## NONPROFIT RATE AGREEMENT

EIN: 610482955 ORGANIZATION: Bellarmine University

2001 Newburg Road

Louisville, KY 40205-0671

Date: 01/16/2024

May 31, 2028

FILING REF.: The preceding

agreement was dated

04/15/2022

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 PRED. (PREDETERMINED) PROV. (PROVISIONAL) **RATE TYPES:** FIXED **FINAL EFFECTIVE PERIOD** RATE(%) LOCATION APPLICABLE TO **TYPE FROM** TO 27.70 On-Campus All Programs PRED. 06/01/2020 05/31/2024 15.10 Off-Campus All Programs PRED. 06/01/2020 05/31/2024 27.70 On-Campus All Programs 06/01/2024 05/31/2028 PRED. All Programs 15.10 Off-Campus 05/31/2028 PRED. 06/01/2024 Use same rates and conditions as Until Amended PROV. 06/01/2028 those cited for fiscal year ending

## \*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e,g., student aid, stipends, dependency allowances, scholarships, fellowships).

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# 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.

Fringe Benefit include FICA (Social Security & Medicare), Pension with Employer Match, Life & Disability Insurance (Long & Short Term), Medical and Dental Insurance, Workers' Compensation, State Unemployment, Employee Assistance Plan, Tuition Remission, and Health Savings Account.

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

A proposal for FYE 05/31/2027 is due in our office by 11/30/2027.

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.

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## **SECTION III: GENERAL**

#### A. <u>LIMITATIONS:</u>

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 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 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 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 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 indirect 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 indirect costs allocable to these programs.

BY THE INSTITUTION:	ON BEHALF OF THE GOVERNMENT:
Bellarmine University	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(INSTITUTION)  (SIGNATURE)	(AGENCY) Darryl W. Mayes -S Date: 2024.01.25 08:30:02 -05'00' (SIGNATURE)
M. Denise Brown-Carrelius	Darryl W. Mayes (NAME)
Vice President for Figure + Facilities	Deputy Director, Cost Allocation Services (TITLE)
(TITLE)  Vas/2024  (DATE)	01/16/2024 (DATE)
	HHS REPRESENTATIVE: Ernest Kinneer
	TELEPHONE: (301) 492–4855

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