



## COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 135562314  
ORGANIZATION:  
Pace University  
235 Elm Road  
Briarcliff, NY 10510- 2256

Date: 04/19/2024  
FILING REF.: The preceding  
agreement was dated  
10/22/2020

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)

<u>TYPE</u>	<u>EFFECTIVE PERIOD</u>		<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
	<u>FROM</u>	<u>TO</u>			
PRED.	07/01/2024	06/30/2028	71.50	On-Campus	All Programs
PRED.	07/01/2024	06/30/2028	30.00	Off-Campus	All Programs
PROV.	07/01/2028	Until Amended	71.50	On-Campus	All Programs
PROV.	07/01/2028	Until Amended	30.00	Off-Campus	All Programs

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## **SECTION II: SPECIAL REMARKS**

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### TREATMENT OF FRINGE BENEFITS:

Fringe benefits applicable to direct salaries and wages are treated as direct costs.

### 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.

OFF-CAMPUS DEFINITION: The off-campus rate will apply for all activities: a) Performed in facilities not owned by the institution and where these facility costs are not included in the F&A pools; or b) Where rent is directly allocated/charged to the project(s). Actual costs will be apportioned between on-campus

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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:

BY THE INSTITUTION:

Pace University

(INSTITUTION)

  
[Joseph Capparelli \(Jun 3, 2024 10:54 EDT\)](#)

(SIGNATURE)

Joseph Capparelli

(NAME)

Vice President, Controller and Chief Compliance Officer

(TITLE)

06/03/2024

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W. Mayes -S

Mayes -S

Date: 2024.05.29 11:37:00 -04'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

04/19/2024

(DATE)

HHS REPRESENTATIVE: Douglas Molina

TELEPHONE:

(212) 264- 2069