



DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Services
Division of Cost Allocation

26 Federal Plaza, Room 41-122
New York, New York 10278
Phone: (212) 264-2069
Fax: (212) 264-5478
Email: dcany@psc.gov

May 7, 2013

Mr. Kenneth Barritt
Corporate V.P. Financial Operations
St. Luke's Roosevelt Hospital Center
555 West 57th Street, 19th Floor
New York, NY 10019

Dear Mr. Barritt:

A copy of an indirect cost rate agreement is being emailed 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 indirect costs on grants and contracts with the Federal Government.

Please have the agreement signed by an authorized representative of your organization and returned to me by email or fax, retaining the copy for your files. Our fax number is (212) 264-5478 and email address is dcany@psc.gov. We will reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, is required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Thus, your next proposal based on actual costs for the fiscal year ending 12/31/2015, is due in our office by 06/30/2016.

Sincerely,

Darryl W. Mayes
Regional Director
Division of Cost Allocation

ORIGINAL

HOSPITALS RATE AGREEMENT

EIN: 1132914343A1

DATE: 05/07/2013

ORGANIZATION:

FILING REF.: The preceding agreement was dated 02/01/2010

St. Luke's Roosevelt Hospital Center
555 West 57th Street, 19th Floor
New York, NY 10019-

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)
	<u>EFFECTIVE PERIOD</u>			
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%) LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	01/01/2013	12/31/2013	63.90 On-Site	Research
PRED.	01/01/2013	12/31/2013	46.30 On-Site	Other Sponsored Activities
PRED.	01/01/2014	12/31/2014	66.00 On-Site	Research
PRED.	01/01/2014	12/31/2014	48.00 On-Site	Other Sponsored Activities
PRED.	01/01/2015	12/31/2015	66.50 On-Site	Research
PRED.	01/01/2015	12/31/2015	48.50 On-Site	Other Sponsored Activities
PRED.	01/01/2016	12/31/2016	67.00 On-Site	Research
PRED.	01/01/2016	12/31/2016	49.00 On-Site	Other Sponsored Activities
PROV.	01/01/2017	Until Amended		Use same rates and conditions as those cited for fiscal year ending December 31, 2016.

ORGANIZATION: St. Luke's Roosevelt Hospital Center

AGREEMENT DATE: 5/7/2013

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations) and subawards.

ORGANIZATION: St. Luke's Roosevelt Hospital Center

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SECTION II: SPECIAL REMARKS

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.

Equipment means an article of nonexpedable, tangible personal property having a useful life of more than one year, and an acquisition cost of \$500 or more per unit.

ORGANIZATION: St. Luke's Roosevelt Hospital Center
AGREEMENT DATE: 5/7/2013

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 cost principles promulgated by the Department of Health and Human Services, and should be applied to the grants, contracts 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:

St. Luke's Roosevelt Hospital Center

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Darryl W. Mayes

(NAME)

Regional Director

(TITLE)

5/7/2013

(DATE) 0218

HHS REPRESENTATIVE: Joseph Guarneri

Telephone: (212) 264-2069