



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost AllocationDCA Western Field Office
90 7th Street, Suite 4-800
San Francisco, CA 94103

AUG 17 2010

Mark E. McCambridge
VP of Finance & Admin.
Oregon State University
Finance And Administration
640 Kerr Administration
Corvallis, OR 97331-2156

Dear Mr. McCambridge:

A copy of an indirect cost Negotiation Agreement is attached. 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 indirect costs on grants and contracts with the Federal Government. Please have the Agreement signed by a duly authorized representative of your organization and return it to me BY FAX, retaining the copy for your files. 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 supporting information are required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on your fiscal year ending 06/30/13, is due in our office by 12/31/13.

Sincerely,

Handwritten signature of Wallace Chan in cursive.

Wallace Chan
Director

Attachment

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY FAX

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN:
 ORGANIZATION:
 Oregon State University
 Finance And Administration 640 Kerr
 Administration
 Corvallis, OR 97331-2156

DATE:08/11/2010
 FILING REF.: The preceding
 agreement was dated
 11/01/2007

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

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	07/01/2010	06/30/2011	45.00	(1) On-Campus	Organized Res.
PRED.	07/01/2011	06/30/2014	46.00	(1) On-Campus	Organized Res.
PRED.	07/01/2010	06/30/2014	26.00	(1) Off-Camp.	Organized Res.
PRED.	07/01/2010	06/30/2014	33.80	(1) On-Campus	Other Spon Acts
PRED.	07/01/2010	06/30/2014	26.00	(1) Off-Camp.	Other Spon Acts
PRED.	07/01/2010	06/30/2014	30.00	(2) On-Campus	Vessel Oper.
PRED.	07/01/2010	06/30/2011	46.00	(1) On-Campus	Org. Res. (3)
PRED.	07/01/2011	06/30/2014	47.00	(1) On-Campus	Org. Res. (3)
PRED.	07/01/2010	06/30/2014	27.00	(1) Off-Camp.	Org. Res. (3)
PRED.	07/01/2010	06/30/2014	3.60	(1) Off-Camp.	IPA (4)

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PROV.	07/01/2014	Until Amended		(5)	

*BASE

(1) Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials and 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). Equipment, capital expenditures, charges for patient care and tuition remission, rental costs, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000 shall be excluded from modified total direct costs.

(2) Direct salaries and wages including vacation, holiday, and sick pay but excluding other fringe benefits.

(3) Facilities and Administrative Cost Rates - DOD Contracts only.

(4) Intergovernmental Personnel Act Agreements.

(5) Use same rates and conditions as those cited for fiscal year ending June 30, 2014.

ORGANIZATION: Oregon State University

AGREEMENT DATE: 08/11/2010

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 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.

DEFINITION OF OFF-CAMPUS

The off-campus rate will apply to sponsored projects performed in facilities which are not owned or leased by OSU; or where rent of facilities is directly allocated to the project as an approved direct cost. Where a project occurs at both on-campus and off-campus locations, the appropriate rate will be applied to each portion.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are treated as direct costs:

FICA, PERS, MEDICAL/DENTAL/LIFE INSURANCE, LIABILITY INSURANCE, UNEMPLOYMENT & LONG-TERM DISABILITY INSURANCE, STATE ACCIDENT INSURANCE FUND, EXECUTIVE DEPARTMENT PERSONNEL DIVISION AND EMPLOYEE RELATIONS BOARD ASSESSMENT.

ORGANIZATION: Oregon State University

AGREEMENT DATE: 08/11/2010

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 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 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:

Oregon State University

(INSTITUTION)

Mark Mc Cambridge

(SIGNATURE)

Mark Mc Cambridge

(NAME)

Vice Pres., Finance & Admin.

(TITLE)

8/18/2010

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Wallace Chan

(SIGNATURE)

Wallace Chan

(NAME)

Director, Western Field Office

(TITLE)

8/11/2010

(DATE) 2003

HHS REPRESENTATIVE:

Jeanette Lu

Telephone:

(415) 437-7820