

NONPROFIT RATE AGREEMENT

EIN: 1141410842A2

ORGANIZATION:

Research Foundation For Mental Hygiene, Inc.
and New York State Department of Mental Hygiene
150 Broadway, Suite 301
Menands, NY 12204

Date: 05/08/2025

FILING REF.: The preceding
agreement was dated
02/09/2024

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(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>	
FIXED	04/01/2024	03/31/2025	63.20	NY Psy Inst	Research	
FIXED	04/01/2024	03/31/2025	65.10	Kline Res Ct	Research	
FIXED	04/01/2024	03/31/2025	81.20	Inst Bas Res	Research	
FIXED	04/01/2024	03/31/2025	18.80	Spec Proj Un	All Programs	
PROV.	04/01/2025	03/31/2028	63.70	NY Psy Inst	Research	
PROV.	04/01/2025	03/31/2028	68.50	Kline Res Ct	Research	
PROV.	04/01/2025	03/31/2028	83.40	Inst Bas Res	Research	
PROV.	04/01/2025	03/31/2028	19.40	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.

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	4/1/2024	3/31/2025	32.00	All	All Employees
FIXED	4/1/2025	3/31/2026	29.00	All	All Employees
PROV.	4/1/2026	3/31/2029	31.30	All	All Employees

**** DESCRIPTION OF FRINGE BENEFITS RATE BASE:**

Salaries and wages.

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:

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.

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
Severance Pay

3. Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds \$5,000.

4. The following rates are applicable to contracts:

Type From To Rate Location Applicable To
Final 04/01/24 03/31/25 63.2% NY Psy Inst Research
Final 04/01/24 03/31/25 65.1% Kline Res Ct Research
Final 04/01/24 03/31/25 81.2% Inst Bas Res Research
Final 04/01/24 03/31/25 18.8% Spec Proj Un All Programs

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

Your next indirect cost proposal based on actual costs for fiscal year ended 03/31/2024 is due by 07/31/2025 (extension granted).

Your next fringe benefit proposal based on actual costs for fiscal year ended 03/31/2025 is due by 09/30/2025.

The rates in this rate agreement were reviewed in compliance with the HHS Grants Policy Statement applying a Salary Rate Limit (SRL) to indirect cost salaries & wages not exceeding the Executive Level II rate contained in the HHS Appropriations Act.

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)

Colleen Corcoran

(SIGNATURE)

Colleen Corcoran

(NAME)

Interim Managing Director

(TITLE)

6/2/2025

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Olulola O. Oluborode -S Digitally signed by
(SIGNATURE) Olulola O. Oluborode -S
Date: 2025.06.02
08:34:35 -04'00'

Olulola Oluborode
(NAME)

Director, Cost Allocation Services
(TITLE)

05/08/2025
(DATE)

HHS REPRESENTATIVE: Kathryn Dissinger
TELEPHONE: (212) 264-2069