

MAR. 23. 2006 10:42AM

PSC/DCA-CSFO 214 767 3264

NO. 9086 P. 2



**DEPARTMENT OF HEALTH & HUMAN SERVICES**

**Program Support Center  
Financial Management Service  
Division of Cost Allocation  
Central States Field Office**

1301 Young Street, Room 732  
Dallas, Texas 75202  
(214)-767-3261  
FAX: (214)-767-3264

March 13, 2006

Mr. Ronnie Smith  
Vice Chancellor for Administration & Finance  
L. S. U. Health Sciences Center, New Orleans  
(Formerly LSU Medical Center - EIN #1726000848A5  
433 Bolivar Street, Suite 811  
New Orleans, LA 71130-3932

Dear Mr. Smith:

The original and one copy of a facilities and administrative cost and fringe benefit Rate Agreement are enclosed. 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 facilities and administrative 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 a copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

The Fixed Fringe Benefit Rate for the fiscal year ending June 30, 2007 is based on actual costs for the fiscal year ended June 30, 2005. This included under-recovered costs of (\$4,742,751). The fixed fringe benefit rate for fiscal year ended June 30, 2005 is considered final.

The Fixed Fringe Benefit Rate for the fiscal year ending June 30, 2006 is based on actual costs for the fiscal year ended June 30, 2004. This included under-recovered costs of (\$1,610,352). The fixed fringe benefit rate for fiscal year ended June 30, 2004 is considered final.

A Fringe Benefit proposal, together with supporting information and the certified financial statement, is required each year. Thus, your next Fringe Benefit proposal based on actual costs for the fiscal year ending June 30, 2006 is due in our office by December 31, 2006. Your next F&A proposal based on actual costs for the fiscal year ending June 30, 2006 is due in our office by December 31, 2006.

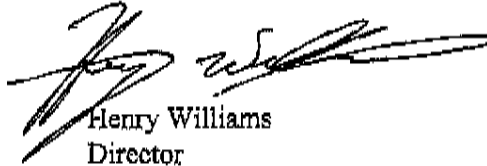
Since this is an integral part of the Negotiation Agreement, please note your acceptance by signing in the space provided below.

MAR. 23. 2006 10:42AM PSC/DCA-CSFO 214 767 3264

NO. 9086 P. 3

Thank you for your cooperation.

Sincerely,



Henry Williams  
Director  
Division of Cost Allocation  
Central States Field Office

Enclosures

ACCEPTANCE

  
Name

Vice Chancellor for Administration & Finance  
Title

3/20/06  
Date

MAR. 23. 2006 10:42AM PSC/DCA-CSFO 214 767 3264

NO. 9086 P. 4

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN #: 1726087770A2

DATE: March 13, 2006

**INSTITUTION:**

LSU Health Sciences Center, New Orleans  
 (Formerly LSU Medical Center - EIN #1726000848A5)  
 433 Bolivar Street  
 Suite 811  
 New Orleans LA 70112-2223

FILING REF.: The preceding Agreement was dated April 14, 2005

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: FACILITIES AND ADMINISTRATIVE COST RATES\***

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/03	06/30/06	43.0	On Campus	Organized Research
PRED.	07/01/06	06/30/07	42.0	On Campus	Organized Research
PRED.	07/01/03	06/30/07	34.0	On Campus	Other Spon. Act
PRED.	07/01/03	06/30/07	26.0	Off Campus	All Programs
PROV.	07/01/07	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2007.		

**\*BASE:**

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, 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.

MAR. 23. 2006 10:43AM PSC/DCA-CSFO 214 767 3264

NO. 9086 P. 5

INSTITUTION:  
LSU Health Sciences Center, New Orleans  
(Formerly LSU Medical Center - EIN #1726000848A5)

AGREEMENT DATE: March 13, 2006

SECTION I: FRINGE BENEFITS RATES\*\*

RATE TYPES:		FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE (%)</u>	<u>LOCATIONS</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
FIXED	07/01/05	06/30/06	27.0	All	F/T Faculty & Staff
FIXED	07/01/06	06/30/07	29.0	All	F/T Faculty & Staff
PROV.	07/01/07	UNTIL AMENDED	29.0	All	F/T Faculty & Staff

\*\*DESCRIPTION OF FRINGE BENEFITS RATE BASE:  
Salaries and wages.

MAR. 23. 2006 10:43AM

PSC/DCA-CSFO 214 767 3264

NO. 9086 P. 6

**INSTITUTION:**

LSU Health Sciences Center, New Orleans  
(Formerly LSU Medical Center - EIN #1726000848A5)

**AGREEMENT DATE:** March 13, 2006

---

**SECTION II: SPECIAL REMARKS**

---

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 for the costs of these paid absences are not made.

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.

Equipment Definition -

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.

FRINGE BENEFITS:

Retirement  
Unemployment Insurance  
Health Insurance  
Terminal Leave  
Sabbatical Leave  
Unfunded Retirement  
Worker's Compensation  
FICA  
Life Insurance  
Stipends

MAR. 23. 2006 10:43AM

PSC/DCA-CSFO 214 767 3264

NO. 9086 P. 7

**INSTITUTION:**

LSU Health Sciences Center, New Orleans  
(Formerly LSU Medical Center - EIN #1726000848A5)

**AGREEMENT DATE:** March 13, 2006

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 created 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 purposed 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 Office of Management and Budget Circular A-21 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, 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 those programs.

**BY THE INSTITUTION:**

LSU Health Sciences Center, New Orleans  
(Formerly LSU Medical Center - EIN #1726000848A5)

(INSTITUTION)

(SIGNATURE)

Ronnie Smith

(NAME)

Vice Chancellor for Administration & Finance

(TITLE)

3/20/06

(DATE)

**ON BEHALF OF THE FEDERAL GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Henry Williams

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION-

(TITLE) CENTRAL STATES FIELD OFFICE

MARCH 13, 2006

(DATE) 0024

HHS REPRESENTATIVE: My (Robert) N. Nguyen  
Telephone: (214) 767-3267