**Program Support Center** Financial Management Portfolio **Cost Allocation Services** 

1301 Young Street, Suite 106-1140 Dallas, TX 75202 PHONE: (214) 767-3261 FAX: (214) 767-3264

EMAIL: CAS-Dallas@psc.hhs.gov

February 28, 2020

Ms. Teresa Bass Controller Texas A&M University - Kingsville Texas A&M System Offices Moore/Connally Building 301 Tarrow, Suite 356 College Station, TX 77840-7896

Dear Ms. Bass:

A copy of an indirect cost 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 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 proposal based on actual costs for the fiscal year ending 08/31/2023 is due in our office by 2/28/2024. Please submit your next proposal electronically via email to CAS-Dallas@psc.hhs.gov.

Sincerely,

Arif M. Karim -5

DN: c=US, Government, ou=HHS, ou=PSC, ou=Pcople, cn=Arif M. Karim -5

0.92342.19200300.100.1.1=2000212895 Date: 2020.03.03 13:10:29 -06'00

Arif Karim Director Cost Allocation Services

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL

# COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1746001530A1

DATE:02/28/2020

ORGANIZATION:

FILING REF.: The preceding

Texas A & M University - Kingsville

agreement was dated

The Texas A & M University System

03/01/2016

Moore/Connally Building

301 Tarrow, Suite 356

College Station, TX 77840-7896

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)

## EFFECTIVE PERIOD

TYPE	FROM	<u>TO</u>	RATE(%) LOCATION	APPLICABLE TO
PRED.	09/01/2016	08/31/2020	38.00 On Campus	All Programs
PRED.	09/01/2016	08/31/2020	13.00 Off Campus	All Programs
PRED.	09/01/2020	08/31/2024	38.00 On Campus	All Programs
PRED.	09/01/2020	08/31/2024	13.00 Off Campus	All Programs
PROV.	09/01/2024	Until Amended		Use same rates and conditions as those cited for fiscal year ending August 31, 2024.

\*BASE

ORGANIZATION: Texas A & M University - Kingsville The Texas A & M

University System

AGREEMENT DATE: 2/28/2020

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.

ORGANIZATION: Texas A & M University - Kingsville The Texas A & M

University System

AGREEMENT DATE: 2/28/2020

## SECTION II: SPECIAL REMARKS

#### TREATMENT OF FRINGE BENEFITS:

The 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.

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 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.

## FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Group Life Insurance
Unemployment Insurance
Health Insurance
Accrued Compensated Absences

Per 2 CFR 200.414(g) - A rate extension has been granted.

A next proposal based on actual costs for the fiscal year ending 8/31/23, will be due no later than 2/28/24.

ORGANIZATION: Texas A & M University - Kingsville The Texas A & M

University System

AGREEMENT DATE: 2/28/2020

### 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.

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.

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:

Texas A & M University - Kingsville The Texas A & M University

(INSTITUTION) GNAPORE)

Jacob Flournoy

ME)

VP Finance

TLE)

3/4/2020 ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(SIGNATUE	E)			
Arif Ka	rim			2
(NAME)			-	-7-
Director,	Cost Al	location S	ervices	
(TITLE)				_

HHS REPRESENTATIVE:

Denise Shirlee

Digitally signed by Arif M. Karim -S

Telephone:

(ACENCY)

(214) 767-3261