



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

130I Young Street
Suite 106- 1140
Dallas, TX 75202
PHONE: (214) 767-3261
FAX: (214) 767-3264
EMAIL: CAS-Dallas@psc.hhs.gov

April 02, 2021

Mr. Michael Grandy
Assistant Vice President for Finance
Ferris State University
420 Oak Street, PRK 26I Finance Office
Big Rapids, MI 49307-2020

Dear Mr. Grandy:

A copy of an indirect cost rate agreement is being sent to you for signature. This provisional 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 indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and return to me by email, retaining the copy for your files. Our email address is CAS-Dallas@psc.hhs.gov. We will reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect cost under grants and contracts awarded by the Federal Government. Thus, your next indirect cost proposal, based on actual costs for the fiscal year ending 06/30/2024, is due in our office by 12/31/2024. Please submit your proposals electronically via email to CAS-Dallas@psc.hhs.gov.

Sincerely,

Arif M. Karim -5
Digitally signed by Arif M
i; 2Lo4.260a.23-20
-0500

Arif Karim
Director
Cost Allocation Services

Enclosures:

PLEASE SIGN AND EMAIL A COPY OF THE RATE AGREEMENT

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1386005159A1

DATE:04/02/2021

ORGANIZATION:

FILING REF.: The preceding agreement was dated 03/15/2017

Ferris State University
420 Oak Street, PRK 261
Finance Office
Big Rapids, MI 49307-2020

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) | |
|-------------------------|-------------|---------------|---------------------|-----------------------|--|
| <u>EFFECTIVE PERIOD</u> | | | | | |
| <u>TYPE</u> | <u>FROM</u> | <u>TO</u> | <u>RATE (%)</u> | <u>LOCATION</u> | <u>APPLICABLE TO</u> |
| PRED. | 07/01/2017 | 06/30/2021 | 30.00 | On Campus | All Programs |
| PRED. | 07/01/2017 | 06/30/2021 | 10.00 | Off Campus | All Programs |
| PRED. | 07/01/2021 | 06/30/2025 | 31.00 | On Campus | All Programs |
| PRED. | 07/01/2021 | 06/30/2025 | 11.00 | Off Campus | All Programs |
| PROV. | 07/01/2025 | Until Amended | | | Use same rates and conditions as those cited for fiscal year ending June 30, 2025. |

*BASE

ORGANIZATION: Ferris State University

AGREEMENT DATE: 4/2/2021

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 sub-award (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: Ferris State University

AGREEMENT DATE: 4/2/2021

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The fringe benefits are charged using a rate(s) which are not shown in the Rate Agreement. Over/under recoveries from actual costs are adjusted in current or future periods. The directly claimed fringe benefits 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.

FRINGE BENEFITS:

FICA

Retirement

Disability Insurance

Worker's Compensation

Life Insurance

Unemployment Insurance*

Health Insurance

Dental Insurance

Tuition Remission

Wellness Program

*Unemployment Insurance is not included in the billing rate. It is specifically identified and charged individually as a direct cost.

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 next Indirect Cost Proposal, based on actual costs for the fiscal year ending 06/30/2024, is due by 12/31/2024.

ORGANIZATION: Ferris State University

AGREEMENT DATE: 4/2/2021

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) These 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:

Ferris State University

(INSTITUTION)


(SIGNATURE)
Jim Bachmeier

(NAME)

VP Administration & Finance

(TITLE)

4/26/21

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY) Digitally signed by Arif M. Karim -
Arif M. Karim -5
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Date: 2021.04.26 08:22:36 -0500

(SIGNATURE)
Arif Karim

Director, Cost Allocation Services

(TITLE)

4/2/2021

(DATE) 2998

HHS REPRESENTATIVE: Joel McKenzie

Telephone: (214) 767-3261