COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN: 1741109633A1

DATE: 06/17/2020

ORGANIZATION:
Trinity University
One Trinity Place
San Antonio, TX 78212-7200

FILING REF.: The preceding agreement was dated 03/19/2015

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: Facilities And Administrative Cost Rates

<table>
<thead>
<tr>
<th>RATE TYPES:</th>
<th>FIXED</th>
<th>FINAL</th>
<th>PROV. (PROVISIONAL)</th>
<th>PRED. (PREDETERMINED)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EFFECTIVE PERIOD</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<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>06/01/2019</td>
<td>05/31/2023</td>
<td>62.00</td>
<td>On Campus</td>
<td>All Programs</td>
</tr>
<tr>
<td>PRED.</td>
<td>06/01/2019</td>
<td>05/31/2023</td>
<td>20.00</td>
<td>Off Campus</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>06/01/2023</td>
<td>Until Amended</td>
<td></td>
<td></td>
<td>Use same rates and conditions as those cited for fiscal year ending May 31, 2023.</td>
</tr>
</tbody>
</table>

*BASE

Direct salaries and wages including vacation, holiday, sick pay and other paid absences but excluding all other fringe benefits.
SECTION II: SPECIAL REMARKS

TREATMENT OF FRINGE BENEFITS:
The organization uses fringe benefit rates(s) for estimating direct fringe benefit costs in grant applications and contract proposals. For final reporting, the cost of each benefit is specifically: (i) identified to each employee and (ii) claimed on individual awards. The current rate used for estimating purposes is listed below. This estimated fringe benefit rate includes all fringe benefits 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.

OFF-CAMPUS DEFINITION: For all activities performed in facilities not owned by the institution and to which rent is directly allocated to the project(s), the off-campus rate will apply. Actual costs will be apportioned between on-campus and off-campus components. Each portion will bear the appropriate rate.

Equipment Definition -
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.

FRINGE BENEFITS:

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>FICA</td>
<td>TIAA/CREF</td>
</tr>
<tr>
<td>Disability Insurance</td>
<td>Worker's Compensation</td>
</tr>
<tr>
<td>Life Insurance</td>
<td>Unemployment Insurance</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>Dental Insurance</td>
</tr>
<tr>
<td>Child Care Subsidy</td>
<td></td>
</tr>
</tbody>
</table>

Your next proposal based on actual expense for fiscal year ending 05/31/22 is due in our office by 11/30/22.
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 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 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: Trinity University

Yvonne Cortez
Yvonne Cortez
Controller
6/25/2020

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Arif Karim
Director, Cost Allocation Services
6/17/2020

HHS REPRESENTATIVE: Shon Turner
Telephone: (214) 767-3261