

**COLLEGES AND UNIVERSITIES RATE AGREEMENT**

EIN #:

DATE: February 24, 2009

INSTITUTION:  
 Calif State Univ, Channel Islands  
 One University Drive

FILING REF.: The preceding  
 Agreement was dated  
 March 26, 2008

Camarillo CA 93012-8599

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: FACILITIES AND ADMINISTRATIVE COST RATES\***

RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE (%)	LOCATIONS	APPLICABLE TO
	FROM	TO			
PRED.	07/01/07	06/30/11	40.0	On-Campus	All Programs
PROV.	07/01/11	06/30/12	40.0	On-Campus	All Programs

**\*BASE:**

Modified total direct costs, consisting of all salaries and wages, fringe benefits, materials, supplies, services, travel and subgrants and subcontracts up to the first \$25,000 of each subgrant or subcontract (regardless of the period covered by the subgrant or subcontract). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, tuition remission, rental costs of off-site facilities, scholarships, and fellowships as well as the portion of each subgrant and subcontract in excess of \$25,000.

INSTITUTION:  
Calif State Univ, Channel Islands

AGREEMENT DATE: February 24, 2009

---

SECTION I: FRINGE BENEFITS RATES\*\*

---

RATE TYPES: FIXED                  FINAL                  PROV. (PROVISIONAL)                  PRED. (PREDETERMINED)

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE (%)</u>	<u>LOCATIONS</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
FIXED	07/01/09	06/30/10	38.3	All	(1)

(1) All employees except non-benefit eligible.

\*\*BASE: Salaries and wages including vacation, holiday, sick leave pay and other paid absences except sabbaticals.

INSTITUTION:  
Calif State Univ, Channel Islands

AGREEMENT DATE: February 24, 2009

SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

This organization uses a fringe benefit rate which is applied to salaries and wages for both budgeting and charging purposes for Federal projects.

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 for the costs of these paid absences are not made.

DEFINITION OF EQUIPMENT

Equipment is defined as tangible nonexpendable personal property having a useful life of more than one year and an acquisition cost of \$5,000 or more per unit.

The following fringe benefits are included in the fringe benefit rate(s):  
OASDI, DENTAL/HEALTH/LIFE/VISION INSURANCE, DISABILITY, UNEMPLOYMENT, MEDICARE, FLEX CASH, INSURANCE DEDUCTIBLE, SABBATICALS, AND RETIREMENT (NOT INCLUDING POST RETIREMENT HEALTH BENEFIT).

This rate agreement updates the fringe benefits only.

INSTITUTION:  
Calif State Univ, Channel Islands

AGREEMENT DATE: February 24, 2009

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 Office of Management and Budget Circular A-21 Circular, and should be applied to grants, contracts and other agreements covered by this Circular, 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.

BY THE INSTITUTION:  
Calif State Univ, Channel Islands

ON BEHALF OF THE FEDERAL GOVERNMENT:

(INSTITUTION)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

California State U Channel Islands

(AGENCY)

Joanne Coville

Wallace Chan

(SIGNATURE)

Joanne Coville

Wallace Chan

(NAME)

Vice President finance & Administration

DIRECTOR, DIVISION OF COST ALLOCATION

(TITLE)

3/11/09

February 24, 2009

(DATE) 1583

HHS REPRESENTATIVE: Stanley Huynh  
Telephone: (415) 437-7820