

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1626001636A1
ORGANIZATION:
University of Tennessee – Knoxville
Controller's Office
201 Andy Holt Tower
Knoxville, TN 37996-0100

Date: 12/19/2024
FILING REF.: The preceding
agreement was dated
12/10/2024

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)
TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATION	APPLICABLE TO
	FROM	TO			
FINAL	07/01/2023	06/30/2024	53.00	On-Campus	Organized Research
PRED.	07/01/2024	06/30/2025	53.00	On-Campus	Organized Research
PRED.	07/01/2025	06/30/2027	53.50	On-Campus	Organized Research
PRED.	07/01/2027	06/30/2029	54.00	On-Campus	Organized Research
FINAL	07/01/2023	06/30/2024	54.00	On-Campus	Instruction
PRED.	07/01/2024	06/30/2029	54.00	On-Campus	Instruction
FINAL	07/01/2023	06/30/2024	36.00	On-Campus	Other Sponsored Activities
PRED.	07/01/2024	06/30/2029	36.00	On-Campus	Other Sponsored Activities
FINAL	07/01/2023	06/30/2024	8.00	On-Campus	IPA
PRED.	07/01/2024	06/30/2029	8.00	On-Campus	IPA
FINAL	07/01/2023	06/30/2024	26.00	Off-Campus	All Programs
PRED.	07/01/2024	06/30/2029	26.00	Off-Campus	All Programs
PROV.	07/01/2029	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2029

*BASE

For all awards beginning 6/30/2025 and earlier, the Base is as follows:

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

For all awards beginning 07/01/2025 and later, the Base is as follows:

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$50,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, student tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$50,000.

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	7/1/2024	6/30/2025	35.20	All	Regular Employees
FIXED	7/1/2024	6/30/2025	20.30	All	Medical Residents
FIXED	7/1/2024	6/30/2025	11.50	All	Graduate Student Employees
FIXED	7/1/2024	6/30/2025	7.90	All	Temp Employees
FIXED	7/1/2024	6/30/2025	1.50	All	Student Employees
PROV.	7/1/2025	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2025.

**** DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages.

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

For all awards issued up to and including 06/30/2024, the fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits are FICA, Retirement, Workers' Compensation, Unemployment Insurance, Health Insurance, Life Insurance, Terminal Leave, Employee Tuition Remission, and Employer 401K Match.

Effective 07/01/2024, 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 Health Insurance, OPEB, Retirement, FICA, Life Insurance, Terminal Leave, Employee Tuition Remission and Death Benefit – Sick Leave.

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.

OFF-CAMPUS DEFINITION: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). 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.

The rates in this rate agreement were reviewed in compliance with the HHS and NIH Grants Policy Statement applying a Salary Rate Limit (SRL) to indirect cost salaries & wages not exceeding the Executive Level II rate contained in the HHS Appropriations Act.

A fringe benefit rate proposal for the fiscal year ended 06/30/2024 is due in our office by 12/31/2024. An indirect cost proposal for the fiscal year ended 06/30/2028 is due in our office by 12/31/2028

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 \$5000.

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:

University of Tennessee – Knoxville

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W.

Mayes -S

Date: 2024.12.26 15:18:12 -05'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

12/19/2024

(DATE)

HHS REPRESENTATIVE: Ernest Kinneer

TELEPHONE:

(301) 492-4855