

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN:
ORGANIZATION:
University of Northern Colorado
Campus Box 44
Carter Room 1002
Greeley, CO 80639

Date: 06/25/2025
FILING REF.: The preceding
agreement was dated
06/20/2025

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)					
TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATION	APPLICABLE TO
	FROM	TO			
FINAL	07/01/2022	06/30/2024	38.00	On-Campus	All Programs
FINAL	07/01/2022	06/30/2024	16.00	Off-Campus	All Programs
PRED.	07/01/2024	06/30/2025	38.00	On-Campus	All Programs
PRED.	07/01/2025	06/30/2028	39.00	On-Campus	All Programs
PRED.	07/01/2024	06/30/2028	16.00	Off-Campus	All Programs
PROV.	07/01/2028	Until Amended			Use same rate and conditions as those cited for fiscal year ending 6/30/2028.

*BASE

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***BASE**

For all awards beginning 6/30/2025 and earlier, the Base is as follows:

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

For all awards beginning 7/1/2025 and later, the Base is as follows:

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$50,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$50,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

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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>
FINAL	7/1/2022	6/30/2024	29.30	All	(1)
FINAL	7/1/2022	6/30/2024	16.40	All	(2)
PROV.	7/1/2024	Until Amended	29.30	All	(1)
PROV.	7/1/2024	Until Amended	16.40	All	(2)

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

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

(1) Salaried employees working half-time or more.

(2) Salaried employees working less than half-time and non-student hourly.

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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: FICA, Medicare, Worker's Compensation, Health/Dental/Life Insurance, Disability Insurance, Unemployment Compensation, Termination Leave Payments, PERA, Tuition Grants, and Retirement Plan.

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. Payment for unused leave at the time when employee separates is included in the fringe benefits pool.

OFF-CAMPUS DEFINITION: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

DEFINITION OF EQUIPMENT

For all awards beginning 6/30/2025 and earlier, the definition of equipment is as follows:

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.

For all awards beginning 7/1/2025 and later, the definition of equipment is as follows:

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 \$10,000.

The rates in this rate agreement were reviewed in compliance with the HHS and NIH Grants Policy Statement applying a Salary Rate Limit (SRL) to indirect cost salaries & wages not exceeding the Executive Level II rate contained in the HHS Appropriations Act.

NEXT PROPOSALS DUE DATE

A Fringe Benefit Cost Proposal based on actual costs for fiscal year ending 6/30/2025, is due in our office by 12/31/2025. An Indirect Cost Rate Proposal based on actual costs for fiscal year ending 6/30/2027, is due in our office by 12/31/2027.

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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.

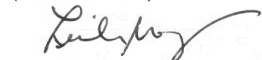
E. OTHER:

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:

University of Northern Colorado

(INSTITUTION)



(SIGNATURE)

Leila McCamey

(NAME)

Assistant VP for Financial Services

(TITLE)

7/22/2025

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Olulola O.

(SIGNATURE)

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Olulola Oluborode

(NAME)

Director, Cost Allocation Services

(TITLE)

06/25/2025

(DATE)

HHS REPRESENTATIVE: Diana Cordoba

TELEPHONE: (415) 437-7820