

HOSPITALS RATE AGREEMENT

DATE:08/25/2015

ORGANIZATION:

Barnes-Jewish Hospital/BJC Healthcare
 Center at the Commons
 BJC Grants Management Office
 4249 Clayton Ave, Suite 316
 Mail Stop 90-67-818
 St. Louis, MO 63110-1092

FILING REF.: The preceding
 agreement was dated
 12/18/2014

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)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	01/01/2014	12/31/2014	35.00	On Site	Organized Research
PROV.	01/01/2015	12/31/2016	35.00	On Site	Organized Research

*BASE

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of \$25,000.

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SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:

The 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 are not made for the cost of these paid absences.

Equipment Definition -

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

FRINGE BENEFITS:

FICA	Retirement
Disability Insurance	Worker's Compensation
Life Insurance	Unemployment Insurance
Health Insurance	Tuition Remission
Dental Insurance	Vision

Your next proposal based on actual costs for the fiscal year ending 12/31/15 is due in our office by 06/30/16.

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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 disallowance.

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) no compensation 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 cost principles promulgated by the Department of Health and Human Services, and should be applied to the grant, contract and other agreements covered by these regulations subject to any limitations in A above. The hospital 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:

Barnes-Jewish Hospital/BJC Healthcare Center at the Commons BJC Grants Management Office

(INSTITUTION)

Handwritten signature of Mark H. Krieger

(SIGNATURE)

MARK H. KRIEGER

(NAME)

V.P. of CFO

(TITLE)

9-4-15

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Arif M. Karim -A

(SIGNATURE)

Arif Karim

(NAME)

Director, Cost Allocation Services

(TITLE)

8/25/2015

(DATE) 7287

HHS REPRESENTATIVE:

Narendra Gandhi

Telephone:

(214) 767-3261

Digitally signed by Arif M. Karim -A DN: cn=Arif M. Karim -A, o=HHS, ou=Department of Health and Human Services, email=Arif.M.Karim@hhs.gov, c=US