

NONPROFIT RATE AGREEMENT

EIN: 74-1109630

DATE:06/02/2022

ORGANIZATION:

FILING REF.: The preceding agreement was dated 10/24/2019

Texas Biomedical Research Institute
(formerly Southwest Foundation for Biomedical Research)

P.O. Box 760549

San Antonio, TX 78245-0549

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>
FINAL	01/01/2019	12/31/2019	98.00	On Site	Foundation (1)
FINAL	01/01/2019	12/31/2019	89.00	On Site	A Rate (2)
FINAL	01/01/2019	12/31/2019	26.00	On Site	C Rate (3)
PROV.	01/01/2020	12/31/2023	98.00	On Site	Foundation (1)
PROV.	01/01/2020	12/31/2023	89.00	On Site	A Rate (2)
PROV.	01/01/2020	12/31/2023	26.00	On Site	C Rate (3)

*BASE

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Total direct cost less items of capital equipment, alterations and renovations, costs in excess of \$25,000 on each subaward, stipends, and other flow-thru funds.

Notes:

(1) The Foundation Rate is applied to all Federal and Non-Federal awards that are not identified as part of the Southwest National Primate Center (SNPRC).

(2) The A Rate is applied to all SNPRC Federal and Non-Federal awards, including the National Center for Research Resources (NCRR) Core P-51 grant.

(3) The C Rate is added to the A Rate and is applied to all SNPRC non-Federal awards, subject to the terms and conditions of each non-Federal award.

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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	1/1/2021	12/31/2021	23.00	On Site	All Employees
PROV.	1/1/2022	12/31/2022	23.00	On Site	All Employees

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.

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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.

FRINGE BENEFITS:

- FICA
- TIAA/CREF
- Worker's Compensation
- Life Insurance
- Unemployment Insurance
- Health Insurance
- Tuition Remission
- Dental Insurance
- Vision Insurance

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.

Your next indirect cost and fringe benefit proposal, based on actual costs for the fiscal year ended 12/31/2020, has been received and is currently under review.

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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:

Texas Biomedical Research Institute (formerly Southwest Foundation for Biomedical Research)

(INSTITUTION)



(SIGNATURE)

Bruce Edwards

(NAME)

EVP and CFO

(TITLE)

June 28, 2022

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -S Digitally signed by Arif M. Karim -S
Date: 2022.06.06 13:33:54 -05'00'

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

6/2/2022

(DATE) 6561

HHS REPRESENTATIVE: **Joel McKenzie**

Telephone: **(214) 767-3261**