

EIN: 13621701201

ORGANIZATION

3424 S. ...
Tech Central, 4th Floor
Chicago, IL 60616

The ...
addressed ...

SECTION I - IN

RATE TYPES: ...

PROGRAMS

TYPE	FROM	TO	AMOUNT	PROGRAM
PRFD	06/01/2019	05/31/2021	23,000.00	Programs
PRFD	06/01/2019	05/31/2019	34,000.00	Programs
PRFD	06/01/2019	05/31/2019	24,000.00	Programs
PRFD	06/01/2019	05/31/2019	11,000.00	Programs
PRFD	06/01/2019	05/31/2019	57,000.00	Programs
PRFD	06/01/2019	05/31/2019	21,000.00	Programs
PRFD	06/01/2019	05/31/2019	21,000.00	Programs
PRFD	06/01/2019	05/31/2019	21,000.00	Programs
PRFD	06/01/2019	05/31/2023	11,000.00	Programs
PRFD	06/01/2023	05/31/2023	11,000.00	Programs

ORGANIZATION: Illinois Institute of Technology

AGREEMENT DATE: 2/24/2011

*BASE

Modified total direct costs, consisting of all direct materials and wages, applicable overheads, and the first \$25,000 of each subcontractor's cost up to the subaward ceiling. Indirect costs shall exclude equipment, depreciation, parking, telephone costs, tuition, research, personal services, parent, and support costs and the portion of each subaward in excess of \$25,000. Indirect costs shall include overheads and indirect costs, and with the approval of the organization, indirect costs.

**The Institute for Food and Drug Administration from the following website:

ORGANIZATION: ...
AGREEMENT DATE: 2/24/2020

SECTION I - PRINCE ...

TYPE	FROM	TO	PERCENT	DESCRIPTION
FIXED	6/1/2020	3/31/2020	27.10 All	Faculty
FIXED	6/1/2020	6/30/2020	29.20 All	Staff
FIXED	6/1/2020	3/31/2021	1.50	Faculty & Staff
FIXED	6/1/2020	6/30/2021	1.34 50 All	Faculty
FIXED	6/1/2020	6/30/2021	26 50 All	Staff
FIXED	6/1/2020	3/31/2021	20.00 All	Faculty & Staff
PRORV	6/1/2021	Until	7.30	Use same rates and salary as those cited for fiscal year ending May 31, 2020

** DESCRIPTION OF PRINCE ...
Salaries and ...

ORGANIZATION: Illinois Institute of Technology

AGREEMENT DATE: 2/04/2020

SECTION 1: SPECIAL DEMANDS

TREATMENT OF FRINGE BENEFITS

The fringe benefits are defined as those benefits included in the fringe benefits survey conducted by the University of Chicago and included in the rate.

TREATMENT

Vacation, Holiday, Sick Leave, pay, as part of the normal cost for salaries. Separate claims are not made for the cost of these paid amounts.

For all activities performed in facilities by the institution, the applicable rate will apply. Overhead or cost factors more than one are not applicable. The applicable rate is as follows:

FRINGE BENEFITS

- FICA
- Retirement
- Disability
- Life Insurance
- Health
- Medical
- Workers Compensation

*This Rate Agreement is subject to the following conditions:

The next Fringe Benefit cost proposal, based on actual cost data for the year ending May 31, 2020, is due in our office by November 30, 2020.

The next Fringe Benefit cost proposal, based on actual cost data for the year ending May 31, 2022, is due in our office by November 30, 2022.

Equipment (including computer systems) having a useful life of less than one year or unit acquisition cost which equals or exceeds the established depreciation expense of \$5,000.

SECTION 1. GENERAL

A. PURPOSE

The rates in this Agreement shall be based on the actual costs of the organization which are attributable to the Federal Government. In such situation, the Government...

B. ACCOUNTING CHANGES

This Agreement is subject to the accounting changes which are not limited to the failure to obtain approval...

C. OTHER

If a Federal agency's agreement is not approved within the period of 90 days, an adjustment will be made...

D. USE BY OTHER FEDERAL AGENCIES

The rates in this Agreement shall apply to all Federal agencies in accordance with the notification of the Agreement.

E. OTHER

If any Federal agency the approved rates in this Agreement, the organization should (1) credit such costs to the affected programs, and (2) apply the approved rates to the appropriate programs...

BY THE INST...

Illinois Institute of Technology

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(INSTITUTION)

(AGENCY)

Digital signed by Ari M. Kaim... Date: 2020.02.24 13:15:00

Handwritten signature: Elizabeth...

(SIGNATURE)

(SIGNATURE)

Handwritten signature: Kenneth...

(NAME)

(NAME)

Handwritten title: Associate VP...

(TITLE)

(TITLE)

Handwritten date: 2-26-2020

Handwritten date: 2/26/2020

(DATE)

(DATE)

HHH REPRESENTATIVE

TELEPHONE