

NONPROFIT RATE AGREEMENT

EIN: 95-2138184
ORGANIZATION:
Lundquist Institute for Biomedical Innovation
(frmly. LA Biomedical Research Instit at Harbor-
UCLA MC)
1124 West Carson Street
Torrance, CA 90502-2064

Date: 09/25/2023
FILING REF.: The preceding
agreement was dated
02/07/2022

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)

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
FIXED	07/01/2019	06/30/2020	61.50	On-Site	Research
PROV.	07/01/2020	06/30/2024	61.50	On-Site	Research

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of \$25,000; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission, student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships) and royalty payments.

SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2019	6/30/2020	33.50	All	Full-Time Employees & Faculty
FIXED	7/1/2019	6/30/2020	26.20	All	Part-Time Faculty
FIXED	7/1/2019	6/30/2020	13.60	All	Part-Time Employees
FIXED	7/1/2019	6/30/2020	7.60	All	Fellows & Students
PROV.	7/1/2020	6/30/2024	33.50	All	Full-Time Employees & Faculty
PROV.	7/1/2020	6/30/2024	26.20	All	Part-Time Faculty
PROV.	7/1/2020	6/30/2024	13.60	All	Part-Time Employees
PROV.	7/1/2020	6/30/2024	7.60	All	Fellows & Students

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

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

SECTION II: SPECIAL REMARKS

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.

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.

The following fringe benefits are treated as direct costs:

SOCIAL SECURITY/MEDICARE, WORKERS COMPENSATION, STATE UNEMPLOYMENT, HEALTH/DENTAL/LIFE INSURANCE, LONG TERM DISABILITY, FIVE YEAR SICK PLAN, RETIREMENT HEALTH, AND RETIREMENT PLANS.

NEXT PROPOSAL DUE DATE

The indirect cost and fringe benefits proposals based on actual costs for fiscal years ending 06/30/2019 has been received.

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:

Lundquist Institute for Biomedical Innovation (frmly. LA Biomedical Research Instit at Harbor-UCLA MC)

(INSTITUTION)

David Meyer
(SIGNATURE)

DAVID MEYER
(NAME)

President/CEO
(TITLE)

10.3.23
(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Arif M. Karim -S Digitally signed by Arif M. Karim -S
Date: 2023.09.29 11:40:23 -05'00'

Arif M. Karim
(SIGNATURE)

Arif Karim
(NAME)

Director, Cost Allocation Services
(TITLE)

09/25/2023
(DATE)

HHS REPRESENTATIVE: Elmas Martin
TELEPHONE: (415) 437-7820