



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

26 Federal Plaza, Room 3412
New York, NY 10278
PHONE: (212) 264-2069
FAX: (212) 264-5478
EMAIL: CAS-NY@psc.hhs.gov

May 15, 2017

Ms. Mary S. Harrington
Director of Finance
Marine Biological Laboratory
7 MBL Street
Woods Hole, MA 02543-1015

Dear Ms. Harrington:

A negotiation agreement is being sent to you for signature. This agreement reflects an understanding reached between your institution and a member of my staff concerning the rates or amounts that may be used to support your claim for costs on grants and contracts with the Federal Government. The agreement must be signed by a duly authorized representative of your institution and e-mailed to CAS-NY@psc.hhs.gov. Retain a copy for your file. We will reproduce and distribute the agreement to awarding agencies of the Federal Government for their use.

Requirements for adjustments to costs claimed under Federal Grants and Contracts resulting from this negotiation are dependent upon the type of rate contained in the negotiation agreement. Information relating to these requirements is enclosed.

The carry forward over-recovery of (\$89,266) resulting from the settlement of your fringe benefit rate for fiscal year ended June 30, 2015 was considered in establishing the fixed rate for fiscal year ending June 30, 2017. The over-recovery must be included in your fringe benefit rate proposal based on actual costs for fiscal year ending June 30, 2017.

The carry forward over-recovery of (\$358,790) resulting from the settlement of your fringe benefit rate for fiscal year ended June 30, 2016 was considered in establishing the fixed rate for fiscal year ending June 30, 2018. The over-recovery must be included in your fringe benefit rate proposal based on actual costs for fiscal year ending June 30, 2018.

Ms. Mary S. Harrington

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May 15, 2017

The remaining over-recovery of (\$358,790) resulting from the settlement of your fringe benefit rate for fiscal year ended June 30, 2016 must be included in your fringe benefit rate proposal based on actual costs for fiscal year ending June 30, 2019.

A fringe benefit rate proposal based on actual expenses for fiscal year ending June 30, 2017 is due by December 31, 2017.

An indirect cost rate proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims cost under grants and contracts awarded by the Federal Government. Therefore, your next indirect cost rate proposal for the fiscal year ending June 30, 2016 will be due in our office by December 31, 2016. * The proposal has been received. In addition, please acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and submit your next proposal electronically via email to CAS-NY@psc.hhs.gov.

Sincerely,

Darryl W.
Mayes -A

Digitally signed by Darryl W. Mayes -A
DN: cn=US, ou=U.S. Government, ou=HHS,
ou=PSC, ou=People,
0.9.2342.19200300.100.1.1=2000131669,
c=Darryl W. Mayes -A
Date: 2017.05.26 07:10:55 -0400

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Enclosures
Concurrence:


Name MARY S. HARRINGTON

DIRECTOR OF FINANCE
Title

21 June 2017
Date

NONPROFIT RATE AGREEMENT

EIN: 042104690

DATE:05/15/2017

ORGANIZATION:

FILING REF.: The preceding agreement was dated 12/23/2015

Marine Biological Laboratory
7 MBL Street
Woods Hole, MA 02543-1015

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>
PRED.	07/01/2016	06/30/2017	64.00	On-Site	Research
PROV.	07/01/2017	06/30/2019	64.00	On-Site	Use same rates and conditions as those cited for fiscal year ending June 30, 2017.

*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.

ORGANIZATION: Marine Biological Laboratory

AGREEMENT DATE: 5/15/2017

SECTION I: FRINGE BENEFIT RATES**

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	7/1/2016	6/30/2017	35.20	All	Full-Time Employees
FIXED	7/1/2017	6/30/2018	34.50	All	Full-Time Employees
FIXED	7/1/2017	6/30/2018	8.90	All	Temporary Employees
PROV.	7/1/2018	6/30/2020	34.90	All	Full-Time Employees
PROV.	7/1/2018	6/30/2020	8.90	All	Temporary Employees

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:
Salaries and wages excluding sick leave pay.

ORGANIZATION: Marine Biological Laboratory

AGREEMENT DATE: 5/15/2017

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

The costs of sick leave pay are included in the organization's fringe benefit rate and not included in the direct cost of salaries and wages. Claims for direct salaries and wages must exclude those amounts paid or accrued to employees for periods when they are on sick leave.

Vacation, holiday 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.

1. The following fringe benefits are included in the fringe benefit rate: FICA, Health Insurance, Dental Insurance, Unemployment, Life Insurance, Long Term Disability, Worker's Compensation, Pension, Sick Leave Pay, Vacation Expense Accrual, and Post Retirement Health Care.

2. Indirect costs related to the NINDS contract are as follows:

FIXED	07/01/15	-	06/30/16	\$18,000
PROV.	07/01/16	-	Until Amended	

3. 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.

4. The on-site indirect cost rate is applicable to all activities performed 50% or more in facilities owned by the organization or activities that require permanent office space to be provided by the organization or which any rents related to the performance of the activity are not directly allocated to the project.

The grantee has changed fiscal year ending to June 30th.

** A fringe benefit rate proposal based on actual expenses for fiscal year ending June 30, 2017 is due by December 31, 2017.

** An indirect cost rate proposal based on actual expenses for fiscal year ending June 30, 2016 is due by December 31, 2016. The proposal has been received.

ORGANIZATION: Marine Biological Laboratory

AGREEMENT DATE: 5/15/2017

ORGANIZATION: Marine Biological Laboratory

AGREEMENT DATE: 5/15/2017

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 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:

Marine Biological Laboratory

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

MARY S. HARRINGTON

DIRECTOR OF FINANCE

21 June 2017

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Darryl W. Mayes -

A

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

5/15/2017

(DATE) 0654

Digitally signed by Darryl W. Mayes - A
DN: c=US, o=U.S. Government, ou=HHS, ou=OSC,
ou=People, o.9.2342.19200300.100.1.1=2000131669,
cn=Darryl W. Mayes - A
Date: 2017.05.26 07:59:30 -0400

HHS REPRESENTATIVE:

Michael Stanco

Telephone:

(212) 264-2069