

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1146013200G3

DATE:07/11/2016

**ORGANIZATION:**

RFSUNY - State University College At  
Geneseo  
35 State Street  
Albany, NY 12207-

FILING REF.: The preceding  
agreement was dated  
02/25/2015

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.

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**SECTION I: INDIRECT COST RATES**

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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	57.00	On-Campus	All Programs (1)
PRED.	07/01/2016	06/30/2020	22.00	Off-Campus	All Programs (1) (2)
PROV.	07/01/2020	Until Amended	57.00	On-Campus	All Programs (1)
PROV.	07/01/2020	Until Amended	22.00	Off-Campus	All Programs (1) (2)

\*BASE

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Effective 07/01/2016:

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.

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(1) (2) See Special Remarks

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**SECTION I: FRINGE BENEFIT RATES\*\***

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2016	6/30/2017	45.50	All	Regular Employees
FIXED	7/1/2016	6/30/2017	14.00	All	Summer Employees
PROV.	7/1/2016	6/30/2017	14.00	All	Graduate Students
FIXED	7/1/2016	6/30/2017	5.00	All	Undergraduate Student
PROV.	7/1/2017	Until amended	46.50	All	Regular Employees
PROV.	7/1/2017	Until amended	14.00	All	Summer Employees
PROV.	7/1/2017	Until amended	15.00	All	Graduate Students
PROV.	7/1/2017	Until amended	5.00	All	Undergraduate Student

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

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**SECTION II: SPECIAL REMARKS**

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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.

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1. These Facilities and Administrative cost rates apply when grants and contracts are awarded jointly to Research Foundation of SUNY and State University College At Geneseo.
2. For all activities performed in facilities not owned or leased by the organization or to which rent is directly charged to the project (s), the off-site rate will apply. Actual costs will be apportioned between on-site and off-site components. Each portion will bear the appropriate rate.
3. The fringe benefit costs listed below are reimbursed to the grantee through the direct fringe benefit rate applicable to Research Foundation employees:

- |                               |                           |
|-------------------------------|---------------------------|
| A. Retiree Health Insurance   | G. Group Life Insurance   |
| B. Retirement Expense         | H. Long Term Dis. Ins.    |
| C. Social Security            | I. Workers' Compensation  |
| D. NYS Unemployment Insurance | J. Dental Insurance       |
| E. NYS Disability Insurance   | K. Vacation & Sick Leave* |
| F. Group Health Insurance     |                           |

\*This component consists of payments for accrued unused vacation leave made in accordance with the Research Foundation Leave Policy to employees who have terminated, changed accruing status, or transferred. It also includes payments for absences over 30 calendar-days that are charged to sick leave.

The fringe benefit costs for State University of New York employees are charged utilizing the New York State fringe benefit rate for federal funds. This approved rate is contained in the New York State-Wide Cost Allocation Plan. That rate includes the following costs:

- |                           |                           |
|---------------------------|---------------------------|
| A. Social Security        | E. Workers' Compensation  |
| B. Retirement             | F. Survivors' Benefits    |
| C. Health Insurance       | G. Dental Insurance       |
| D. Unemployment Insurance | H. Employee Benefit Funds |

4. 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.
5. 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 for the cost of these paid absences are not made.

\*\* The next proposal based on actual costs for the fiscal year ending 06/30/2019 is due in our office by 12/31/2019.

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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 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:

RFSUNY - State University College At Geneseo

(INSTITUTION)



(SIGNATURE)

**Christopher J. Wade**

(NAME)

**Senior Director Cost Accounting&Procurement**

(TITLE)

**July 13, 2016**

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

  
Digitally signed by Darryl W. Mayes -  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People,  
0.9.2342.19200300.100.1.1=2000131669, cn=Darryl  
W. Mayes -A  
Date: 2016.07.15 13:39:23 -0400

(SIGNATURE)

**Darryl W. Mayes**

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

7/11/2016

(DATE) 0200

HHS REPRESENTATIVE: **Michael Stanco**

Telephone: **(212) 264-2069**