



7700 Wisconsin Avenue, Suite 2301
Bethesda, MD 20814
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EMAIL: CAS-Bethesda@psc.hhs.gov

February 26, 2019

Mr. Darrell Kozuch
Assistant Vice President, Human Resources
University of Virginia
914 Emmett Street, P. O Box 400127
Charlottesville, VA 22904

Dear Dr. Kozuch,

A copy of the Fringe Benefit (FB) Rate Agreement is being E-mailed to you for your 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 F&A and fringe benefit costs on grants and contracts with the Federal Government.

In addition, both parties agree that the differences between the fixed and actual fringe benefit costs for the fiscal year ended June 30, 2018 are:

- Under-recovery of \$2,796,000 applicable to Faculty + Part-Time.
- Under-recovery of \$1,268,000 applicable to Staff.
- Under-recovery of \$992,000 applicable to Hourly.

These amounts are included in your fixed fringe benefit rates for the fiscal year ending June 30, 2020 which are listed in the attached Rate Agreement.

Please have the agreement signed by an authorized representative of your organization and send to CAS-Bethesda@psc.hhs.gov. We will reproduce and distribute the Rate Agreement to the appropriate awarding organizations of the Federal Government for their use.

A fringe benefit proposal, together with the required supporting information, must be submitted to this office for each fiscal year in which your organization claims fringe benefit costs under grants and contracts awarded by the Federal Government.

Therefore, your next fringe benefit rate proposal for the fiscal year ending June 30, 2019 will be due in our office by December 31, 2019. Please submit your next proposal electronically via email to CAS-Bethesda@psc.hhs.gov.

Sincerely,

Darryl W. Mayes
Deputy Director
Cost Allocation Services

CONCURRENCE:

University of Virginia
(Institution)

(Signature)

Melody S. Bianchetto
(Name)

Vice President of Finance
(Title)

3/13/2019
(Date)

Enclosures

PLEASE SIGN AND RETURN A COPY OF THE RATE AGREEMENT