COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1043167352A1

INSTITUTION:
University of Massachusetts Medical School
55 Lake Avenue North
Worcester MA 01655-

DATE: April 9, 2008
FILING REF.: The preceding Agreement was dated April 9, 2007

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*

<p>| RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED) |</p>
<table>
<thead>
<tr>
<th>TYPE</th>
<th>EFFECTIVE PERIOD</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%)</th>
<th>LOCATIONS</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/08</td>
<td>62.5</td>
<td>On-Campus (1)</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/09</td>
<td>63.5</td>
<td>On-Campus (1)</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/10</td>
<td>64.0</td>
<td>On-Campus (1)</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/10 06/30/11</td>
<td>64.5</td>
<td>On-Campus (1)</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/11</td>
<td>26.0</td>
<td>Off-Campus</td>
<td>Research</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/11</td>
<td>19.0</td>
<td>All Location</td>
<td>Other Sponsor Act (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/11</td>
<td>34.5</td>
<td>On-Campus</td>
<td>Other Sponsor Act (B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/11</td>
<td>25.9</td>
<td>Off-Campus</td>
<td>Other Sponsor Act (B)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/11 UNTIL AMENDED</td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2011.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(A) (6) Commonwealth Medicine
(B) All Other Programs

*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.
INSTITUTION:
University of Massachusetts Medical School

AGREEMENT DATE: April 9, 2008

SECTION II: SPECIAL REMARKS

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 costs of these paid absences are not made.

1. The following rate applies to research effort performed at the Massachusetts Biologic Labs:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED</td>
<td>07/01/07</td>
<td>06/30/11</td>
<td>53.5%</td>
</tr>
<tr>
<td>PROV</td>
<td>07/01/11</td>
<td>Until Amended</td>
<td>Use the rate cited for the period ending 6/30/11.</td>
</tr>
</tbody>
</table>

2. The following rate applies to research effort performed at the Shriver Campus:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED</td>
<td>07/01/07</td>
<td>06/30/11</td>
<td>41.5%</td>
</tr>
<tr>
<td>PROV</td>
<td>07/01/11</td>
<td>Until Amended</td>
<td>Use the rate cited for the period ending 6/30/11</td>
</tr>
</tbody>
</table>

3. 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.

4. 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:

<table>
<thead>
<tr>
<th></th>
<th>FYE</th>
<th>FYE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Workers' Compensation Insurance</td>
<td>6/30/08</td>
<td>.19% (S&amp;W) .65% (S&amp;W)</td>
</tr>
<tr>
<td>Medicare</td>
<td>6/30/09</td>
<td>(1)</td>
</tr>
<tr>
<td>Health and Welfare</td>
<td>6/30/08</td>
<td>.71% (S&amp;W) 1.12% (S&amp;W)</td>
</tr>
<tr>
<td>Unemployment</td>
<td>6/30/09</td>
<td>(1)</td>
</tr>
</tbody>
</table>

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

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. 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.
AGREEMENT DATE: April 9, 2008

SECTION XII: GENERAL

A. LIMITATIONS:
The rates in this agreement are subject to any statutory or administrative limitations and apply to any grant, contract or other agreement. The acceptance of the rates is subject to the following conditions:

1. The rates are subject to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
2. The rates are subject to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
3. The rates are subject to the extent that funds are available. Acceptance of the rates is subject to the following conditions:
4. The rates are subject to the extent that funds are available. Acceptance of the rates is subject to the following conditions:

B. ACCOUNTING CHANGES:
This Agreement is based on the accounting system purported by the organization to be in effect during the Agreement period. Changes in 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, all changes in the charging of a particular type of cost from facilities and administrative to direct. Failure to obtain approval may result in the disallowance of cost.

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 the rate for future periods 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 are approved in accordance with the authority in Office of Management and Budget Circular A-21.

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.
2. Apply the approved rate(s) to the appropriate base to identify the proper amount of facilities and administrative costs allocable to those programs.

BY THE INSTITUTION:
University of Massachusetts Medical School

(SIGNATURE)
Robert E. Jeron
(NAME)
Vice Chancellor for Administration and Finance
(TITLE)

(DATE) April 11, 2008

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)
Robert J. Aaronson
(NAME)
DIRECTOR, DIVISION OF COST ALLOCATION
(TITLE)

(DATE) April 9, 2008

HHS REPRESENTATIVE: Michael Stano
Telephone: (312) 264-2069