



Program Support Center  
 Program Support Center  
 Cost Accounting Office  
 1301 Young Street, Suite 200  
 Dallas, TX 75202  
 PHONE: (214) 767-5201  
 FAX: (214) 767-5201  
 EMAIL: CASAC@hhs.gov

February 1, 2019

Mr. Kenneth J. [redacted]  
 Associate Vice President  
 Illinois Institute of Technology  
 3424 S. State Street  
 Tech Central, 4th Floor  
 Chicago, IL 60608

Dear Mr. [redacted]:

A copy of the [redacted] reflects an understanding re [redacted] concerning the [redacted] our [redacted] [redacted] [redacted]

Please have the Agreement signed [redacted] may retaining a copy [redacted] reproduce and [redacted] Government funding [redacted]

The Office of Management and Budget (OMB) [redacted] each institution on compliance [redacted] provided for [redacted]

In addition, [redacted]

	2018/2019	2017/2018
Direct Costs	[redacted]	[redacted]
Indirect Costs	[redacted]	[redacted]
Total	[redacted]	[redacted]

These accounts end only [redacted] and 5/31/2022 [redacted] end 1/31/2022 [redacted]

Mr. Kenneth J. [redacted] financial statement [redacted] actual costs for the fiscal year ending 5/31/2022 [redacted]

Mr Kenneth J  
February 1, 2019  
Page 2

An F&A cost proposal, to  
claim for F&A

F&A costs based on the actual year ending 31/03/2020, to be used in 2019.

Please sign **YOU YOUR PRO**  
Director

Since this is an integral part of the Negotiation Agreement,  
signing in the space provided below is required.

Thank you for your attention to this matter.

Sincerely,

Arif M. Karim

S

Arif Karim

Director

Cost Allocation Services

From:

ACCEPTANCE

Illia Y. (Institution)

*Kenneth J. [Signature]*

(Signature)

*Kenneth J. [Name]*

(Name)

Accepted by: [Signature]

(Date)

2/8/2019

(Date)

COLLEGES

BIN: 1362170130A

ORGANIZATION:

Illinois Institute of Technology  
 3700 S. Green St.  
 Chicago, IL 60607

DATE: 05/31/2015

RTIME: PEP - 2:15 pm  
 2015  
 032 (19 0000)

Tech Central, 1100  
 Chicago, IL 60607

This notice is provided to inform you of the proposed amendments to the existing agreement with the Federal Government in accordance with the provisions of the agreement.

SECTION 5 - FEDERAL RATES

RATE TYPES: FIXED FINANCIAL PROGRAMS (NON-FEDERAL) REPORT / DISPLAY (P/D/M/T/N/R)

EFFECTIVE PERIOD

TYPE	PERIOD	RATE	LOCATION	DESCRIPTION
PRFD	05/01/2015 - 05/31/2015	52.00	On Campus	Organization Research
PRFD	05/01/2015 - 05/31/2015	24.00	On Campus	Organization Research
PRFD	06/01/2015 - 05/31/2015	34.00	On Campus	Organization Research
PRFD	06/01/2015 - 05/31/2015			Programs
PRFD	06/01/2015 - 05/31/2015			Programs
PRFD	06/01/2015 - 05/31/2015	31.00	On Campus	Organization Research
PRFD	06/01/2015 - 05/31/2015	27.00	On Campus	Organization Research
PRFD	06/01/2015 - 05/31/2015	29.00	On Campus	Organization Research
PRFD	06/01/2015 - 05/31/2015	26.00	On Campus	Organization Research
PRFD	06/01/2015 - 05/31/2015	11.00	On Campus	Organization Research
PROV.	06/01/2022 - 05/31/2023			Amended

ORGANIZATION: Illinois State Board of Education

AGREEMENT DATE: 2/1/2010

\*BASE

Medicare, Medicaid, and other applicable benefits, uniforms and supplies, the first \$25,000 of each subaward (regardless of the number of subawards under the award), modified total direct employment, capital expenditures, tuition, and other direct costs, the portion of each subaward for indirect costs, and with the approval of the awarding agency.

\* \* \* \* \*  
from the following:

ORGANIZATION

AGREEMENT

TYPE

FIXED

6/1/2018

5/31/20

Faculty

FIXED

6/1/2018

5/31/20

Staff

FIXED

6/1/2018

5/31/20

7/1/2020

PT/Temp.

Faculty &  
Staff

FIXED

6/1/2018

5/31/20

7/1/2020

Faculty

FIXED

6/1/2018

5/31/20

Staff

FIXED

6/1/2018

5/31/20

Faculty &  
Staff

PROV

6/1/2018

5/31/20

amended

and conditions  
as those set forth  
for fiscal  
year ending  
May 31, 2020.

\*\* DESCRIPTION OF POSITION

AGREEMENT

FRINGE BENEFITS

The fringe benefits are defined as the fringe(s) listed in the Fringe Benefits Schedule...

TREATMENT OF PAID VACANCES

Vacation shall be paid at the same rate as salaries and wages as paid for the normal cost for salaries and wages made for the cost of the same...

OFF-CAMPUS DEFINITION: The off-campus definition shall be determined by the company and the off-campus location shall be determined by the company...

FRINGE BENEFITS

- FICA Health Insurance
- Retirement Pension REVISION
- Disability Health Insurance
- Life Insurance Health Insurance

The next Facilities cost for the fiscal year ending November 30, 2019...

The next Facilities cost for the fiscal year ending November 30, 2022...

Equipment means tangible systems, hardware, software, or other equipment with a useful life of more than one year and a cost which exceeds the amount established by the non-Federal Government, or \$5,000.



**A. GENERAL**

The rates in this Agreement are subject to any statutory or regulatory provisions that may be enacted or amended by the State of Illinois. The rates in this Agreement are subject to any statutory or regulatory provisions that may be enacted or amended by the State of Illinois. The rates in this Agreement are subject to any statutory or regulatory provisions that may be enacted or amended by the State of Illinois.

**B. ACCOUNTING**

This Agreement is subject to the method of accounting used by the State of Illinois. This Agreement is subject to the method of accounting used by the State of Illinois. This Agreement is subject to the method of accounting used by the State of Illinois.

**C. PAYMENTS**

The actual costs for this period are determined by the State of Illinois. The actual costs for this period are determined by the State of Illinois. The actual costs for this period are determined by the State of Illinois.

**D. USE BY OTHER FEDERAL AGENCIES**

The rates in this Agreement were approved by the State of Illinois. The rates in this Agreement were approved by the State of Illinois. The rates in this Agreement were approved by the State of Illinois.

**E. OTHER**

If any Federal agency is reimbursed for the use of the services provided by the State of Illinois, the approved rate(s) in this Agreement shall apply to the reimbursement. If any Federal agency is reimbursed for the use of the services provided by the State of Illinois, the approved rate(s) in this Agreement shall apply to the reimbursement.

BY THE  
Illinois Institute of

DEPARTMENT OF REVENUE AND FINANCE  
OFFICE OF THE COMPTROLLER  
Anil M. Kaurin  
Date: 20190207 10:06:22 -0500

CONSULTANT

*Ramona J. Taylor*

(SIGNATURE)

*Ramona J. Taylor*

ANIL KAURIN

(NAME)

Director, Illinois Institute of

(TITLE)

(TITLE)

2/1/2019

2/1/2019

(DATE)

(DATE) 3580

HHS REPRESENTATIVE

Telephone: (214) 765-3061

COMPONENTS OF PUBLISHED EXA COST RATE

INSTITUTION: Illinois Institute of Technology

FY COVERED: 2018-2019 (2018-2019) DATE: MAY 31, 2019

APPLICABLE ACTS: 23 ILCS 100/1-10

RATE COMPONENT

Building Depreciation	0.0	
Equipment Depreciation	0.0	
Interest	0.0	
Operation & Maintenance	20.4	
Library	3.4	
Administrative	0.0	
TOTAL	54.0	24.0

\* This cost component is included in Part 200 of Illinois Code and Rate Determination for Institutions of Higher Education (IHE) C.O. 11-1-13

CONCLUDE

Illinois Institute of Technology  
(Institution)

  
(Signature)

Kenneth J. Lawrence  
(Name)

Assistant Director for External Affairs  
(Title)

2/8/2019  
(Date)