



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
FAX: (212) 264-5478
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June 14, 2017

Ms. Julie Schwager
Assistant Vice President/Research Finance
University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-3800

Dear Ms. Schwager:

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and emailed to me; retain a copy for your file. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this negotiation, the following was agreed to:

1. The carry-forward under-recovery of \$4,050,167^w resulting from the settlement of your actual Faculty fringe benefit rate for fiscal year ended June 30, 2016 will be taken into consideration in computing the actual Faculty fringe benefit rate for your fiscal year ending June 30, 2018.

2. The carry-forward under-recovery of \$425,283[✓] resulting from the settlement of your actual Professional / Managerial fringe benefit rate for fiscal year ended June 30, 2016 will be taken into consideration in computing the actual Professional / Managerial fringe benefit rate for your fiscal year ending June 30, 2018.
3. The carry-forward under-recovery resulting from the settlement of your actual Classified fringe benefit rate for fiscal year ended June 30, 2016 will be waived in computing the actual Classified fringe benefit rate for your fiscal year ending June 30, 2018.✓
4. The carry-forward under-recovery of \$74,296[✓] resulting from the settlement of your actual Special Payroll fringe benefit rate for fiscal year ended June 30, 2016 will be taken into consideration in computing the actual Special Payroll fringe benefit rate for your fiscal year ending June 30, 2018.
5. The carry-forward (over)-recovery of (\$255,567)[✓] resulting from the settlement of your actual Graduate Assistants fringe benefit rate for fiscal year ended June 30, 2016 will be taken into consideration in computing the actual Graduate Assistants fringe benefit rate for your fiscal year ending June 30, 2018.
6. Your fringe benefit rate proposal for fiscal year ending June 30, 2017 will be due by December 31, 2017.

If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted.

Sincerely,

Darryl W. Mayes -A
Digitally signed by Darryl W. Mayes
-A
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Darryl W. Mayes
Deputy Director
Cost Allocation Services

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1521725543A1

DATE:06/14/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 06/08/2016

University of Connecticut Health Center
263 Farmington Avenue
Farmington, CT 06030-3800

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

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	59.50	On-Campus	Research
PRED.	07/01/2016	06/30/2017	26.00	Off-Campus	Research
PRED.	07/01/2016	06/30/2017	49.00	On-Campus	Instruction
PRED.	07/01/2016	06/30/2017	26.00	Off-Campus	Instruction
PRED.	07/01/2016	06/30/2017	39.00	On-Campus	Other Sponsored Programs
PRED.	07/01/2016	06/30/2017	26.00	Off-Campus	Other Sponsored Programs
PROV.	07/01/2017	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2017.

*BASE

ORGANIZATION: University of Connecticut Health Center

AGREEMENT DATE: 6/14/2017

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 Connecticut Health Center

AGREEMENT DATE: 6/14/2017

SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2017	6/30/2018	39.20	All ✓	Faculty
FIXED	7/1/2017	6/30/2018	63.30	All ✓	Professional/ Managerial
FIXED	7/1/2017	6/30/2018	79.00	All ✓	Classified
FIXED	7/1/2017	6/30/2018	21.50	All ✓	Graduate Assistants
FIXED	7/1/2017	6/30/2018	15.00	All ✓	Special Payroll
PROV.	7/1/2018	Until amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2018.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

(*See Special Remarks)

ORGANIZATION: University of Connecticut Health Center

AGREEMENT DATE: 6/14/2017

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 cost for salaries and wages. Separate claims are not made for the cost of these paid absences.

(1) The rates in this agreement have been negotiated to reflect the administrative cap provisions of the revisions 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) The following fringe benefits are included in the fringe benefit rates: Retirement, State Unemployment Insurance, Medical/Dental Insurance, Social Security, Life Insurance, Long Term Disability, Separation Costs, Sabbatical Costs and Workers' Compensation.

(3) 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.

(4) 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 on-campus and off-campus components. Each portion will bear the appropriate rate.

This rate agreement updates fringe benefit rates only.

ORGANIZATION: University of Connecticut Health Center

AGREEMENT DATE: 6/14/2017

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 Connecticut Health Center

(INSTITUTION)



(SIGNATURE)

Julie D Schwager

(NAME)

ASSISTANT VP FOR RESEARCH

(TITLE)

6/27/17

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes

Digitally signed by Darryl W. Mayes - A
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(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

6/14/2017

(DATE) 0715

HHS REPRESENTATIVE:

Jeffrey Warren

Telephone:

(212) 264-2069