

COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1131988190A1  
ORGANIZATION:  
RFCUNY – LaGuardia Community College  
230 West 41st Street  
New York, NY 10036

Date: 12/24/2024  
FILING REF.: The preceding  
agreement was dated  
06/18/2019

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: Facilities And Administrative Cost Rates

RATE TYPES:        FIXED    FINAL    PROV. (PROVISIONAL)        PRED. (PREDETERMINED)

TYPE	EFFECTIVE PERIOD		RATE(%)	LOCATION	APPLICABLE TO
	FROM	TO			
FINAL	07/01/2023	06/30/2024	63.30	On-Campus	All Programs
FINAL	07/01/2023	06/30/2024	31.10	Off-Campus	All Programs
PRED.	07/01/2024	06/30/2027	63.30	On-Campus	All Programs
PRED.	07/01/2024	06/30/2027	31.10	Off-Campus	All Programs
PROV.	07/01/2027	Until Amended	63.30	On-Campus	All Programs
PROV.	07/01/2027	Until Amended	31.10	Off-Campus	All Programs

\*BASE

Direct salaries and wages including all fringe benefits.

ORGANIZATION: RFCUNY – LaGuardia Community College

AGREEMENT DATE: 12/24/2024

---

## 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.

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). Grants or contracts will not be subject to more than one F&A cost rate. If more than 50% of a project is performed off-campus, the off-campus rate will apply to the entire project.

(1) These indirect cost rates apply when grants or contracts are awarded jointly to the Research Foundation of City University of New York and LaGuardia Community College.

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.

### PROPOSAL DUE

Your next proposal based on actual costs for the fiscal year ending 06/30/2026 is due in our office by 12/31/2026.

### EQUIPMENT

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.

ORGANIZATION: RFCUNY – LaGuardia Community College

AGREEMENT DATE: 12/24/2024

**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 facilities and administrative cost pools 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 facilities and administrative 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 facilities and administrative 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.

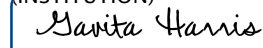
**E. OTHER:**

If any Federal contract, grant or other agreement is reimbursing facilities and administrative 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 facilities and administrative costs allocable to these programs.

**BY THE INSTITUTION:**

RFCUNY – LaGuardia Community College

Digitally signed by:



30A5A23F8B3E48F...

(SIGNATURE)

Gavita Harris

(NAME)

Chief Financial Officer

(TITLE)

03-03-2025

(DATE)

**ON BEHALF OF THE GOVERNMENT:**

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes -S

Digitally signed by Darryl W.

Mayes -S

Date: 2025.03.03 07:44:23 -05'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

12/24/2024

(DATE)

HHS REPRESENTATIVE: Douglas Molina

TELEPHONE:

(212) 264-2069