

**NONPROFIT RATE AGREEMENT**

EIN: 953432210

DATE:12/22/2021

ORGANIZATION:

FILING REF.: The preceding agreement was dated 08/24/2020

Beckman Research Institute  
of the City of Hope  
1500 East Duarte Road  
Duarte, CA 91010

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>
FINAL	10/01/2016	09/30/2018	73.00	All	All Programs
PROV.	10/01/2018	09/30/2022	76.00	All	All Programs

\*BASE

Total direct costs less items of equipment and other capital expenditures, that portion of each subaward in excess of \$25,000, and hospitalization and other fees related to patient care.

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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	10/1/2021	9/30/2022	43.40	All	Research Scientists
FIXED	10/1/2021	9/30/2022	25.30	All	Post-Doctoral
FIXED	10/1/2021	9/30/2022	8.00	All	Part-Time Staff
FIXED	10/1/2021	9/30/2022	40.00	All	Other
FIXED	10/1/2021	9/30/2022	43.70	All	Physicians
PROV.	10/1/2022	9/30/2025	43.40	All	Research Scientists
PROV.	10/1/2022	9/30/2025	25.30	All	Post-Doctoral
PROV.	10/1/2022	9/30/2025	8.00	All	Part-Time Staff
PROV.	10/1/2022	9/30/2025	40.00	All	Other
PROV.	10/1/2022	9/30/2025	43.70	All	Physicians

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

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

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**SECTION II: SPECIAL REMARKS**

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TREATMENT OF FRINGE BENEFITS:

This organization uses fringe benefit rates which are applied to salaries and wages for both budgeting and charging purposes for Federal projects.

The following fringe benefits are included in the fringe benefit rates:

Research Scientists: FICA, Workers Compensation, Social Security, Medicare, Vacation/Holiday Earned, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, RSO Pension and Retirement, Employee Assistance Program, Trip Reduction, Non-Taxable Expense Reimbursement (including COVID Work from Home Program), RSO Benefits, and Sick Pay.

Post-Doctoral: FICA, Workers Compensation, Social Security, Medicare, Post-Docs Vacation & Holiday Earned, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, Non-RSO Pension and Retirement, Employee Assistance Program, Trip Reduction, Non-Taxable Expense Reimbursement (including COVID Work from Home Program), Post-Docs/Other Benefits and Sick Pay.

Part-Time Staff: FICA, SUI, Workers Compensation, Social Security, Medicare, Employee Assistance Program, Trip Reduction, and Non-Taxable Expense Reimbursement.

Other: FICA, SUI, Workers Compensation, Social Security, Medicare, Tuition Reimbursement, Vacation/Holiday Earned, Waived Benefit Dollars, Group Health Insurance, Dental Insurance, Group Life Insurance, Long-Term Disability, Executive Long-Term Disability, Non-RSO Pension and Retirement, Executive Pension, Employee Assistance Program, Trip Reduction, Non-Taxable Expense Reimbursement (including COVID Work from Home Program), and Sick Pay.

Physicians: FICA, SUI, Workers Compensation, Social Security, Medicare, Vacation/Holiday Earned, Medical Insurance, Life Insurance, Disability and Retirement.

TREATMENT OF PAID ABSENCES

The costs of vacation, holiday, 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, holiday, sick leave or are otherwise absent from work.

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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.

This agreement updates the fringe benefit rates only.

NEXT PROPOSAL DUE DATES

The indirect cost rate proposal based on actual costs for fiscal years ended 09/30/2019, 2020 and 2021 will be due no later than 03/31/2022. The fringe benefit rate proposal based on actual costs for fiscal year ended 09/30/2021 will be due no later than 03/31/2022.

**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 indirect cost pool 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 indirect 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 indirect 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 indirect 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 indirect costs allocable to these programs.

BY THE INSTITUTION:

Beckman Research Institute of the City of Hope

(INSTITUTION)



(SIGNATURE)

Ashley Baker Lee

(NAME)

Sr. VP, Research Operations

(TITLE)

12/28/2021

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

12/22/2021

(DATE) 1536

HHS REPRESENTATIVE:

Helen Fung

Telephone:

(415) 437-7820