

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN: 1131623978A1  
 ORGANIZATION:  
 Weill Cornell Medicine  
 575 Lexington Avenue, 9th Floor  
 New York, NY 10022

Date: 03/18/2026  
 FILING REF.: The preceding  
 agreement was dated  
 07/01/2024

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.

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**SECTION I: INDIRECT COST RATES**

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| RATE TYPES:        |                                | FIXED            | FINAL                 | PROV. (PROVISIONAL)    | PRED. (PREDETERMINED)       |
|--------------------|--------------------------------|------------------|-----------------------|------------------------|-----------------------------|
|                    | <b><u>EFFECTIVE PERIOD</u></b> |                  |                       |                        |                             |
| <b><u>TYPE</u></b> | <b><u>FROM</u></b>             | <b><u>TO</u></b> | <b><u>RATE(%)</u></b> | <b><u>LOCATION</u></b> | <b><u>APPLICABLE TO</u></b> |
| FINAL              | 07/01/2021                     | 06/30/2024       | 69.50                 | On-Campus              | Organized Research          |
| PRED.              | 07/01/2024                     | 06/30/2027       | 69.50                 | On-Campus              | Organized Research          |
| FINAL              | 07/01/2021                     | 06/30/2024       | 44.00                 | Off-Campus             | Organized Research (1)      |
| PRED.              | 07/01/2024                     | 06/30/2027       | 45.00                 | Off-Campus             | Organized Research (1)      |
| FINAL              | 07/01/2021                     | 06/30/2024       | 39.00                 | On-Campus              | Other Sponsored Activities  |
| PRED.              | 07/01/2024                     | 06/30/2027       | 39.50                 | On-Campus              | Other Sponsored Activities  |
| FINAL              | 07/01/2021                     | 06/30/2024       | 26.00                 | Off-Campus             | Organized Research          |
| PRED.              | 07/01/2024                     | 06/30/2027       | 26.00                 | Off-Campus             | Organized Research          |
| PROV.              | 07/01/2027                     | Until Amended    | 69.00                 | On-Campus              | Organized Research          |
| PROV.              | 07/01/2027                     | Until Amended    | 45.00                 | Off-Campus             | Organized Research (1)      |
| PROV.              | 07/01/2027                     | Until Amended    | 39.50                 | On-Campus              | Other Sponsored Activities  |
| PROV.              | 07/01/2027                     | Until Amended    | 26.00                 | Off-Campus             | Organized Research          |

\*BASE

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

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.

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

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 \$50,000 on each subcontract/subgrant will be excluded.

(1) Westchester Division of New York Hospital.

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**SECTION I: FRINGE BENEFIT RATES\*\***

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| <b>TYPE</b> | <b>FROM</b> | <b>TO</b>     | <b>RATE(%)</b> | <b>LOCATION</b> | <b>APPLICABLE TO</b>   |
|-------------|-------------|---------------|----------------|-----------------|--|
| FIXED       | 7/1/2025    | 6/30/2026     | 34.50          | All             | Faculty & Staff (2)  |
| FIXED       | 7/1/2025    | 6/30/2026     | 28.00          | All             | Stipends (3)   |
| FIXED       | 7/1/2025    | 6/30/2026     | 9.75           | All             | Temporary Employees (4)  |
| PROV.       | 7/1/2026    | Until Amended |                |                 | Use same rates and conditions as those cited for fiscal year ending June 30, 2026. |

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

Salaries and wages.

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

(3) Academic Employees who are receiving taxable stipends.

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

## **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 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:  
For all awards beginning 6/30/2025 and earlier, \$5,000  
For all awards beginning 7/1/2025 and later, \$10,000

4) A fringe benefit proposal based on actual costs for the fiscal year ended June 30, 2025 was due by December 31, 2025. An F&A cost rate proposal based on actual costs for the fiscal year ending June 30, 2026 is due by December 31, 2026.

5) This rate agreement updates the fringe benefits section only.

6) The fringe benefit 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.

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**SECTION III: GENERAL**

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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.

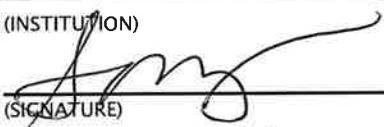
D. USE BY OTHER FEDERAL AGENCIES:

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:

Weill Cornell Medicine  
\_\_\_\_\_  
(INSTITUTION)  
  
\_\_\_\_\_  
(SIGNATURE)  
Susan Vuong  
\_\_\_\_\_  
(NAME)  
Sr Director Budget  
\_\_\_\_\_  
(TITLE)  
4/2/2026  
\_\_\_\_\_  
(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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(AGENCY) Olulola O. Digitally signed  
by Olulola O.  
Oluborode  
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(SIGNATURE) Oluborode -S  
e -S Date: 2026.03.23  
12:00:33 -04'00'  
Olulola Oluborode  
\_\_\_\_\_  
(NAME)  
Director, Cost Allocation Services  
\_\_\_\_\_  
(TITLE)  
03/18/2026  
\_\_\_\_\_  
(DATE)  
HHS REPRESENTATIVE: Lucy Siow  
TELEPHONE: (301) 492-4855  
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