

These amounts are included in your fixed fringe benefit rates for the fiscal year ending June 30, 2017 which are listed in the attached Rate Agreement.

Please have the agreement signed by an authorized representative of your organization and send to [CAS-Bethesda@psc.hhs.gov](mailto:CAS-Bethesda@psc.hhs.gov). We will reproduce and distribute the Rate Agreement to the appropriate awarding organizations of the Federal Government for their use.

A fringe benefit proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims fringe benefit costs under grants and contracts awarded by the Federal Government.

Mr. Kozuch  
June 13, 2016  
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Therefore, your next fringe benefit rate proposal for the fiscal year ending June 30, 2016 will be due in our office by December 31, 2016. Please submit your next proposal electronically via email to [CAS-Bethesda@psc.hhs.gov](mailto:CAS-Bethesda@psc.hhs.gov).

Sincerely,

Darryl W.  
Mayes -A

Digitally signed by Darryl W. Mayes  
-A  
DN: cn=US, ou=U.S. Government,  
ou=HHS, ou=FSC, ou=People,  
o=2342.19200100.100.1.1-200013  
1669, cn=Darryl W. Mayes -A  
Date: 2016.06.22 11:24:18 -0400

Darryl W. Mayes  
Deputy Director  
Cost Allocation Services

CONCURRENCE:

University of Virginia  
(Institution)

  
(Signature)

PATRICK D. HOGAN  
(Name)

UNIVERSITY OF VIRGINIA  
EXECUTIVE VP & CHIEF OPERATING OFFICER  
(Title)

6/29/16  
(Date)

Enclosures

PLEASE SIGN AND RETURN A COPY OF THE RATE AGREEMENT

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 54-6001796

DATE:06/13/2016

**ORGANIZATION:**

FILING REF.: The preceding agreement was dated 04/15/2016

University of Virginia  
 Madison Hall  
 P.O. Box 400210  
 Charlottesville, VA 22904-4210

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.	07/01/2011	06/30/2012	54.00	On-Campus	Organized Research
PRED.	07/01/2012	06/30/2015	58.00	On-Campus	Organized Research
PRED.	07/01/2011	06/30/2015	26.00	Off-Campus	Organized Research
PRED.	07/01/2011	06/30/2012	52.00	On-Campus	Instruction
PRED.	07/01/2012	06/30/2015	54.00	On-Campus	Instruction
PRED.	07/01/2011	06/30/2015	26.00	Off-Campus	Instruction
PRED.	07/01/2011	06/30/2012	34.00	On-Campus	Other Sponsored Activity
PRED.	07/01/2012	06/30/2015	36.00	On-Campus	Other Sponsored Activity
PRED.	07/01/2011	06/30/2015	26.00	Off-Campus	Other Sponsored Activity

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ORGANIZATION: University of Virginia

AGREEMENT DATE: 6/13/2016

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	07/01/2015	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2015.

\*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.

ORGANIZATION: University of Virginia

AGREEMENT DATE: 6/13/2016

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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	7/1/2016	6/30/2017	27.80	All	Faculty
FIXED	7/1/2016	6/30/2017	38.50	All	Staff
FIXED	7/1/2016	6/30/2017	5.30	All	Hourly
PROV.	7/1/2017	Until amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2017.

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: University of Virginia

AGREEMENT DATE: 6/13/2016

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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 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. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

Fringe benefits include: FICA/Medicare, Retirement, Disability Insurance, Life Insurance, TIAA/CREF, Workers' Compensation, Unemployment Insurance and Health Insurance.

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.

\*This agreement updates the Fringe Benefits Rates section only.\*

\*Next fringe benefit proposal for fiscal year ending 6/30/2016 is due in our office by 12/31/2016.\*

ORGANIZATION: University of Virginia

AGREEMENT DATE: 6/13/2016

**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:

University of Virginia

(INSTITUTION)



(SIGNATURE)

**PATRICK D. HOGAN**  
**UNIVERSITY OF VIRGINIA**  
**EXECUTIVE VP & CHIEF OPERATING OFFICER**

(TITLE)

**6/29/16**

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Darryl W. Mayes - A**  
Digitally signed by Darryl W. Mayes - A  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, 0.9.2342.19200300.100.1.1=2000131669,  
c=Darryl W. Mayes - A  
Date: 2016.06.22 11:25:58 -0400

(SIGNATURE)

**Darryl W. Mayes**

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

6/13/2016

(DATE) 0450

HHS REPRESENTATIVE:

**Lucy Siow**

Telephone:

**(301) 492-4855**

