

Office of Financial Services Facsimile Transmission Cover Sheet

| Date: | May 20, 2011 | Pages: | 3 | |
|--------|--------------|--------|-----------------|--|
| To: | Shon Turner | From: | Linda K Robison | |
| Fax: | 214-767-3264 | Fax: | 504-280-7474 | |
| Phone: | 213-767-3267 | Phone: | 504-280-6155 | |
| | | | | |

□ Urgent □ For Review □ Please Comment □ Please Reply □ Please Recycle

Message:

Dear Mr. Turner, we are faxing back only the signed pages of the Fringe Benefit Rate Agreement,

As per your correspondence dated April 28, 2011.

Thanks you for your assistance.

The information contained in this fax message is intended only for the personal and confidential use of the designated recipient(s) named above. This message may contain information about a current or former student of the University of New Orleans, is protected under federal law by the Family Education Rights and Privacy Act of 1974, and as such, is confidential. If the reader of this message is not the intended recipient, you are hereby notified that any review, dissemination, distribution, distribution or copying of this message is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original message to us by mail. Thank you.

IF YOU HAVE ANY PROBLEMS RECEIVING THIS FAX, PLEASE CALL: (504) 280-6107

PSC/DCA-CSF0 214 767 3264

~

Confidential

PROGRAM SUPPORT CENTER FINANICAL MANAGEMENT SERVICE DIVISION OF COST ALLOCATION CENTRAL STATES FIELD OFFICE Dallas, Texas

United States Department of Health Human Services

FAX TRANSMISSION

From: Shon Turner 214-767-3267 Linda K Robison, Vice Chancellor for To: · **Financial Services** Number 504-280-7474 Of Faxe 5 Pages: Phone: 504-280-5562 Date: CĊ; Rate Agreement Re: Please Recycle Please Comment Please Reply ☐ For Review Urgent

• Comments:

If you have any problems with the legibility of any part of the agreement, please contact Shon Turner at 214-767-3267.

Please fax back only the signed page of the agreement to fax number 214-767-3264. A fax cover sheet is not required.

THANK YOU.

NO. 3280 P. 2



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center Financial Management Service Division of Cost Allocation

> Room 732 1301 Young Street Dallas, TX 75202 PHONE: (214) 767-3261 FAX: (214) 767-3264

April 28, 2011

Ms. Linda K. Robison Vice Chancellor for Financial Services Comptroller and Chief Financial Officer University of New Orleans 2010 Administration Bldg. New Orleans, LA 70148-2010

Dear Ms. Robison:

The original and one copy of a facilities and administrative cost and fringe benefit rate agreement are enclosed. 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 original signed by an authorized representative of your organization and fax it to me, retaining the copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

The fixed fringe benefit rates for the fiscal year ending June 30, 2012 are based on actual costs for the fiscal year ending June 30, 2010. They include the following Under-recovery (-) or Over-recovery (+) carry forward amounts costs.

| Faculty and Staff | - | Under-Recovered (\$715,153) |
|-------------------|---|-----------------------------|
| Transients | _ | \$(0) |

The fixed rates(s) for fiscal year ended June, 2010 is considered final.

A facilities and administrative cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. A fringe benefit rate proposal is required to be submitted annually. Thus your next fringe benefit proposal based on actual costs the fiscal year ending June 30, 2011, is due in our office by December 31, 2011. Your next indirect cost rate proposal based on actual costs for the fiscal year ending June 30, 2013 is due in our office by December 31, 2013.

Ms. Linda K. Robison April 28, 2011 Page 2

Since this is an integral part of the Negotiation Agreement, please note tour acceptance by signing in the space provided below.

Sincerely arim, Director

Division of Cost Allocations Contral States Field Office

Enclosures ACCEPTANCE:

9

University of New Orleans (Institution)

(Signature)

Vice Chancellor for Financial Services, Comptroller and Chief Financial Officer (Title)

Linda K. Robison (Name)

May 20, 2011 (Date)

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1720702000Al ORGANIZATION: University of New Orleans 2010 Admin. Bldg. New Orleans, LA 70148-2010 DATE:04/28/2011 FILING REF.: The preceding agreement was dated 09/24/2010

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 C | OST RATES | | | | <u> </u> | |
|-------------|-------------|------------------|----------|----------------|-----------------------------|--|-----------------------|
| RATE TYPES: | FIXED | FINAL | PROV. | (PROVIS | IONAL |) PRED. | (PREDETERMINED) |
| | EFFECTIVE P | ERIOD | | | | | |
| TYPE | FROM | <u>TO</u> | <u>R</u> | <u>ate (%)</u> | 1.0CA | TION | APPLICABLE TO |
| PRED. | 07/01/2010 | 06/30/2014 | 1 | 45.00 | Qn C | ampus | Organized Research |
| PRED. | 07/01/2010 | 06/30/201 | 4 | 45.00 | On C | ampus | Instructions |
| PRED. | 07/01/2010 | 06/30/201 | 4 | 26.00 | Off | Campus | All Programs |
| PROV. | 07/01/2014 | Until Amended | | | rate cond as c FYE | same s and iitons ited for /14." | |

*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. ·

.

ORGANIZATION: University of New Orleans AGREEMENT DATE: 04/28/2011

| SECTION | 1: FRINGE BEA | EFIT RATES** | | |
|---------|---------------|------------------|--|------------------------------|
| TYPE | FROM | <u>OT</u> | RATE (%) LOCATION | APPLICABLE TO |
| FIXED | 7/1/2009 | 6/30/2010 | 32.00 All | Faculty & Staff |
| FIXED | 7/1/2009 | 6/30/2010 | 8.20 All | Tr ans ients (P/T) |
| FIXED | 7/1/2010 | 6/30/2011 | 32.00 All | Faculty & Staff |
| FIXED | 7/1/2010 | 6/30/2011 | 8.20 All | Transients (P/T) |
| FIXED | 7/1/2011 | 6/30/2012 | 33.80 All | Faculty & Staff |
| FIXED | 7/1/2011 | 6/30/2012 | 8.20 All | Transients (P/T) |
| PROV. | 7/1/2012 | Until amended | "Use same rates and conditions cited for F 6/30/12." | |

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: University of New Orleans

AGREEMENT DATE: 04/28/2011

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. Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed offcampus, the off-campus rate will apply to the entire project.

Equipment Definition -

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.

FRINCE BENEFITS:

FICA Retirement Life Insurance Health Insurance Sabbatocal Leave Medicare Employees Match ISU Money Purchase Plan

TIAA/CREF Worker's Compensation Unemployment Insurance Termination Pay Employees Educatin Privilege

ORGANIZATION: University of New Orleans

AGREEMENT DATE: 04/28/2011

SECTION III: GENERAL

LIMITATIONS: А.

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 cottent 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 rollowing conditions: (1) only costs inclution by the organization were included in its factifies and administrative ost pools as finally accepted: such costs are legal obligations of the organization and am allowable under the governing cost principles; (2) The same costs that have been invested 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.

If a fixed rate is in this Agroament, 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 orato used to establish the fixed rate and actual costs.

USE BY OTHER FEDERAL AGENCIES: D.

Linda K. Robison

The rates in this Agreement were approved in accordance with the authority in Office of Management and Budget Circular A-21 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations in A above. The organization may provide copies of the Agreement to other Federal Agencies to give them carly notification of the Agreement.

(NAME)

(TITLE)

(DATE)

May 20, 2011

If any Federal contract, grant or other agrosment 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 arount of facilities and administrative costs allocable to these programs.

| BY THE INSTITUTION: |
|---------------------------|
| University of New Orleans |
| (INSTITUTICA) |
| (SIGRIVE) |
| |

Vice Chancellor for Financial Services,

Comptroller and Chief Financial Officer

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HIMAN SERVICES

CICON VI

(SIGNATUR

Arif Karim

(NAME)

Director, Central States Field Office

(TITLE)

4/28/2011

(DATE) 0039

HHS REPRESENTATIVE:

Telephone:

(214) 767-3261

shon Tumer

Page 4 of 4