



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center  
Financial Management Portfolio  
Cost Allocation Services

90 7<sup>th</sup> Street, Suite 4-600  
San Francisco, CA 94103-6705  
PHONE: (415) 437-7820  
EMAIL: [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov)

June 29, 2022

Jamie Moffitt, Vice President for Finance and Administration  
Chief Financial Officer  
University of Oregon  
1283 University of Oregon  
Eugene, OR 97403

Dear Ms. Moffitt:

A copy of the indirect cost and fringe benefit rate agreement is being sent 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 F&A and fringe benefit costs on grants and contracts with the Federal Government.

In addition, both parties agree to the following over/under recoveries:

Over-recovery of \$2,707,152 applicable to Faculty/Staff A  
Over-recovery of \$2,700,341 applicable to Faculty/Staff B  
Under-recovery of \$39,362 applicable to Faculty/Staff C  
Under-recovery of \$85,987 applicable to Classified Service  
Over-recovery of \$796,984 applicable to Classified Skilled/Clerical  
Over-recovery of \$340,021 applicable to Classified Technical  
Under-recovery of \$72,848 applicable to Temps  
Over-recovery of \$73,884 applicable to Students

These amounts are included in your fixed fringe benefit rates for the fiscal year ending 06/30/23 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 should be sent to me by email, while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

Jamie Moffitt, VP for Finance & Administration  
Page 2 of 2

A fringe benefit rate proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims fringe benefit costs under grants and contracts awarded by the Federal Government. Therefore, your next fringe benefit rate proposal based on actual costs for the fiscal year ending 06/30/22 is due in our office by 12/31/22. Please submit your next proposal electronically via email to [CAS-SF@psc.hhs.gov](mailto:CAS-SF@psc.hhs.gov).

Sincerely,

Arif M. Karim -S<sup>5</sup> Digitally signed by Arif M. Karim -  
Date: 2022.06.30 01:48:20 -0500

Arif Karim, Director  
Cost Allocation Services

Enclosure

**PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL**

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN:  
 ORGANIZATION:  
 University of Oregon-Eugene, OR  
 1266 University of Oregon  
 203 Johnson Hall  
 Eugene, OR 97403-1266

DATE:06/29/2022  
 FILING REF.: The preceding  
 agreement was dated  
 06/02/2021

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.

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**SECTION I: INDIRECT COST RATES**

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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.	07/01/2019	06/30/2021	47.50	On-Campus	Organized Research
PRED.	07/01/2019	06/30/2021	26.00	Off-Campus	Organized Research
PRED.	07/01/2019	06/30/2021	46.00	On-Campus	Instruction
PRED.	07/01/2019	06/30/2021	26.00	Off-Campus	Instruction
PRED.	07/01/2019	06/30/2021	30.70	On-Campus	Other Sponsored Activities
PRED.	07/01/2019	06/30/2021	26.00	Off-Campus	Other Sponsored Activities
PROV.	07/01/2021	Until Amended		(A)	

\*BASE

ORGANIZATION: University of Oregon-Eugene, OR

AGREEMENT DATE: 6/29/2022

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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.

(A) Use same rates and conditions as those cited for fiscal year ending June 30, 2021.

ORGANIZATION: University of Oregon-Eugene, OR  
AGREEMENT DATE: 6/29/2022

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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	7/1/2022	6/30/2023	77.20	All	Faculty/Staff A
FIXED	7/1/2022	6/30/2023	49.90	All	Faculty/Staff B
FIXED	7/1/2022	6/30/2023	33.00	All	Faculty/Staff C
FIXED	7/1/2022	6/30/2023	120.30	All	Classified Service
FIXED	7/1/2022	6/30/2023	96.90	All	Classified Skilled/Cleric al
FIXED	7/1/2022	6/30/2023	86.20	All	Classified Technical
FIXED	7/1/2022	6/30/2023	32.40	All	Temps
FIXED	7/1/2022	6/30/2023	2.60	All	Students
PROV.	7/1/2023	6/30/2025		(B)	

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages excluding vacation, sick leave pay and other paid absences.

(B) Use same rates and conditions as those cited for fiscal year ending June 30, 2023.

ORGANIZATION: University of Oregon-Eugene, OR

AGREEMENT DATE: 6/29/2022

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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

The costs of vacation, sick leave pay and other paid absences are included in the organization's fringe benefit rate and are not included in the direct cost of salaries and wages. Claims for direct salaries and wages must exclude those amounts paid or accrued to employees for periods when they are on vacation, sick leave or are otherwise absent from work.

DEFINITION OF OFF-CAMPUS

An off-campus rate is applicable to those projects conducted in facilities not owned or operated by the University, which include charges for facility rental as a direct expenditure and for which more than 50% of the project salaries and wages are for effort conducted in the rental facility.

DEFINITION OF EQUIPMENT

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.

The following fringe benefits are included in the fringe benefit rates: HEALTH INSURANCE, OTHER, PAYROLL TAX, RETIREMENT, UNEMPLOYMENT, WORKER'S COMPENSATION-SAIF, and LEAVE.

This rate agreement updates the fringe benefits only.

NEXT PROPOSAL DUE DATE

A fringe benefits proposal based on actual costs for fiscal year ending 06/30/22, will be due no later than 12/31/22.

ORGANIZATION: University of Oregon-Eugene, OR

AGREEMENT DATE: 6/29/2022

**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:

University of Oregon-Eugene, OR

(INSTITUTION)



(SIGNATURE)

Jamie Moffitt

(NAME)

VP for Finance & CFO Admin

(TITLE)

6/30/22

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim - S Digitally signed by Arif M. Karim - S  
Date: 2022.06.30 01:49:59 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

5/3/2022

(DATE) 7122

HHS REPRESENTATIVE: Jeanette Lu

Telephone: (415) 437-7820