COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 23-1352688
DATE: 03/09/2015
ORGANIZATION: FILING REF.: The preceding
Villanova University agreement was dated
800 Lancaster Avenue
11/06/2014
Villanova, PA 19085-1676

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

EFFECTIVE PERIOD

<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>PRED.</td>
<td>06/01/2015</td>
<td>05/31/2019</td>
<td>49.70 On-Campus</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>06/01/2019</td>
<td>05/31/2021</td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending May 31, 2019.</td>
</tr>
</tbody>
</table>

*BASE

Direct salaries and wages excluding all fringe benefits.
ORGANIZATION: Villanova University  
AGREEMENT DATE: 3/9/2015

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>PRED.</td>
<td>6/1/2015</td>
<td>5/31/2019</td>
<td>55.54</td>
<td>All</td>
<td>Full-Time Employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Part-Time Employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>year ending May 31, 2019.</td>
</tr>
<tr>
<td>PROV.</td>
<td>6/1/2019</td>
<td>5/31/2021</td>
<td>0.08</td>
<td>All</td>
<td></td>
</tr>
</tbody>
</table>

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

TREATMENT OF FRINGE BENEFITS:

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 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.

Fringe Benefits include: FICA, Disability Insurance, Life Insurance, Tuition Remission, Pension Plans, Workers' Compensation, Unemployment Insurance, and Health Insurance.

Equipment means an article of nonexpendable tangible personal property having a useful life of more than one year, and an acquisition cost of $5,000 or more per unit.

*Next proposal based on FYE 05/30/2018 is due in our office by 11/31/2018.*
*This rate agreement added fringe benefit rates.*
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 Office of Management and Budget Circular A-21, and should be applied to grants, contracts and other agreements covered by this Circular, 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.

S. 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:

Villanova University

(SIGNATURE)

Neil J. Horgan

(NAME)

Vice President for Finance

(TITLE)

April 1, 2015

(DATE)

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

Darryl W. Mayes - S

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

3/9/2015

(DATE) 0482

HHS REPRESENTATIVE: Lucy Siow

Telephone: (301) 492-4855
March 9, 2015

Neil J. Horgan
Associate Vice President, Finance and Controller
Villanova University
800 Lancaster Avenue
Villanova, PA 19085

Dear Mr. Horgan,

A copy of an indirect cost Rate Agreement is being faxed to you for signature. This Agreement reflects an understanding reached between your organization and a member of my staff concerning the rate(s) that may be used to support your claim for indirect costs on grants and contracts with the Federal Government.

Please have the original signed by an authorized representative of your organization and email it to me, retaining the copy for your files. Our email is CAS-Bethesda@psc.hhs.gov. We will reproduce and distribute the Agreement to the appropriate awarding organizations of the Federal Government for their use.

An indirect cost proposal, together with the supporting information, are required to substantiate your claim for indirect costs under grants and contracts awarded by the Federal Government. Therefore, your next proposal based on actual costs for fiscal year ending 05/31/2018, is due in our office by 11/30/2018.

Sincerely,

Darryl W. Mayes
Deputy Director
Cost Allocation Services

Enclosures
PLEASE SIGN AND RETURN A COPY OF THE RATE AGREEMENT