



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
EMAIL: CAS-NY@psc.hhs.gov

May 13, 2019

Mr. John Lindstedt
Executive Vice Chancellor for Administration & Finance
University of Massachusetts Medical School
55 Lake Avenue North
Worcester, MA 01655

Dear Mr. Lindstedt:

A negotiation agreement is being emailed 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 CAS-NY@psc.hhs.gov; 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 following under/(over) recoveries resulting from the settlement of your fringe benefit rate for Fiscal Year Ended June 30, 2018 were considered in establishing fixed rates for Fiscal Year Ending June 30, 2020. The under/(over) recoveries must be included in your fringe benefit proposal based on actual expenses for Fiscal Year Ending June 30, 2020.

Carry-Forward Amounts

Workers' Compensation Insurance	(\$ 284,798)
Health and Welfare	(\$ 177,543)

2. A fringe benefit proposal based on actual cost for Fiscal Year Ending June 30, 2019 is due in our office by December 31, 2019.

A Facilities and Administrative proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims cost under grants and contracts awarded by the Federal Government. Therefore, your next indirect cost rate proposal for the fiscal year ending June 30, 2018 will be due in our office by December 31, 2018. An extension has been granted through July 31, 2019. In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and submit your next proposal electronically via email to CAS-NY@psc.hhs.gov.

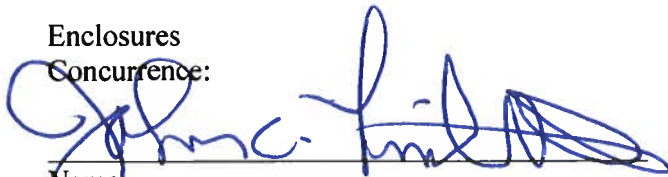
Sincerely,

Darryl W.
Mayes -S

Digitally signed by Darryl W. Mayes -S
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ou=PSC, ou=People,
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Date: 2019.05.21 13:46:33 -0400

Darryl W. Mayes
Deputy Director
Division of Cost Allocation

Enclosures
Concurrence:



Name
Executive Vice Chancellor for A&F

Title
5-29-19

Date

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1043167352A1

DATE:05/13/2019

ORGANIZATION:

FILING REF.: The preceding agreement was dated 03/28/2018

University of Massachusetts Medical School

55 Lake Avenue North
Worcester, MA 01655-

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)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%) LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2018	06/30/2019	67.50 On-Campus	Research
PRED.	07/01/2018	06/30/2019	26.00 Off-Campus	Research
PRED.	07/01/2018	06/30/2019	68.00 On-Campus	Research DOD Contract
PRED.	07/01/2018	06/30/2019	27.80 Off-Campus	Research DOD Contract
PRED.	07/01/2018	06/30/2019	18.25 All Locations	OSA-CM (SR#3)
PRED.	07/01/2018	06/30/2019	36.00 On-Campus	Other Sponsored Activities
PRED.	07/01/2018	06/30/2019	26.00 Off-Campus	Other Sponsored Activities
PROV.	07/01/2019	Until Amended		Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

ORGANIZATION: University of Massachusetts Medical School

AGREEMENT DATE: 5/13/2019

*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 Massachusetts Medical School

AGREEMENT DATE: 5/13/2019

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits applicable to direct salaries and wages are treated as direct costs.

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.

ORGANIZATION: University of Massachusetts Medical School

AGREEMENT DATE: 5/13/2019

1. The following rate applies to research effort performed at the Massachusetts Biologics Laboratory (MBL):

TYPE	FROM	TO	RATE
PRED.	07/01/18	06/30/19	26.0%
PROV.	07/01/19	Until Amended	Use the rate cited for the period ending 6/30/19

The 26% rate noted above applies to the administrative costs of research at MBL. The facilities costs are directly charged for the space used by each project.

2. Fringe benefits are claimed using approved rates contained in the Massachusetts State-Wide Cost Allocation Plan. The following additional fixed fringe benefit charges are approved for the University:

	FYE 6/30/19	FYE 6/30/20
Workers' Compensation Insurance	.37% (S&W)	.25% (S&W)
Medicare	(1)	(1)
Health and Welfare	1.20% (S&W)	.88% (S&W)
Unemployment	(1)	(1)

(1) Beginning for Fiscal Year 2008 the State negotiated rate incorporated Unemployment Insurance and Medicare in the Federally negotiated State "6B" rate.

3. Commonwealth Medicine is the public, non-profit consulting and service organization founded by the University of Massachusetts Medical School. The Other Sponsored Activities - Commonwealth Medicine (OSA-CM) base consists of the direct costs of public service programs that have evolved through partnerships with State agencies.

This separate OSA-CM rate receives an allocation of applicable general and administrative and information services costs only. Departmental administration, sponsored projects administration and facilities costs are not applicable to these programs.

This rate agreement updates fringe benefit rates.

** Your next fringe benefit proposal based on actual costs for fiscal year ending June 30, 2019 will be due in our office by December 31, 2019.

** Your next indirect cost rate proposal for the fiscal year ending June 30, 2018 will be due in our office by December 31, 2018. An extension has been granted.

ORGANIZATION: University of Massachusetts Medical School

AGREEMENT DATE: 5/13/2019

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 the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

ORGANIZATION: University of Massachusetts Medical School

AGREEMENT DATE: 5/13/2019

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 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 Massachusetts Medical School

(INSTITUTION)

(SIGNATURE)

John C. Lindstedt

(NAME)

Exec. Vice Chancellor for A&F

(TITLE)

5-29-19

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes - S

Digitally signed by Darryl W. Mayes - S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0.9.2342.19200300.100.1.1=2000131669, cn=Darryl W. Mayes - S
Date: 2019.05.21 13:45:41 -0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

5/13/2019

(DATE) 7073

HHS REPRESENTATIVE: Michael Stanco

Telephone: (212) 264-2069