

**NONPROFIT RATE AGREEMENT**

EIN: 1141410842A2

DATE:02/09/2016

**ORGANIZATION:**

Research Foundation For Mental Hygiene,  
Inc.

FILING REF.: The preceding  
agreement was dated  
01/15/2015

and New York State Department of Mental  
Hygiene

150 Broadway, Suite 301

Menands, NY 12204

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)

EFFECTIVE PERIOD

<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
PRED.	04/01/2014	03/31/2017	62.00	NY Psy Inst	Research
PRED.	04/01/2014	03/31/2017	61.70	Kline Res Ct	Research
PRED.	04/01/2014	03/31/2017	59.60	Inst Bas Res	Research
PRED.	04/01/2014	03/31/2017	13.70	Spec Proj Un	All Programs
PROV.	04/01/2017	Until Amended	62.00	NY Psy Inst	Research
PROV.	04/01/2017	Until Amended	61.70	Kline Res Ct	Research
PROV.	04/01/2017	Until Amended	59.60	Inst Bas Res	Research
PROV.	04/01/2017	Until Amended	13.70	Spec Proj Un	All Programs

\*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 I: FRINGE BENEFIT RATES\*\***

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<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE (%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FIXED	4/1/2015	3/31/2016	35.00	All	All Employees
FIXED	4/1/2016	3/31/2017	35.00	All	All Employees
PROV.	4/1/2017	3/31/2019	35.00	All	All Employees

\*\* DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages.

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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.

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1. The rates contained in this agreement apply to the Research Foundation for Mental Hygiene (RFMH) jointly with the New York State Department of Mental Hygiene. On Joint Award Documents, the RFMH shall be designated as Fiscal Agent.

2. The following fringe benefits are included in the fringe benefit rate:

- Retirement (TIAA/CREF)
- Group Life Insurance
- Group Long-Term Disability
- Social Security (FICA)
- New York State Unemployment
- New York State Disability
- Workmen's Compensation
- Group Health Insurance
- Group Dental Insurance
- Tuition Assistance Program
- Sick Leave
- Postretirement Health Insurance Reserve
- Long Term Accrued Vacation
- Vacation Termination Payment

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 following rates are applicable to contracts:

Type	From	To	Rate	Locations	Applicable To
FIXED	04/01/14	03/31/17	62.0%	NY Psy	Inst Research
FIXED	04/01/14	03/31/17	61.7%	Kline Res	Ct Research
FIXED	04/01/14	03/31/17	59.6%	Inst Bas	Res Research
FIXED	04/01/14	03/31/17	13.7%	Spec Proj	Un All Programs

Rate not applicable to New York State Contract No. C-165601.

This rate agreement updates Fringe Benefit rates only.

Your next Fringe Benefit proposal based on actual costs for the fiscal year ending 03/31/2016 is due in our office by 09/30/2016.

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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 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:

Research Foundation For Mental Hygiene, Inc. and New York State Department of Mental Hygiene

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**Darryl W. Mayes - S**

Digitally signed by Darryl W. Mayes - S  
DN: c=US, o=U.S. Government, ou=HHS, ou=PSC,  
ou=People, 0.9.2342.19200300.100.1.1=2000131669,  
cn=Darryl W. Mayes - S  
Date: 2016.02.17 13:16:10 -0500

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

2/9/2016

(DATE) 0260

HHS REPRESENTATIVE:

Ryan McCarthy

Telephone:

(212) 264-2069