

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1030179440
ORGANIZATION:
University of Vermont
University Financial Services
352 Waterman Bldg.
85 South Prospect Street
Burlington, VT 05405-0160

Date: 05/01/2024
FILING REF.: The preceding
agreement was dated
05/18/2023

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>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE(%)</u>	<u>LOCATION</u>
	<u>FROM</u>	<u>TO</u>		

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

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	7/1/2023	6/30/2024	43.80	All	Regular Employees
FIXED	7/1/2023	6/30/2024	18.50	All	UVM Medical Group
FIXED	7/1/2023	6/30/2024	10.30	All	Graduate Students
FIXED	7/1/2023	6/30/2024	9.20	All	Temporary Employees
FIXED	7/1/2023	6/30/2024	8.80	All	Student Employees
FIXED	7/1/2023	6/30/2024	29.80	All	Post Docs
FIXED	7/1/2024	6/30/2025	52.50	All	Regular Employees
FIXED	7/1/2024	6/30/2025	21.10	All	UVM Medical Group
FIXED	7/1/2024	6/30/2025	12.70	All	Graduate Students
FIXED	7/1/2024	6/30/2025	9.00	All	Temporary Employees
FIXED	7/1/2024	6/30/2025	8.10	All	Student Employees
FIXED	7/1/2024	6/30/2025	38.60	All	Post Docs
PROV.	7/1/2025	6/30/2028	52.50	All	Regular Employees
PROV.	7/1/2025	6/30/2028	21.10	All	UVM Medical Group
PROV.	7/1/2025	6/30/2028	12.70	All	Graduate Students
PROV.	7/1/2025	6/30/2028	9.00	All	Temporary Employees
PROV.	7/1/2025	6/30/2028	8.10	All	Student Employees
PROV.	7/1/2025	6/30/2028	38.60	All	Post Docs

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

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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 agreement only to the extent that funds are available. Acceptance of the rates is subject to the following conditions: (1) Only 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 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 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, 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

BY THE INSTITUTION:

University of Vermont University Financial Services
(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

(SIGNATURE)

Darryl W. Mayes
(NAME)

Deputy Director, Cost Allocation Services
(TITLE)

05/01/2024
(DATE)

HHS REPRESENTATIVE: Ryan McCarthy

TELEPHONE: (212) 264-2069