

**HOSPITALS RATE AGREEMENT**

EIN: 841343242

DATE:04/22/2020

ORGANIZATION:

FILING REF.: The preceding agreement was dated 09/09/2019

Denver Health and Hospital Authority  
777 Bannock Street  
Denver, CO 80204-4507

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>
FIXED	01/01/2020	12/31/2020	43.00	On-Site	Organized Research
FIXED	01/01/2020	12/31/2020	15.00	Off-Site	Organized Research
FIXED	01/01/2020	12/31/2020	33.00	On-Site	Other Sponsored Programs
FIXED	01/01/2020	12/31/2020	18.00	Off-Site	Other Sponsored Programs
PROV.	01/01/2021	12/31/2023			Use same rates and conditions as those cited for fiscal year ending December 31, 2020.

\*BASE

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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 and student support costs (e.g., student aid, stipends, dependency allowances, scholarships, fellowships).

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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	1/1/2020	12/31/2020	29.30	All	All Employees
PROV.	1/1/2021	12/31/2023	28.20	All	All Employees

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages excluding vacation, holiday, sick leave pay,  
other paid absences and payout of accumulated paid time off (PTO).

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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 following fringe benefits are included in the fringe benefit rate(s):

Payroll Taxes, Workers Compensation, Unemployment Insurance, Health/Dental/Life Insurance, Disability Insurance, Retirement Plan, Education Benefits, Incentive Payments, Vacation/Holiday/Sick Leave Pay, Other Paid Absences, Accumulated Paid Time Off and Other Benefits.

TREATMENT OF PAID ABSENCES

The costs associated with vacation, holiday, sick leave pay, other paid absences and the payout of accumulated paid time off 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 other paid absences, or that represent a payout of accumulated paid time off.

This rate agreement only updates Fringe Benefit rates.

NEXT PROPOSAL DUE DATES:

A fringe benefit proposal based on actual costs for fiscal year ending 12/31/19, will be due no later than 09/30/20.

An indirect cost proposal based on actual costs for fiscal year ending 12/31/19, will be due no later than 09/30/20.

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**

**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 cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts and other agreements covered by these regulations subject to any limitations in A above. The hospital 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:

Denver Health and Hospital Authority

(INSTITUTION)

(SIGNATURE)

Peg Burnette

(NAME)

Chief Financial Officer

(TITLE)

05/07/2020

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes

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Digitally signed by Darryl W. Mayes - S  
DN: cn=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, 0.9.2342.19200300.100.1.1=2000131669,  
cn=Darryl W. Mayes - S  
Date: 2020.04.27 11:27:41 -0400'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

4/22/2020

(DATE) 2690

HHS REPRESENTATIVE: Rebecca Kaplan

Telephone: (212) 264-2069