COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1726087770A2
ORGANIZATION:
LSU Health Sciences Center, New Orleans
433 Bolivar Street
Suite 811
New Orleans, LA 70112-2223

DATE: 02/21/2014
FILING REF.: The preceding agreement was dated 12/20/2013

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

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/2013</td>
<td>06/30/2014</td>
<td>45.50 On Campus</td>
<td>Organized Research</td>
</tr>
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<td>PRED.</td>
<td>07/01/2014</td>
<td>06/30/2017</td>
<td>46.00 On Campus</td>
<td>Organized Research</td>
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<td>07/01/2013</td>
<td>06/30/2017</td>
<td>46.00 On Campus</td>
<td>Instruction</td>
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<td>PRED.</td>
<td>07/01/2013</td>
<td>06/30/2017</td>
<td>45.00 On Campus</td>
<td>Other Sponsored Activities</td>
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<td>PRED.</td>
<td>07/01/2013</td>
<td>06/30/2017</td>
<td>26.00 Off Campus</td>
<td>All Programs</td>
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<tr>
<td>PROV.</td>
<td>07/01/2017</td>
<td>Until Amended</td>
<td>&quot;Use same rates and conditions as those cited for FYE June 30, 2017.&quot;</td>
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</table>
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.
ORGANIZATION: LSU Health Sciences Center, New Orleans
AGREEMENT DATE: 2/21/2014

SECTION I: FRINGE BENEFIT RATES**

<table>
<thead>
<tr>
<th>TYPE</th>
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<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
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<tr>
<td>FIXED</td>
<td>7/1/2013</td>
<td>6/30/2014</td>
<td>41.00</td>
<td>All</td>
<td>F/T Faculty &amp; Staff</td>
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<td>FIXED</td>
<td>7/1/2014</td>
<td>6/30/2015</td>
<td>42.00</td>
<td>All</td>
<td>F/T Faculty &amp; Staff</td>
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<td>PROV.</td>
<td>7/1/2015</td>
<td>6/30/2017</td>
<td>42.00</td>
<td>All</td>
<td>F/T Faculty &amp; Staff</td>
</tr>
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</table>

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

Your next fringe benefit proposal based on actual costs for the fiscal year ending 06/30/14 is due in our office by 12/31/14. Your next F&A proposal based on actual costs for the fiscal year ending 06/30/16 is due in our office by 12/31/16.
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 final obligations of the organization and are allowable under the governing cost principles; (2) The rates were treated as cost pools; (3) The new rates have been approved consistent accounting treatment; and (4) The information provided by the organization which was used to establish the rates is based on an estimate of the actual costs for the period covered by the rate. A change to the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement requires 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.

B. FUND 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.

C. 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-87, 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.

D. 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 program, 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:

[Institution]

Patrick J Landry, Jr.

[Name]

Executive Director of Accounting Services

[TITLE]

March 13, 2014

[DATE]

ON BEHALF OF THE FEDERAL GOVERNMENT:

[Department of Health and Human Services]

[Signature]

[Name]

Director, Division of Cost Allocation

[TITLE]

2/21/2014

[DATE]

[REPRESENTATIVE]

Uyen Tran

[Telephone]

(214) 767-3261
February 21, 2014

Mr. Patrick Landry Jr.
Executive Director of Accounting Services
LSU Health Sciences Center, New Orleans
433 Bolivar Street
New Orleans, LA 70112-2223

Dear Mr. Landry Jr.:

The fringe benefit Rate Agreement is being faxed to you for your signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the fringe benefit rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the Agreement 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 organization of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

The Fixed Fringe Benefit cost rate(s) for fiscal year ending June 30, 2015 are based on actual costs for the fiscal year June 30, 2013 and the Fixed Fringe Benefit cost rate(s) for fiscal year ending June 30, 2014 are based on actual costs for the fiscal year June 30, 2012. Over-recovered (+) or under-recovered (-) amounts are listed below:

<table>
<thead>
<tr>
<th></th>
<th>2012/2014</th>
<th>2013/2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Full Time Faculty &amp; Staff</td>
<td>($2,071,117)</td>
<td>($5,052,584)</td>
</tr>
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The fixed rate(s) for fiscal year ended June 30, 2012 and June 30, 2013 are considered final.

A fringe benefit rate proposal is required to be submitted annually. Thus, a fringe benefit cost proposal based on actual costs for the fiscal year ending June 30, 2014 is due in our office by December 31, 2014.
Since this is an integral part of the negotiation agreement, please note your acceptance by signing in the space provided on this page of the letter and last page of the rate agreement.

Your proposal and relevant correspondence should be addressed to:

Department of Health & Human Services
Division of Cost Allocation
1301 Young Street – Room 732
Dallas, TX 75202

Thank you for your cooperation.

Sincerely,

Arif Karim
Director
Division of Cost Allocation

Enclosures

ACCEPTANCE:

LSU Health Sciences Center, New Orleans
(Institution)

Patrick J Landry, Jr.
(Name)

Executive Director of Accounting Services
(Title)

March 13, 2014
(Date)
United States Department of Health Human Services

FAX TRANSMISSION

<table>
<thead>
<tr>
<th>To:</th>
<th>Patrick Landry Jr</th>
<th>From:</th>
<th>Uyen Tran</th>
</tr>
</thead>
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<tr>
<td>Fax:</td>
<td>504-568-8183</td>
<td>Number Of Pages:</td>
<td>07</td>
</tr>
<tr>
<td>Phone:</td>
<td>504-568-4815</td>
<td>Date:</td>
<td>February 21, 2014</td>
</tr>
<tr>
<td>Re:</td>
<td>RATE AGREEMENT</td>
<td>CC:</td>
<td></td>
</tr>
</tbody>
</table>

☐ Urgent ☐ For Review ☐ Please Comment ☑ Please Reply ☐ Please Recycle

• Comments:

If you have any problems with the legibility of any part of the agreement, please contact me at 214-767-3266.

Please fax back only the signed page of the agreement and components to fax number 214-767-3264. A fax cover sheet is not required.

NOTE: If our office does not receive a returned signature page, the rate agreement cannot be published on our website for granting officials to view.

THANK YOU.