

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1160743140A1

DATE:06/27/2018

ORGANIZATION:

FILING REF.: The preceding  
agreement was dated  
01/30/2018

Rochester Institute of Technology  
7 Lomb Memorial Drive  
Rochester, NY 14623-5603

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)	
<u>EFFECTIVE PERIOD</u>					
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	07/01/2015	06/30/2016	0.00	NTID	
PRED.	07/01/2016	06/30/2020	46.50	On-Campus	Organized Research
PRED.	07/01/2016	06/30/2020	26.00	Off-Campus	Organized Research
PRED.	07/01/2016	06/30/2020	49.90	On-Campus	Instruction
PRED.	07/01/2016	06/30/2020	26.00	Off-Campus	Instruction
PRED.	07/01/2016	06/30/2020	41.40	On-Campus	Other Sponsored Activities
PRED.	07/01/2016	06/30/2020	26.00	Off-Campus	Other Sponsored Activities
PROV.	07/01/2020	06/30/2022	46.50	On-Campus	Organized Research
PROV.	07/01/2020	06/30/2022	26.00	Off-Campus	Organized Research
PROV.	07/01/2020	06/30/2022	49.90	On-Campus	Instruction
PROV.	07/01/2020	06/30/2022	26.00	Off-Campus	Instruction
PROV.	07/01/2020	06/30/2022	41.40	On-Campus	Other Sponsored Activities
PROV.	07/01/2020	06/30/2022	26.00	Off-Campus	Other Sponsored Activities

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\*BASE

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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**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	7/1/2017	6/30/2018	26.70	RIT	Full- Eligibility
FIXED	7/1/2017	6/30/2018	18.40	RIT	Partial- Eligibility
FIXED	7/1/2017	6/30/2018	7.40	RIT	Statutory
FIXED	7/1/2017	6/30/2018	33.70	NTID	Full- Eligibility
FIXED	7/1/2017	6/30/2018	27.30	NTID	Partial- Eligibility
FIXED	7/1/2017	6/30/2018	8.00	NTID	Statutory
FIXED	7/1/2018	6/30/2019	29.20	RIT	Full- Eligibility
FIXED	7/1/2018	6/30/2019	20.40	RIT	Partial- Eligibility
FIXED	7/1/2018	6/30/2019	7.60	RIT	Statutory
FIXED	7/1/2018	6/30/2019	35.70	NTID	Full- Eligibility
FIXED	7/1/2018	6/30/2019	30.50	NTID	Partial- Eligibility
FIXED	7/1/2018	6/30/2019	8.10	NTID	Statutory
PROV.	7/1/2019	6/30/2021	28.80	RIT	Full- Eligibility
PROV.	7/1/2019	6/30/2021	20.00	RIT	Partial- Eligibility
PROV.	7/1/2019	6/30/2021	7.70	RIT	Statutory
PROV.	7/1/2019	6/30/2021	36.60	NTID	Full- Eligibility
PROV.	7/1/2019	6/30/2021	26.20	NTID	Partial- Eligibility
PROV.	7/1/2019	6/30/2021	8.00	NTID	Statutory

\*\* 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.

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.

(1) The rates in this Agreement have been negotiated to reflect the administrative cap provisions of the revisions to OMB Circular A-21 published by the Office of Management and Budget on May 8, 1996. No rate affecting the institution's fiscal periods beginning on or after October 1, 1991 contains total administrative cost components in excess of that 26 percent cap.

(2) See below for indirect cost amounts and schedule of costs per credit hour to be used to charge the N.T.I.D. program for cross-registered students.

(3) For all activities performed in facilities not owned by the organization and to which rent is directly allocated to the project(s), the off-site rate will apply. Grants or contracts will not be subject to more than one indirect cost rate. If more than 50% of a project is performed off-site, the off-site rate will apply to the entire project.

(4) The fringe benefit costs listed below are reimbursed to the grantee through the direct fringe benefit rates: Social Security, Retirement, Health Insurance, Dental Plan, Long Term Disability, Worker's Compensation, Life Insurance, Short Term Disability and Unemployment Compensation. The RIT Full Eligibility fringe benefit rate includes a tuition waiver for employees, and the NTID Full Eligibility fringe benefit rate includes a tuition waiver for employees and dependents.

(5) Equipment means an article of nonexpendable, tangible personal property having a useful life of more than one year, and an acquisition cost of \$1,500 or more per unit. Effective July 1, 2017, the acquisition cost is \$5,000 or more per unit.

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National Technical Institute for the Deaf (N.T.I.D.)

Indirect Cost For: Indirect Cost Amount:

FYE 6/30/16 \$11,741,991 (a) (b)

(a) Indirect Cost excluded building and equipment use charges since grantee has elected to charge a reasonable rental value directly to N.T.I.D.

(b) Grantee excluded most "Plant Maintenance and Operation" costs from the indirect costs and charged N.T.I.D. on a direct basis.

Schedule of Cost Per Credit Hours:

College of Engineering(COE)	\$ 891.75
College of Business(COB)	\$ 790.26
College of Imaging Arts and Sciences(CIAS)	\$ 830.49
College of Computing & Information Sci.(GCCIS)	\$ 648.02
College of Science(COS)	\$ 444.43
College of Center for Imaging Science(CIS)	\$2,335.77
College of Applied Science & Technology(CAST)	\$ 837.54
College of Liberal Arts(COLA)	\$ 421.13
College of Golisano Institute for Sustainability(GIS)	\$2,457.83
College of Health Sciences & Technology(CHST)	\$ 651.23
College of Interdisciplinary(INTSD)	\$ 152.39
Total Colleges(Blended Rate)	\$ 616.85

(6) This agreement updates fringe benefit rates only.

(7) Your next proposal based on actual costs for the fiscal year ended 6/30/19 is due in our office by 12/31/19.

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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:

Rochester Institute of Technology

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes -  
S

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

6/27/2018

(DATE) 5770

HHS REPRESENTATIVE:

Council Moore

Telephone:

(212) 264-2069