



1301 Young Street | Suite 106 - 1140
Dallas, TX 75202
PHONE: (214) 767-3261
FAX: (214) 767-3264
EMAIL: CAS-Dallas@psc.hhs.gov

April 13, 2021

Ms. Patricia L Kost, CPA
University Controller
Senior VP, CFO/CBO
Case Western Reserve University
10900 Euclid Ave.
Cleveland, OH 44106

Dear Ms. Kost:

The fringe benefit Rate Agreement is being emailed to you for your signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the fringe benefit rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the Agreement signed by an authorized representative of your organization and email it to me, retaining a copy for your files. Our email address is CAS-Dallas@psc.hhs.gov. We will reproduce and distribute the Agreement to the appropriate awarding organization of the Federal Government for their use.

In addition, both parties agree to the following over (+)/under (-) recoveries:

	<u>2020/2022</u>	<u>2019/2021</u>
FT Staff	\$9,982,255	\$5,474,291
Term, Temp, & Early Ret.	\$17,554	\$9,509

The fixed rate(s) for fiscal year ended June 30, 2020 and June 30, 2019 are considered final.

A fringe benefit cost proposal, together with supporting information and the certified audit financial statements, is required to be submitted annually. Thus, your next fringe benefit cost proposal based on actual costs for the fiscal year ending June 30, 2021 is due in our office by December 31, 2021. Please submit your proposal electronically to the following email address: CAS-Dallas@psc.hhs.gov.

2 | Ms. Kost
April 13, 2021

Since this is an integral part of the negotiation agreement, please note your acceptance by signing in the space provided on this page of the letter and last page of the rate agreement.

Your proposal and relevant correspondence should be addressed to:

Department of Health & Human Services
Cost Allocation Services
1301 Young Street | Suite 106 - 1140
Dallas, TX 75202

Thank you for your cooperation.

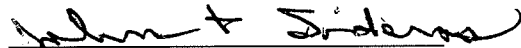
Sincerely,

Arif M. Karim -S Digitally signed by Arif M. Karim -S
Date: 2021.05.12 07:57:41 -05'00'

Arif Karim
Director
Cost Allocation Services

Enclosures
ACCEPTANCE:

Case Western Reserve University
(Institution)


(Signature)

John F. Sideras
Senior Vice President for Finance
(Name) **and Chief Financial Officer**

(Title)

5-12-2021
(Date)

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1341018992A1

DATE:04/13/2021

ORGANIZATION:

Case Western Reserve University
10900 Euclid Avenue
Cleveland, OH 44106-7003

FILING REF.: The preceding
agreement was dated
04/15/2020

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	58.50	On Campus	Organized Research
PRED.	07/01/2017	06/30/2020	60.00	On Campus	Organized Research
PRED.	07/01/2020	06/30/2021	61.00	On Campus	Organized Research
PRED.	07/01/2016	06/30/2021	26.00	Off Campus	All Programs
PROV.	07/01/2021	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2021.

*BASE

ORGANIZATION: Case Western Reserve University

AGREEMENT DATE: 4/13/2021

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: Case Western Reserve University

AGREEMENT DATE: 4/13/2021

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	7/1/2020	6/30/2021	30.00	All	Full Time Staff
FIXED	7/1/2020	6/30/2021	18.50	All	Term, Temp & Early Ret.
FIXED	7/1/2021	6/30/2022	29.00	All	Full Time Staff
FIXED	7/1/2021	6/30/2022	17.00	All	Term., Temp. & Early Ret.
PROV.	7/1/2022	6/30/2025			Use same rates and conditions as those cited for fiscal year ending June 30, 2022.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: Case Western Reserve University

AGREEMENT DATE: 4/13/2021

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.

OFF-CAMPUS DEFINITION: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). 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.

Effective 07/01/00, all animal and animal care costs (direct costs and associated administrative costs) are to be directly charged to the projects that benefit from such costs. The animal care facility will be added to the list of specialized service facilities.

The Organized Research rates on this agreement also apply to awards made to Case Western but performed at University Hospital, MetroHealth System, and the Cleveland Clinic Lerner College of Medicine.

FRINGE BENEFITS:

FICA, Retirement, Disability Insurance, Worker's Compensation, Life Insurance, Unemployment Insurance, Health Insurance, Tuition Remission, Dental Insurance, Severance Allowance, Employee Assistance Program, Employee Training, Employee Assistance Housing, and Wellness Program.

This Rate Agreement reflects new Fringe Benefits Rates only.

Your next Fringe Benefit proposal, based on actual cost for the fiscal year ending 6/30/2021, is due in our office by 12/31/2021.

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 \$5000.

ORGANIZATION: Case Western Reserve University

AGREEMENT DATE: 4/13/2021

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:

Case Western Reserve University

(INSTITUTION)

John F. Sideras

(SIGNATURE)

(NAME)

**John F. Sideras
Senior Vice President for Finance
and Chief Financial Officer**

(TITLE)

5-12-2021

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S Digitally signed by Arif M. Karim -S
Date: 2021.05.12 07:56:28 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

4/13/2021

(DATE) 1855

HHS REPRESENTATIVE: Uyen Tran

Telephone: (214) 767-3261