

## DEPARTMENT OF HEALTH & HUMAN SERVICES

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

## March 25, 2004

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

Ms. Carolyn Conn Associate VP-FS/Treasurer Texas State University - San Marcus 601 University Drive San Marcos, TX 78666-4616

Dear Ms. Conn:

A copy of a facilities and administrative cost Rate Agreement is being faxed to you for 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 facilities and administrative 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 organizations of the Federal Government for their use.

A facilities and administrative cost proposal, together with supporting information, is required each year to substantiate claims made for facilities and administrative costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending August 31, 2007 is due in our office by February 28, 2008.

Thank you for your cooperation.

Sincerely,

Henry Williams

Director

Division of Cost Allocation Central States Field Office

Enclosures

PLEASE SIGN AND RETURN THE ORIGINAL OF THE RATE AGREEMENT

## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1746002248A1

DATE: March 26, 2004

INSTITUTION:

FILING REF.: The preceding Agreement was dated

Texas State University - San Marcus

December 13, 2002

601 University Drive

San Marcos

78666-4616 TX

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: I	PACILITIES	AND ADMIN	ISTRATIVE	COST RAT	res*
RATE TYPES:	AND DESCRIPTION OF THE PROPERTY OF THE PERSON OF THE PERSO	FINAL	PROV. (PRO		

TYPE	FROM TO	RATE(%)	LOCATIONS	APPL	ICABLE TO	
PRED. PRED. PROV.	09/01/03 08/31/07 09/01/03 08/31/07 09/01/07 UNTIL AMENDER	47.5 26.0 Use same for fisc	On Campus Off Campus rates and cond al year ending	All itions	Programs Programs as those ci 31, 2007.	ted

## \*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. INSTITUTION:

Texas State University - San Marcus

AGREEMENT DATE: March 26, 2004

## SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

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 PAIL DESENCES:
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. Actual costs will be apportioned between on-campus and off-campus components. Each portion will bear the appropriate rate.

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:

FICA
Retirement
Group Insurance
Unemployment Insurance
Worker's Compensation

#### INSTITUTION:

Texas State University - San Marcus

AGREEMENT DATE: March 26, 2004

S	ECT	ION	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 bave 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 inacourate by the Federal Government. In such situations the rate(s) would be subject to renegotiation at the discretion of the Federal Government.

#### 9. 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 authorised 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.

#### USE BY OTHER FEDERAL AGENCIES:

The rates is 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 moons 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 DECOTAMO.

BY THE INSTITUTION:	ON BEHALF OF THE FEDERAL GOVERNMENT:
Texas State University - Sun Marque (INSTITUTION)	DEPARTMENT OF HEALTH AND HUMAN SERVICES
William a have	(AGENCY)
(SIGNATURE)	(F)Charte
William A. Nance	Henry Williams
(NAME)	(NAME)
VP-Finance & Support Services	DIRECTOR, DIVISION OF COST ALLOCATION-
(TITLE)	(TITLE) CENTRAL STATES FIELD OFFICE
March 30, 2004	March 26, 2004
(DATE)	(DATE) 0276
	HES REPRESENTATIVE: Arturo Cornejo
	Telephone: (214) 767-3313



# U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES PROGRAM SUPPORT CENTER FINANCIAL MANAGEMENT SERVICE DIVISION OF COST ALLOCATION CENTRAL STATES FIELD OFFICE



# **FAX TRANSMISSION**

			T. William Control of Control		
To:	Sco	tt Erwin	From:	Arturo Cornejo (21	4) 767-3313
Faxc	<u>5</u> 12	2-245-8434	Pages:	4	
Phone	oć .		Date:		
Re: Rali Agreement		- Agreement	CC:		
□ Urg	ent	☐ For Review	☐ Please Comment	Please Reply	☐ Please Recycle
			THE REAL PROPERTY.	- Late	

#### Comments:

We are testing a new procedure of faxing (instead of mailing) agreements to you. If you have any problems with the legibility of any part of the agreement, please contact Arturo Cornejo at 214-767-3313.

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

THANK YOU.