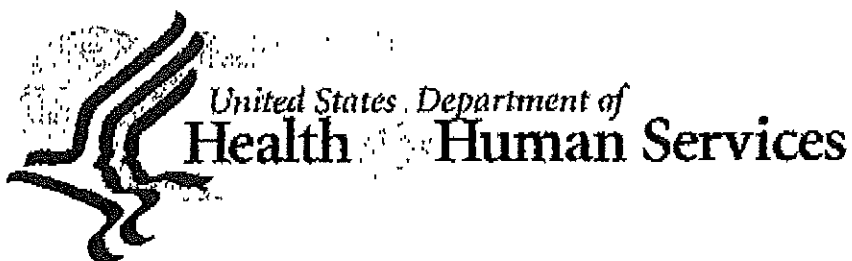


PROGRAM SUPPORT CENTER
 FINANCIAL MANAGEMENT SERVICE
DIVISION OF COST ALLOCATION
 CENTRAL STATES FIELD OFFICE
 Dallas, Texas



FAX TRANSMISSION

To: Mr. Gary Andres	From: Naren Gandhi
	Phone: 214-767-3230 Fax: 214-767-3264
Fax: 419-530-8766	Number Of Pages: X 6
Phone: 419-430-1209	Date: 2-8-2009
Re: Rate Agreement	CC:

- Urgent
 For Review
 Please Comment
 Please Reply
 Please Recycle

• Comments:

If you have any problems with the legibility of any part of the agreement, please contact Naren Gandhi at 214-767-3230.

Please fax back only the signed page of the agreement to fax number 214-767-3264. A fax cover sheet is not required.

THANK YOU.



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Service
Division of Cost Allocation
Central States Field Office

February 11, 2009

1301 Young Street
Room 732
Dallas, Texas 75202
(214)-767-3261
(214)-787-3264 FAX

Mr. David Dabney
Vice President of Finance
University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)
Controller's Office
2801 W. Bancroft St, MS325
Toledo, OH 43606-3390

Dear Mr. Dabney:

A copy of a facilities and administrative cost Rate Agreement is being faxed 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 facilities and administrative costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and fax it to me, retaining a copy for your files. Our fax number is (214) 767-3264. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

In addition, we are enclosing the component breakdown of the facilities and administrative cost rate(s) as agreed to by both parties. Please sign this form and fax it with the signed Rate Agreement.

A facilities and administrative cost proposal, together with supporting information, is required each year to substantiate claims made for facilities and administrative costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending June 30, 2011 is due in our office by December 31, 2011.

Thank you for your cooperation.

Sincerely,

Henry Williams
Director
Division of Cost Allocation
Central States Field Office

Enclosures

PLEASE SIGN AND RETURN THE ORIGINAL OF THE RATE AGREEMENT

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1340967014A1

DATE: February 11, 2009

INSTITUTION:
 University of Toledo Health Science Center
 (formerly Medical College of Ohio at Toledo)
 Controller's Office
 2801 W. Bancroft St., MS325
 Toledo OH 43606-3390

FILING REF.: The preceding Agreement was dated July 20, 2004

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.	07/01/08	06/30/12	49.8	On Campus	Organized Research
PRED.	07/01/08	06/30/12	30.0	On Campus	Other Spon Act
PRED.	07/01/08	06/30/12	41.0	On Campus	Instruction
PRED.	07/01/08	06/30/12	26.0	Off Campus	All Programs
PROV.	07/01/12	UNTIL AMENDED	Use same rates and conditions as those cited for fiscal year ending June 30, 2012.		

***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:
University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

AGREEMENT DATE: February 11, 2009

SECTION II; SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

Fringe benefits are specifically identified to each employee and are charged individually as direct costs. The directly claimed fringe benefits 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 for the costs of these paid absences are not made.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Actual costs will be apportioned between on-campus and off-campus components. Each portion will bear the appropriate rate.

Equipment Definition -

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

FRINGE BENEFITS:

FICA
Retirement
Worker's Compensation
Unemployment Insurance
Health Insurance
Life Insurance
Dental Insurance
Tuition Remission
Vision Care
Medicare
Disability Insurance
University Parking Subsidy
Prescription Drug Insurance

INSTITUTION:
University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

AGREEMENT DATE: February 11, 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 created 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.

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:

University of Toledo Health Science Center
(formerly Medical College of Ohio at Toledo)

(INSTITUTION)

(SIGNATURE)

David O. Dabney

(NAME)

Vice President of Finance

(TITLE)

February 18, 2009

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Henry Williams

(NAME)

DIRECTOR, DIVISION OF COST ALLOCATION-

(TITLE) FEDERAL STATES FIELD OFFICE

February 11, 2009

(DATE) 5091

HHS REPRESENTATIVE: Narendra B. Gandhi

Telephone: (214) 767-3230

COMPONENTS OF PUBLISHED F&A COST RATE

INSTITUTION: **UNIVERSITY OF TOLEDO HEALTH & SCIENCE CTR.**

FY COVERED BY RATE: **JULY 1, 2008 through JUNE 30, 2012**

APPLICABLE TO: **ORGANIZED RESEARCH**

RATE COMPONENT:	<u>ON CAMPUS</u>	<u>OFF CAMPUS</u>
Building Depreciation	4.5	
Equipment Depreciation	4.3	
Interest	0.0	
Operation & Maintenance	12.9	
Library	2.1	
Administration	<u>26.0</u>	<u>26.0</u>
TOTAL	<u><u>49.8</u></u>	<u><u>26.0</u></u>

CONCURRENCE:

UNIVERSITY OF TOLEDO HEALTH & SCIENCE CTR.

(Institution)

David O. Dabney

(Signature)

David O. Dabney

(Name)

Vice President of Finance

(Title)

February 18, 2009

(Date)