COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1131623978A1 DATE: 08/04/2021
ORGANIZATION: FILING REF.: The preceding
Weill Cornell Medicine agreement was dated
575 Lexington Avenue, 9th Floor 06/30/2020
New York, NY 10022

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

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
</table>

**EFFECTIVE PERIOD**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
<td>69.50 On-Campus</td>
<td>Organized Research (1)</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
<td>44.00 Off-Campus</td>
<td>Organized Research (1) (2)</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
<td>39.00 Clin Res Ctr</td>
<td>Organized Research (3)</td>
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<tr>
<td>PRED.</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
<td>39.00 On-Campus</td>
<td>Other Sponsored Activities (1)</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/2020</td>
<td>06/30/2021</td>
<td>26.00 Off-Campus</td>
<td>Organized Research (1)</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/2021</td>
<td>Until Amended</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2021.</td>
</tr>
</tbody>
</table>

*BASE*
(1) Modified total direct costs excluding permanent equipment costs; alterations and renovation costs; patient care cost; student support costs for research training, including stipend, subsistence allowance, tuition, and travel allowance; when WMC is the subcontractor and subgrantor (consortium) cost in excess of $25,000 on each subcontract/subgrant will be excluded.

(2) Westchester Division of New York Hospital.

(3) Modified total direct costs excluding permanent equipment costs; alterations and renovation costs; patient care cost; nurses, dieticians, social workers, New York Hospital; when WMC is the subcontractor and subgrantor (consortium) cost in excess of $25,000 on each subcontract/subgrant will be excluded.
**SECTION I: FRINGE BENEFIT RATES**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>FIXED</td>
<td>7/1/2021</td>
<td>6/30/2022</td>
<td>31.00</td>
<td>All</td>
<td>Faculty &amp; Staff (4)</td>
</tr>
<tr>
<td>FIXED</td>
<td>7/1/2021</td>
<td>6/30/2022</td>
<td>23.50</td>
<td>All</td>
<td>Stipends (5)</td>
</tr>
<tr>
<td>FIXED</td>
<td>7/1/2021</td>
<td>6/30/2022</td>
<td>9.75</td>
<td>All</td>
<td>Temporary Employees (6)</td>
</tr>
<tr>
<td>PROV.</td>
<td>7/1/2022</td>
<td>Until amended</td>
<td></td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending June 30, 2022.</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages.

(4) Salaries and wages of permanent academic appointees, exempt and non-exempt employees.

(5) Academic Employees who are receiving taxable stipends.

(6) Salaries and wages of employees hired on a temporary basis.
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.

1) The following fringe benefit costs are reimbursed to the grantee through the direct fringe benefit rate: health insurance and health related programs, pension plans, social security, workers compensation, sabbatical leave, employee-only tuition, unemployment, disability, employee assistance program, retirement incentive, life insurance, employee service and recognition, annual benefit statements, post retirement benefits other than pensions, severance service awards, banking services, long term medical continuation and self insured administrative expenses.

2) The off-campus rates are established for research training performed for 90 days or more at the Westchester Division of New York Hospital located in White Plains, New York and all other off-campus locales.

3) 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.

4) A fringe benefit proposal based on actual costs for the fiscal year ended June 30, 2021 is due by December 31, 2021. An F&A cost rate proposal based on actual costs for the fiscal year ended June 30, 2020 is due by October 31, 2021 (extension granted).
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 facilities and administrative cost pools 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 facilities and administrative 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 facilities and administrative 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 facilities and administrative 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 facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:
Weill Cornell Medicine

(SIGNATURE) EDWARD WALSH
(NAME) SENIOR DIRECTOR, FINANCE
(TITLE) 8/5/21
(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

Darryl W. Mayes -S
(SIGNATURE)
(NAME) Deputy Director, Cost Allocation Services
(TITLE)
8/4/2021
(DATE) 7417

KHS REPRESENTATIVE: Michael Leonard

Telephone: (212) 264-2069
August 4, 2021

Mr. Edward C. Walsh  
Senior Director for Financial Management  
Weill Cornell Medicine  
575 Lexington Avenue, 9th Floor  
New York, New York 10022  

Dear Mr. Walsh:

A copy of an indirect cost rate agreement is being sent to you for signature. This agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and returned to me by email, retaining the copy for your files. Our email address is cas-ny@psc.hhs.gov. We will reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

In consideration of this agreement, the following was agreed to:

1. The carry-forward under-recovery of $13,561,000 resulting from the settlement of the actual faculty and staff employee fringe benefit rate for fiscal year ended June 30, 2020, will be considered in finalizing the faculty and staff fringe benefit rates for the fiscal year ending June 30, 2022.

2. The carry-forward under-recovery of $366,000 resulting from the settlement of the actual stipend employee fringe benefit rate for fiscal year ended June 30, 2020, will be considered in finalizing the stipend fringe benefit rate for fiscal year ending June 30, 2022.

3. The carry-forward under-recovery of $41,000 resulting from the settlement of the actual temporary employee fringe benefit rate for fiscal year ended June 30, 2020, will be considered in finalizing the temporary employee fringe benefit rate for fiscal year ending June 30, 2022.

4. A fringe benefit proposal based on actual costs for the fiscal year ended June 30, 2021 is due by December 31, 2021.
An indirect cost rate proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 6/30/2020 is due in our office by 10/31/2021 (extension granted). If you are unable to submit your proposal by the prescribed date, you may request an extension. This request must be submitted prior to the due date of the proposal and must contain a justification for the extension and the date the proposal will be submitted. Please submit your next proposal electronically via email to CAS-NY@psc.hhs.gov. In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and email to CAS-NY@psc.hhs.gov with the enclosed negotiation agreement.

Sincerely,

Darryl W. Mayes -S

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Concurrence:

(Signature)

EDWARD C. WALSH
(Name)

SENIOR DIRECTOR FINANCE
(Title)

8/5/21
(Date)

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL