



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

7700 Wisconsin Avenue, Suite 8100
Bethesda, MD 20814
PHONE: (301) 492-4855
FAX: (301) 492-5081
EMAIL: CAS-Bethesda@psc.hhs.gov

July 22, 2022

Ms. Arlean Wehle, CPA, CFE, CGMA
Executive Director of Accounting Services
Louisiana State University Health Sciences Center
433 Bolivar Street
New Orleans, LA 70112

Dear Ms. Wehle:

A copy of the facilities and administrative (F&A) cost Rate Agreement is being sent to you for your signature. 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 F&A and fringe benefit costs on grants and contracts with the Federal Government.

The Office of Management and Budget (OMB) has requested that we reach an agreement with each institution on the components of the published F&A rates. The attached form is provided for that purpose. Please sign the form and email it back with the original Rate Agreement.

In addition, both parties agree that the differences between the fixed and actual fringe benefit costs for the fiscal year ended June 30, 2021 are:

- Over-recovery of \$2,703,469 applicable to Full-Time Faculty and Staff

These amounts are included in your fixed fringe benefit rates for the fiscal year ending June 30, 2023 which are listed in the attached Rate Agreement.

Please have the agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement can be sent to me by email to CAS-Bethesda@psc.hhs.gov, while retaining the copy for your files. Only when the signed agreement is returned, we will then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

Ms. Wehle
July 22, 2022
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F&A and fringe benefit cost rate proposals, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims F&A and fringe benefit costs under grants and contracts awarded by the Federal Government. Your next F&A cost rate proposal for the fiscal year ending June 30, 2025 will be due in our office by December 31, 2025. Your next fringe benefit proposal for the fiscal year ending June 30, 2022 will be due in our office by December 31, 2022. Your proposals and supporting documents should be submitted to CAS-Bethesda@psc.hhs.gov.

Sincerely,

Darryl W. Mayes - S

Digitally signed by Darryl W. Mayes - S
DN: c=US, ou=U.S. Government, ou=HHS, ou=OSC, ou=People, o=U.S. Department of Health and Human Services, cn=Darryl W. Mayes - S
Date: 2022.07.29 07:44:22 -0400

Darryl W. Mayes
Deputy Director
Cost Allocation Services

CONCURRENCE:

Louisiana State University Health
Sciences Center - New Orleans
(Institution)



(Signature)

Arlean Wehle

(Name)

Executive Director for Accounting Services

(Title)

8/3/22

(Date)

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1726087770A2

DATE:07/22/2022

ORGANIZATION:

LSU Health Sciences Center, New Orleans
 433 Bolivar Street
 Suite 811
 New Orleans, LA 70112-2223

FILING REF.: The preceding
 agreement was dated
 04/16/2021

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)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2021	06/30/2023	47.00	On Campus	Organized Research
PRED.	07/01/2023	06/30/2026	50.00	On Campus	Organized Research
PRED.	07/01/2021	06/30/2023	46.00	On Campus	Instruction
PRED.	07/01/2023	06/30/2026	52.00	On Campus	Instruction
PRED.	07/01/2021	06/30/2023	43.50	On Campus	Other Sponsored Activities
PRED.	07/01/2023	06/30/2026	40.00	On Campus	Other Sponsored Activities
PRED.	07/01/2021	06/30/2026	26.00	Off-Campus	All Programs
PROV.	07/01/26	Until Amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2026.

ORGANIZATION: LSU Health Sciences Center, New Orleans

AGREEMENT DATE: 7/22/2022

*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.

ORGANIZATION: LSU Health Sciences Center, New Orleans

AGREEMENT DATE: 7/22/2022

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	7/1/2022	6/30/2023	41.00	All	F/T Faculty & Staff
FIXED	7/1/2022	6/30/2023	19.20	All	Post Doctoral
PROV.	7/1/2023	Until amended			Use same rates and conditions as those cited for fiscal year ending June 30, 2023.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

ORGANIZATION: LSU Health Sciences Center, New Orleans

AGREEMENT DATE: 7/22/2022

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 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.

FRINGE BENEFITS:

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

Your next fringe benefit proposal, based on actual costs for the fiscal year ending 06/30/22 is due in our office by 12/31/22.

Your next facilities and administrative proposal, based on actual costs for the fiscal year ending 06/30/25 is due in our office by 12/31/25.

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 \$5,000.

ORGANIZATION: LSU Health Sciences Center, New Orleans

AGREEMENT DATE: 7/22/2022

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:

LSU Health Sciences Center, New Orleans

(INSTITUTION)

(SIGNATURE)

Arlean Wehle

(NAME)

Executive Director for Accounting Services

(TITLE)

8/3/22

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes - S

(SIGNATURE)

Darryl Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

7/22/2022

(DATE) 4136

HHS REPRESENTATIVE:

Steven Zuraf

Telephone:

(301) 492-4855