

## DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center Financial Management Service Division of Cost Allocation Central States Field Office

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

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May 11, 2010

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:

A copy of a Fringe Benefit Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the 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 fax it to me, retaining a 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 cost rate(s) for the fiscal year ending June 30, 2011 are based on actual costs for the fiscal year ended June 30, 2009. They included the following under-recovered (-) or over-recovered (+) costs:

Faculty and Staff - \$(0)
Transients - \$(0)

The fixed rate(s) for fiscal year ended June 30, 2009 is considered final.

A Fringe Benefit Cost proposal, together with supporting information and the certified audit financial statement, is required each year. In addition the grantee submitted information about income continuation insurance, base adjustment, and fringe purchased service attached to Tab G. Thus, your next Fringe Benefit cost proposal based on actual costs for the fiscal year ending June 30, 2010 is due in our office by December 31, 2010. Your next F&A proposal based on actual costs for the fiscal year ending June 30, 2009 is due in our office by December 31, 2009.

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

## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1720702000A1

DATE: May 11, 2010

INSTITUTION:

University of New Orleans

2010 Admin. Bldg.

New Orleans

FILING REF.: The preceding

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Agreement was dated

August 25, 2009

LA 70148-2010

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: FACILIT	IES AND ADM	INISTRATIV	E COST RATES*	
RATE TY	PES: FIXED	FINAL	PROV. (I	PROVISIONAL)	PRED. (PREDETERMINED)
TYPE	EFFECTIVE FROM	PERIOD	RATE(%)	LOCATIONS	APPLICABLE TO
PRED. PRED. PRED. PRED. PRED. PROV.	07/01/04 0 07/01/04 0 07/01/07 0 07/01/07 0 07/01/04 0 07/01/10 U	6/30/07 6/30/10 6/30/10	44.0 44.0 44.0 26.0 Use same for fisca	On Campus On Campus On Campus On Campus Off Campus rates and cond	Organized Research Instruction Organized Research Instructions All Programs Hitions as those cited June 30, 2010.

<sup>\*</sup>BASE: Modified total direct costs, consisting of all salaries and wages, 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, 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 New Orleans

AGREEMENT DATE: May 11, 2010

SECTION	I: FRINGE	BENEFITS R	ATES**		
RATE TYP	ES: FIXEI	FINAL	PROV. (	PROVISIONAL)	PRED. (PREDETERMINED)
TYPE	EFFECTIVE FROM	/E PERIOD TO	RATE(%)	LOCATIONS	APPLICABLE TO
FIXED FIXED FIXED	07/01/09 07/01/10 07/01/10	06/30/10 06/30/10 06/30/11 06/30/11 UNTIL AMENDED	32.0 8.2 32.0 8.2 Use same	All All All rates and cor	Faculty & Staff Transients (P/T) Faculty & Staff Transients (P/T) aditions as those cited June 30, 2011.

<sup>\*\*</sup>DESCRIPTION OF FRINGE BENEFITS RATE BASE: Salaries and wages.

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INSTITUTION:

University of New Orleans

AGREEMENT DATE: May 11, 2010

## 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 for the costs of these paid absences are not made.

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 off-campus, 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.

## FRINGE BENEFITS:

FICA
Retirement
Life Insurance
Health Insurance
Sabbatocal Leave
Medicare Employees Match

TIAA/CREF
Worker's Compensation
Unemployment Insurance
Termination Pay
Employees Educatin Privilege
LSU Money Purchase Plan

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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 nates is subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost pools so 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 created 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 catablish the rares is not later found to be materially incomplete or inaccurate by the Pederal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Pederal Government.

E. 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.

FIXED RATES:

If a fixed rate is in this Agreement, it is based on an estimate of the coots 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 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 early notification of the Agraement.

P. OTHER:

If any Federal contract, grant or other agreement is reimburning facilities and administrative costs by a means other than the approved rate(e) 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 programe.

BY THE INSTITUTION:	ON BEHALF OF THE FEDERAL COVERNMENT:
University of New Orlcand (INSTITUTION)	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(SIGNATURE)	MIGMATURE)
Linda K. Robison	Henry Williams (NAME)
(NAME) Vice Chancellor for Financial Services Comptroller and Chief Financial Officer	DIRECTOR, DIVISION OF COST ALLOCATION-
(TITLE)	(TITLE) CENTRAL STATES FIELD OFFICE
May 17, 2010 (DATE)	May 11, 2010
	Telephone: (214) 767-3267

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