



### DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center Financial Management Service Division of Cost Allocation

7700 Wisconsin Avenue, Suite 2301 Bethesda, MD 20814 PHONE: (301)492-4855 FAX: (301) 492-5081

September 12, 2013

Mr. Prianga Sugathapala Manager Grants & Restricted Accounts Palm Beach State College 1200 Congress Ave. Lake Worth, FL 33461

Dear Mr. Sugathapala,

A copy of an indirect cost 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 original signed by an authorized representative of your organization and fax it to me, retaining the copy for your files. Our fax number is (301) 492-5081. 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 the supporting information, is required to substantiate your claim for indirect costs under grante and contracts awarded by the Federal Covernment. Thus, your next proposal based un actual costs for the fiscal year ending 06/30/2016, is due in our office by 12/31/2016.

Sincerely,

Derryl W. Mayes

Director, Mid-Atlantic Field Office

Division of Cost Allocation

**Enclosures** 

PLEASE SIGN AND FAX A COPY OF THE RATE AGREEMENT

# ORIGINAL

# COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 59-1216000

DATE: 09/12/2013

ORGANIZATION:

FILING REF.: The preceding

Palm Beach State College

agreement was dated

4200 Congress Ave.

08/02/2010

Lake Worth, FL 33461-

The rates approved in this agreement are for use on grants, contracts and other agreements with the rederal 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

TYPE	FROM	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED.	07/01/2013	06/30/2017	38.65 On-Campus	All Programs
PRED.	07/01/2013	06/30/2017	14.25 Off-Campus	All Programs
PROV.	07/01/2017	06/30/2019		Use same rates and conditions as those cited for fiscal year ending June 30. 2017

### \*BASE

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of \$25,000.

ORGANIZATION: Palm Beach State College

AGREEMENT DATE: 9/12/2013

# 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 loave 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: 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.

Fringe Benefits include: FICA, Medical, Dental, Vision, Disability, Retirement, State Unemployment Insurance, and Life Insurance.

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.

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ORGANIZATION: Palm Beach State College

AGREEMENT DATE: 9/12/2013

### 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 in subject to the following conditions: (1) Only costs incurred by the organization were included in its facilities and administrative cost principles; (2) The same costs that have been treated as facilities and administrative costs are not claimed as direct tools; (3) Similar types of costs have been accorded consistent accounting treatment, and (4) The information provided by Federal Covernment. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Covernment.

### B. ACCOUNTING CHANGES:

This Agreement is based on the accounting system purported by the organization to be in affect during the Agreement period. Charges 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.

#### 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 Office of Management and Budget Circular A-21, and should be applied to grants, contracts and other agreements covered by this Circular, subject to any limitations of the Agreement.

#### E. OTHER:

BY THE INSTITUTION.

Palm Beach State College

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) allocable to these programs.

(INSTITUTION)

(SIGNATURE)

Richard A. Becker

(NAME)

VP Administration & Business Svcs.

(TITLE)

9/23/13

ON BEHALF OF THE PEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Division of Cost Allocation

(TITLE)

9/12/2013

(DATE) 1635

HHS REPRESENTATIVE:

Lucy Siow

Telephone

(301) 492-4855