HOSPITAL RATE AGREEMENT

EIN: 1010238552AI
ORGANIZATION:
MaineHealth
110 Free Street
Portland, ME 04101

Date: 10/03/2023
FILING REF.: The preceding agreement was dated 03/05/2019

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 : INDIRECT COST RATES

<table>
<thead>
<tr>
<th>RATE TYPES: FIXED FINAL PROV. (PROVISIONAL) PRED. (PREDETERMINED)</th>
</tr>
</thead>
<tbody>
<tr>
<td>EFFECTIVE PERIOD</td>
</tr>
<tr>
<td>TYPE      FROM  TO            RATE(%) LOCATION        APPLICABLE TO</td>
</tr>
<tr>
<td>FINAL     10/01/2018 09/30/2023 72.00 On-Site    Research</td>
</tr>
<tr>
<td>PRED.     10/01/2023 09/30/2026 76.00 On-Site    Research</td>
</tr>
<tr>
<td>FINAL     10/01/2018 09/30/2023 35.65 Off-Site   Research</td>
</tr>
<tr>
<td>PRED.     10/01/2023 09/30/2026 35.65 Off-Site   Research</td>
</tr>
<tr>
<td>FINAL     10/01/2018 09/30/2023 28.00 On-Site    Clinical</td>
</tr>
<tr>
<td>PRED.     10/01/2023 09/30/2026 28.00 On-Site    Clinical</td>
</tr>
<tr>
<td>FINAL     10/01/2018 09/30/2023 19.00 On-Site    Other Sponsored Activities</td>
</tr>
<tr>
<td>PRED.     10/01/2023 09/30/2026 19.00 On-Site    Other Sponsored Activities</td>
</tr>
<tr>
<td>PROV.     10/01/2026 09/30/2029 19.00 On-Site    Use same rates and conditions as those cited for fiscal year ending Sep 30, 2026</td>
</tr>
</tbody>
</table>

*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 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.

Upon receipt of any Federal awards that may significantly impact the existing rates, you must contact CAS immediately, as rate adjustments may be required. In addition, predetermined rates cannot be used for Federal cost reimbursement contracts. Therefore, if you receive a Federal cost reimbursement contract, you must also notify CAS immediately.

Your next indirect cost proposal based on actual costs for the fiscal year ending 09/30/25 is due in our office by 03/31/26.

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 $2,500.
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:

Mainehealth

(INSTITUTION)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Darryl W. Mayes-S
(SIGNATURE)

Darryl W. Mayes
(NAME)

Deputy Director, Cost Allocation Services
(TITLE)

10/03/2023
(DATE)

HHS REPRESENTATIVE: Michael Stanco

TELEPHONE: (212) 264-2069