



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

April 5, 2016

Mr. F. John Case, Ed.D
Sr. VP for Operations and Chief Financial Officer
Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495

Dear Mr. Case:

A copy of the fringe benefit (FB) cost Rate Agreement is being E-mailed to you for your signature. This agreement reflects an understanding reach 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, your FB cost rates for fiscal year ending June 30, 2016 based on actual costs for the fiscal year ended June 30, 2014 and FB cost rates for fiscal year ending June 30, 2017 based on actual costs for fiscal year ended June 30, 2015 over-recovered + or under-recovered (-) amounts are listed below:

		<u>2014/2016</u>	<u>2015/2017</u>
Full-Time Employees	-	(0)	(0)
Part-Time Benefits Eligible	-	(0)	(0)
Part-Time Non-Benefits Eligible	-	(0)	(0)
Residents/NF Academic/Post Ops	-	(0)	(0)
Research Scholar	-	(0)	(0)

The fixed rates(s) for fiscal year ended 2014 and 2015 are considered final.

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.

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

Mr. Case
April 5, 2015
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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.

Sincerely,

Darryl W.

Mayes -A

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Digitally signed by Darryl W. Mayes -A
DN: cn=US, o=U.S. Government,
ou=HHS, ou=OSC, email=CAS-
092342.19000000.100.1.1=2000
131663, cn=Darryl W. Mayes -A
Date: 2016.05.05 08:13:11 -0400

CONCURRENCE

Morehouse School of
Medicine

(Institution)



(Signature)

F. John Case

(Name)

Sr. VP For Ops & CFO

(Title)

5/10/16

(Date)

Enclosure

PLEASE SIGN AND RETURN A COPY OF THE RATE AGREEMENT

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1581438873A1

DATE:04/05/2016

ORGANIZATION:

FILING REF.: The preceding agreement was dated 10/14/2015

Morehouse School of Medicine
720 Westview Drive, SW
Atlanta, GA 30310-1495

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.	07/01/2015	06/30/2019	42.00	On-Campus	Organized Research
PRED.	07/01/2015	06/30/2019	42.00	On-Campus	Instruction
PRED.	07/01/2015	06/30/2019	33.00	On-Campus	Other Sponsored Activities
PRED.	07/01/2015	06/30/2019	26.00	Off-Campus	All Programs
PROV.	07/01/2019	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2019.

*BASE

ORGANIZATION: Morehouse School of Medicine

AGREEMENT DATE: 4/5/2016

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: Morehouse School of Medicine
 AGREEMENT DATE: 4/5/2016

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	7/1/2015	6/30/2016	25.60	All	Full-Time Employees
FIXED	7/1/2015	6/30/2016	27.40	All	Part-Time - Benefits Eligible
FIXED	7/1/2015	6/30/2016	14.20	All	Part-Time Non-Benefits Eligible (Temps Students)
FIXED	7/1/2015	6/30/2016	27.90	All	Residents/NF Academic/Post Ops/Research Scholar
FIXED	7/1/2016	6/30/2017	25.70	All	Full-Time Employees
FIXED	7/1/2016	6/30/2017	27.50	All	Part-Time - Benefits Eligible
FIXED	7/1/2016	6/30/2017	14.00	All	Part-Time Non-Benefits Eligible (Temps Students)
FIXED	7/1/2016	6/30/2017	28.10	All	Residents/NF Academic/Post ops/Research Scholar
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: Morehouse School of Medicine

AGREEMENT DATE: 4/5/2016

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: 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.

Fringe benefits include: FICA, Disability Insurance, Life Insurance, TIAA/CREF, Worker's Compensation, Unemployment Insurance, Health Insurance, and Dental Insurance.

Equipment means an article of nonexpendible tangible personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

Your next fringe benefit proposal based on actual costs for the fiscal year ending 06/30/16 is due in our office by 12/31/16. Your next Facilities and Administration (F&A) proposal based on actual cost for the fiscal year ending 06/30/18 is due in our office by 12/31/18.

ORGANIZATION: Morehouse School of Medicine
AGREEMENT DATE: 4/5/2016

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:

Morehouse School of Medicine

(INSTITUTION)



(SIGNATURE)

F. John Case

(NAME)

Sup VP For Ops & CFO

(TITLE)

5/10/16

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes -
Digitally signed by Darryl W. Mayes -
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People,
0.9.2342.19200300.100.1.1=2000131669, cn=Darryl
W. Mayes - A
Date: 2016.05.06 08:10:38 -0400

A

(SIGNATURE)

for Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

4/5/2016

(DATE) 0190

HHS REPRESENTATIVE: Shon Turner

Telephone: (214) 767-3261

