

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 23-1352630
 ORGANIZATION:
 Drexel University
 Office of Research & Grad. Studies
 3201 Arch Street, Suite 100
 Philadelphia, PA 19104-2875

Date: 03/02/2023
 FILING REF.: The preceding
 agreement was dated
 03/01/2022

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)	
<u>EFFECTIVE PERIOD</u>						
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>	
FINAL	07/01/2018	06/30/2020	56.50	On-Campus	Organized Research	
FINAL	07/01/2018	06/30/2020	26.00	Off-Campus	Organized Research	
FINAL	07/01/2018	06/30/2020	43.00	On-Campus	Instruction	
FINAL	07/01/2018	06/30/2020	26.00	Off-Campus	Instruction	
FINAL	07/01/2018	06/30/2020	36.00	On-Campus	Other Sponsored Activities	
FINAL	07/01/2018	06/30/2020	26.00	Off-Campus	Other Sponsored Activities	
FINAL	07/01/2018	06/30/2020	8.50	Off-Campus	IPA (A)	
PRED.	07/01/2020	06/30/2021	51.00	On-Campus	Organized Research	
PRED.	07/01/2021	06/30/2023	51.50	On-Campus	Organized Research	
PRED.	07/01/2020	06/30/2023	26.00	Off-Campus	Organized Research	
PRED.	07/01/2020	06/30/2023	49.00	On-Campus	Instruction	
PRED.	07/01/2020	06/30/2023	26.00	Off-Campus	Instruction	
PRED.	07/01/2020	06/30/2023	40.50	On-Campus	Other Sponsored Activities	
PRED.	07/01/2020	06/30/2023	26.00	Off-Campus	Other Sponsored Activities	
PRED.	07/01/2020	06/30/2023	8.50	Off-Campus	IPA (A)	
PROV.	07/01/2023	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2023.	

*BASE

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.

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	7/1/2022	6/30/2023	28.30	All	Full-Time Employees
FIXED	7/1/2022	6/30/2023	11.70	All	Part Time
FIXED	7/1/2023	6/30/2024	35.00	All	Full-Time Employees
FIXED	7/1/2023	6/30/2024	8.40	All	Part Time
PROV.	7/1/2024	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2024.

**** DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages.

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.

Fringe Benefits include: FICA/Medicare, Life Insurance, Hospitalization & Long-Term Disability Insurance, Tuition Remission, Unemployment Insurance, Workers' Compensation and Retirement.

The Rates issued in this Agreement are also applicable to Drexel University College of Medicine (EIN: 23-2979433).

NOTE: Drexel University acquired the Philadelphia Health & Education Corporation (PHEC) (which was doing business under the name MCP Hahnemann University) on July 1, 2002. PHEC is now a not-for-profit subsidiary of Drexel University (and will do business under the name Drexel University College of Medicine). Drexel University will hold all sponsored projects for the combined entity.

*The Facilities and Administrative rate proposal, based on the fiscal year ending 06/30/2022, is due in our office by 04/30/2023.

*The next Fringe Benefit rate proposal, based on actual costs for the fiscal year ending 06/30/2023, is due in our office by 12/31/2023.

This agreement updates the Fringe Benefit Rates section only. Highly Compensated Employees were combined with Full-Time Employees beginning 07/01/2021. All other terms and conditions remain unchanged.

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.

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 indirect cost pool 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 indirect 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 indirect 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.

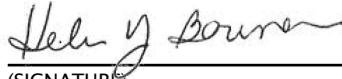
E. OTHER:

If any Federal contract, grant or other agreement is reimbursing indirect 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 indirect costs allocable to these programs.

BY THE INSTITUTION:

Drexel University

(INSTITUTION)



(SIGNATURE)

Helen Y Bowman

(NAME)

EVP, COO & Treasurer

(TITLE)

3/8/23

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,
ou=People, 0.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes -S
Date: 2023.03.08 07:54:42 -0500

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

03/02/2023

(DATE)

HHS REPRESENTATIVE: Ernest Kinneer

TELEPHONE: (301) 492-4855