



1301 Young Street, Room 732  
Dallas, TX 75202  
PHONE: (214) 767-3261  
FAX: (214) 767-3264  
EMAIL: CAS-Dallas@psc.hhs.gov

September 24, 2019

Ms. Marissa E. Shepherd, CPA  
Grants Accounting Manager  
Northeast Ohio Medical University  
4209 State Rt. 44  
P.O. Box 95  
Rootstown, Oh 44272

Dear Ms. Shepherd,

A copy of the indirect cost Rate Agreement is being sent 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, email to me, retaining a copy for your files. Our email address is [cas-dallas@psc.hhs.gov](mailto:cas-dallas@psc.hhs.gov). We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus your next indirect cost proposal for fiscal year ended June 30, 2023 is due in our office by December 31, 2023.

Sincerely,

Arif M.  
Karim -S  
Arif Karim  
Director  
Cost Allocation Services

Digitally signed by Arif M. Karim -S  
DN: c=US, o=U.S. Government, ou=HHS,  
ou=PSC, ou=People, cn=Arif M. Karim -S,  
0.9.2342.19200300.100.11=2000212895  
Date: 2019.09.25 11:30:46 -05'00'

Enclosures

PLEASE SIGN AND RETURN VIA EMAIL A COPY OF THE RATE AGREEMENT

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1341131512A1

DATE:09/24/2019

ORGANIZATION:

FILING REF.: The preceding agreement was dated 06/17/2017

Northeast Ohio Medical University  
4209 State Rt. 44  
P.O. Box 95  
Rootstown, OH 44272

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: Facilities And Administrative Cost Rates**

---

RATE TYPES:      FIXED                  FINAL                  PROV. (PROVISIONAL)      PRED. (PREDETERMINED)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2016	06/30/2020	56.00	On Campus	All Programs
PRED.	07/01/2016	06/30/2020	19.30	Off Campus	All Programs
PRED.	07/01/2020	06/30/2024	56.00	On Campus	All Programs
PRED.	07/01/2020	06/30/2024	19.30	Off Campus	All Programs
PRED.	07/01/2024	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2024.

\*BASE

ORGANIZATION: Northeast Ohio Medical University

AGREEMENT DATE: 9/24/2019

---

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: Northeast Ohio Medical University

AGREEMENT DATE: 9/24/2019

---

---

**SECTION II: SPECIAL REMARKS**

---

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits 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.

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 \$2,500 or more per unit.

FRINGE BENEFITS:

FICA  
Retirement  
Worker's Compensation  
Life Insurance  
Unemployment Insurance  
Health Insurance  
Tuition Remission  
Dental Insurance  
Disability Insurance

Per 2 CFR 200.414(g) - A rate extension has been granted.

The next indirect cost rate proposal, based on actual costs for the fiscal year ending June 30, 2023, is due on December 31, 2023.

ORGANIZATION: Northeast Ohio Medical University

AGREEMENT DATE: 9/24/2019

**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 facilities and administrative cost pools 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 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.

**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 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 amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:

Northeast Ohio Medical University

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Arif M. Karim -S**  
Digitally signed by Arif M. Karim -S  
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, cn=Arif M. Karim -S,  
0.9.2342.1.9200300.100.1.1=3000212695  
Date: 2019.09.25 11:29:51 -0500

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

9/24/2019

(DATE) 5069

HHS REPRESENTATIVE: Shon Turner

Telephone: (214) 767-3261