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

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%) LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROV.</td>
<td>10/01/2018</td>
<td>09/30/2021</td>
<td>72.00 On-Site</td>
<td>Research</td>
</tr>
<tr>
<td>PROV.</td>
<td>10/01/2018</td>
<td>09/30/2021</td>
<td>35.65 Off-Site</td>
<td>Research</td>
</tr>
<tr>
<td>PROV.</td>
<td>10/01/2018</td>
<td>09/30/2021</td>
<td>28.00 On-Site</td>
<td>Clinical</td>
</tr>
<tr>
<td>PROV.</td>
<td>10/01/2016</td>
<td>09/30/2021</td>
<td>19.00 On-Site</td>
<td>Other Sponsored Activities</td>
</tr>
</tbody>
</table>

LEASE

All direct costs excluding capital expenditures (building, individual items of equipment, alterations and renewals), and that portion of each subscriber in excess of $25,000.
**SECTION I: FRINGE BENEFIT RATES**

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE(%)</th>
<th>LOCATION</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Final</td>
<td>10/1/2017</td>
<td>9/30/2018</td>
<td>36.3%</td>
<td>All</td>
<td>All Employees</td>
</tr>
</tbody>
</table>

**DESCRIPTION OF FRINGE BENEFITS RATE BASE:**
Salaries and wages.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS

Effective 1/1/2016 through 09/30/2018, the Treatment of Fringe Benefits was as follows: 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 ABSENCE

Effective 1/1/2016 through 09/30/2018, the Treatment of Paid Absences was as follows: The costs of vacation, holiday, sick leave, and other paid absences are included in the organization's fringe benefit rate and are not included in the direct cost of salaries and wages. Claims for direct salaries and wages must exclude those amounts paid or accrued to employees for periods when they are on vacation, holiday, sick leave or are otherwise absent from work.

After 10/1/18, paid absences will be included as a direct cost to salaries and wages. Payments of unused leave to employees terminating or retiring will be treated as a General Administrative Expense.

The fringe benefit rate includes FICA & Medicare, employee retirement, health insurance, life insurance, long term disability, short term disability, dental, transportation assistance, worker's compensation, tuition reimbursement, and unemployment insurance. Earned leave is also included in the fringe benefit rate.

Your next direct cost proposal based on actual costs for the fiscal year ending 09/30/18 is due in our office by 03/31/19. An extension has been granted through 05/31/2019.

This rate agreement updates fringe benefit rates only.

Equipment means tangible personal property (including information technology systems) having a useful life of more than two years and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-federal entity for financial statement purposes, or $2,500.
SECTION III - GENERAL

A. LIMITATIONS

The terms in this agreement are subject to any statutory or administrative limitations and apply to the extent that they are applicable. Any reference in the agreement to the following conditions: (i) only terms implied by the operation are included in the agreement, and (ii) only terms adequately identified with specific legal obligations of the organization are included under this governing provision. [Note: The note here is not clear; it seems to be part of a sentence.] These terms include but are not limited to, changes in the category of state for which the agent is charged. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly. [Note: The note here is not clear; it seems to be part of a sentence.] Such changes include, but are not limited to, changes in the category of state for which the agent is charged. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly.

B. ACCOUNTING CHANGES

This agreement is based on the assumption that the organization will be in effect during the agreement period. Expenses and the cost of managing the care of such patients will be charged against the amount of reimbursement provided in the fee schedule. In lieu of this, the agent may be subject to enforcement by the organization, which has been amended accordingly. Such changes include, but are not limited to, changes in the category of state for which the agent is charged. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly.

C. FUNDING DATES

It is important to note that the fundings are subject to change. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly. Such changes include, but are not limited to, changes in the category of state for which the agent is charged. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly.

D. ENFORCEMENT

The terms in this agreement can be enforced in accordance with the state or federal agencies. It is important to note that the agent may be subject to enforcement by the organization, which has been amended accordingly. Such changes include, but are not limited to, changes in the category of state for which the agent is charged. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly.

E. FUTURE

If any future contract, renewal, or other agreement is entered into, it is subject to the same conditions and limitations as the current agreement. It is important to note that the agent may be subject to enforcement by the organization, which has been amended accordingly. Such changes include, but are not limited to, changes in the category of state for which the agent is charged. Please be advised that the agent may be subject to enforcement by the organization, which has been amended accordingly.

On behalf of [Institution):

[Signature]

[Institution]

[Date]

[Signature]

[Institution]