

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1396006492A1

DATE:05/14/2018

ORGANIZATION:

FILING REF.: The preceding agreement was dated 06/07/2017

University of Wisconsin - Madison and Extension

21 North Park Street

Suite 6401

Madison, WI 53715

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)
	<u>EFFECTIVE PERIOD</u>			
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%) LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2013	06/30/2017	53.00 On Campus	Organized Research
PRED.	07/01/2013	06/30/2017	50.00 On Campus	Instruction
PRED.	07/01/2013	06/30/2017	36.00 On Campus	Public Service
PRED.	07/01/2013	06/30/2017	29.50 On Campus	Ext. Public Service
PRED.	07/01/2013	06/30/2017	37.00 On Campus	Primate Ctr Rate (A)
PRED.	07/01/2013	06/30/2017	16.00 On Campus	Primate Ctr Rate (B)
PRED.	07/01/2013	06/30/2017	26.00 Off Campus	All Programs
PROV.	07/01/2017	Until Amended		

\*BASE

ORGANIZATION: University of Wisconsin - Madison and Extension

AGREEMENT DATE: 5/14/2018

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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, 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) All Primate Center.

(B) Non P.51 Core grants only.

ORGANIZATION: University of Wisconsin - Madison and Extension  
AGREEMENT DATE: 5/14/2018

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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	7/1/2017	6/30/2018	35.00	All	(1)
FIXED	7/1/2017	6/30/2018	44.60	All	(2)
FIXED	7/1/2017	6/30/2018	23.00	All	(3)
FIXED	7/1/2017	6/30/2018	22.20	All	(4)
FIXED	7/1/2017	6/30/2018	16.50	All	(5)
FIXED	7/1/2017	6/30/2018	8.60	All	(6)
FIXED	7/1/2017	6/30/2018	6.00	All	(7)
FIXED	7/1/2017	6/30/2018	3.20	All	(8)
FIXED	7/1/2018	6/30/2019	33.30	All	(1)
FIXED	7/1/2018	6/30/2019	42.50	All	(2)
FIXED	7/1/2018	6/30/2019	21.00	All	(3)
FIXED	7/1/2018	6/30/2019	20.00	All	(4)
FIXED	7/1/2018	6/30/2019	14.70	All	(5)
FIXED	7/1/2018	6/30/2019	11.50	All	(6)
FIXED	7/1/2018	6/30/2019	13.60	All	(7)
FIXED	7/1/2018	6/30/2019	3.10	All	(8)

ORGANIZATION: University of Wisconsin - Madison and Extension

AGREEMENT DATE: 5/14/2018

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PROV.        7/1/2019        6/30/2022

Use same rates  
and conditions  
as those cited  
for fiscal  
year ending  
June 30, 2019.

**\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages of faculty and staff including vacation, holiday and sick leave pay and other paid absences of only the faculty and staff. Rate does not apply to student employees, research or teaching assistants.

- (1) Regular Faculty and Academic Staff
- (2) University and UWEXT Permanent Staff
- (3) Research Assistants, Project Assistants, Teaching Assistants, Pre-Doc Fellows and/or Trainees
- (4) Research Associates and Grad Interns
- (5) Post-Doc Fellows and/or Trainees
- (6) Limited Term Employees (LTE's)
- (7) Ad Hoc Program Specialists, Undergraduate Assistants and Undergraduate Interns
- (8) Student Hourly Employees

Fringe Benefit rates are combined rates for Madison and Milwaukee Campuses and are applied to both the campuses. These Fringe Benefit rates are also included on the University of Wisconsin, Milwaukee rate agreement.

ORGANIZATION: University of Wisconsin - Madison and Extension

AGREEMENT DATE: 5/14/2018

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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

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.

FRINGE BENEFITS:

- FICA
- Retirement
- Disability Insurance
- Worker's Compensation
- Life Insurance
- Unemployment Insurance
- Health Insurance
- Severance Allowance
- ERA Administration
- Income Continuation Insurance

Your next fringe benefit proposal based on actual costs for the fiscal year ending 06/30/2018 is due in our office by 12/31/2018.

Your F&A proposal based on actual costs for the fiscal year ending 06/30/2016 is currently under review.

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 the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000.

**SECTION III: GENERAL**

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**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 Wisconsin - Madison and Extension

(INSTITUTION)

(SIGNATURE)

*Kim Moreland*

(NAME)

ASSOCIATE VICE CHANCELLOR

(TITLE)

(DATE)

5-29-18

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S

Digitally signed by Arif M. Karim -S  
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, cn=Arif M. Karim -S,  
0.9.2342.19200300.100.1.1=2000212895  
Date: 2018.05.25 13:53:41 -0500

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

5/14/2018

(DATE) 7201

HHS REPRESENTATIVE: Matthew Dito

Telephone: (214) 767-3261