



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
FAX: (212) 264-5478
EMAIL: CAS-NY@psc.hhs.gov

September 29, 2020

Ms. Patricia Casey
Associate Vice President, Financial Operations and Controller
University of Connecticut
343 Mansfield Road, Unit 1074
Storrs, CT 06269-1074

Dear Ms. Casey:

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and emailed to me; retain a copy for your file. Our email address is cas-ny@psc.hhs.gov. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

In consideration of this negotiation, the following was agreed to:

1. Attached are (4) documents entitled "Components of Published Facilities and Administrative Cost Rate (F&A)". There is one document issued for each F&A rate published on the rate agreement. These documents should be signed and emailed back to this office along with the signed rate agreement.
2. Your fringe benefit proposal for your fiscal year ended June 30, 2020 will be due by December 31, 2020.

An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 6/30/2022 is due in our office by 12/31/2022. If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted. Please submit your next proposal electronically via email to CAS-NY@psc.hhs.gov. In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and returning it to me via email, along with the enclosed negotiation agreement.

September 29, 2020

Sincerely,

Darryl W.
Mayes -S

Digitally signed by Darryl W. Mayes -5
DN: c=US, o=U.S. Government,
ou=HHS, ou=PSC, cn=People,
2.9.23.42.19200300.100.1.1=200013166
9, cn=Darryl W. Mayes -5
Date: 2020.09.30 07:33 19-04'00

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Enclosures

Concurrence:

Name Patricia C. Long

Name _____

AVP of Fin. Ops & Controller
Title

Title

Date 10/5/2020

Date _____

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 060772160

DATE:09/29/2020

ORGANIZATION:

FILING REF.: The preceding
agreement was dated
02/18/2020

University of Connecticut
343 Mansfield Road, Unit 2074
Storrs, CT 06269-2112

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(%) LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2020	06/30/2023	61.00 On-Campus	Research
PRED.	07/01/2020	06/30/2023	57.00 On-Campus	Instruction
PRED.	07/01/2020	06/30/2023	35.00 On-Campus	Other Sponsored Programs
PRED.	07/01/2020	06/30/2023	26.00 Off-Campus	All Programs
PROV.	07/01/2023	Until Amended		Use same rates and conditions as those cited for fiscal year ending June 30, 2023.

ORGANIZATION: University of Connecticut

AGREEMENT DATE: 9/29/2020

*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.

ORGANIZATION: University of Connecticut
AGREEMENT DATE: 9/29/2020

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	43.00	All	Professional
FIXED	7/1/2020	6/30/2021	43.00	All	Faculty
FIXED	7/1/2020	6/30/2021	15.50	All	Graduate Assistants
FIXED	7/1/2020	6/30/2021	19.50	All	Special Payroll
FIXED	7/1/2020	6/30/2021	2.40	All	Student Labor
PROV.	7/1/2021	Until amended	44.70	All	Professional
PROV.	7/1/2021	Until amended	40.60	All	Faculty
PROV.	7/1/2021	Until amended	18.30	All	Graduate Assistants
PROV.	7/1/2021	Until amended	18.60	All	Special Payroll
PROV.	7/1/2021	Until amended	3.30	All	Student Labor

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:
Salaries and wages.

ORGANIZATION: University of Connecticut
AGREEMENT DATE: 9/29/2020

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.

ORGANIZATION: University of Connecticut

AGREEMENT DATE: 9/29/2020

(1) 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 indirect cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(2) The Fringe Benefit rates include the following: Pension, Unemployment Compensation, Worker's Compensation, Health Services, Group Life Insurance, Social Security, and Medical Insurance.

(3) The following is a list of the locations to which the On-Campus indirect cost rate is applicable to:

Storrs - Main Campus
Greater Hartford Campus:
Hartford Branch
School of Law
School of Social Work
School of Insurance
Institute of Public Services

Southeastern Location:
Groton, CT
Southeastern Branch
Marine Services Institute

Waterbury Branch, Torrington Branch, Stamford Branch

(4) 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 \$5,000.

(5) A fringe benefit proposal based on actual costs for the fiscal year ended June 30, 2020 is due by December 31, 2020. A Facilities & Administrative cost proposal based on actual costs for the fiscal year ending June 30, 2022 is due by December 31, 2022.

AGREEMENT DATE: 9/29/2020

A. LIMITATIONS:

R. ACCOUNTING CHANGES:

C. FIXED RATES:

17. U.S. AND OTHER FEDERAL AGENCIES:

E. OTHER:

BY THE INSTITUTION:

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENT?)

Darryl W. Mayes -S

5
 Legality Approved by the JMW Mar 2015
 On 4 APR 2015 at 12:00:00, the JMW on PSE
 on Presid. G.S. 2342 "2006120 180 T.J. 3007121499
 ... De-JMW Mar 2015
 Date: 200609 110712 01-0400

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

9/29/2020

(DATE) 7028

INS REPRESENTATIVE: Michael Leonard

Telephone: (212) 264-2069

INSTITUTION

(SIGNATURE)

(NN4E)

(TITLE)

(CAT 3)