DEPARTMENT OF HEALTH & HUMAN SERVICES

Program Support Center
Financial Management Portfolio
Cost Allocation Services

5600 Fishers Lane
Rockville, MD 20852

December 9, 2025

Paul Bouganim
Executive Director, Finance
Cedars-Sinai Medical Center
P.O. Box 48750
Los Angeles, CA 90048

Dear Mr. Bouganim:

A copy of an indirect cost/fringe benefit rate agreement is being sent 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.

In addition, applicable to All Employees, both parties agree to:

(1) an under-recovery of $5,001,333 in FY 2021
(2) an under-recovery of $429,229 in FY 2022
(3) an over-recovery of $7,170,736 in FY 2023, and
(4) an under-recovery of $1,414,612 in FY 2024.

These amounts are included in your fixed fringe benefit rate(s) for the fiscal years ending 06/30/2023, 06/30/2024, 06/30/2025, and 06/30/2026, respectively, which are listed in the attached rate agreement.

Please have this agreement signed by an authorized representative of your organization and return within ten business days of receipt. The signed agreement can be sent to me by email, while retaining the copy for your files. Only when the signed agreement is returned, will we then reproduce and distribute the agreement to the appropriate awarding organizations of the Federal Government for their use.

Please also acknowledge your concurrence with the comments and conditions cited above by signing this letter in the space provided below and emailing it with the enclosed Rate Agreement.

An indirect cost proposal as well as a fringe benefit rate 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 proposals, based on actual costs for the fiscal year ending 06/30/2025, are due in our office by 12/31/2025.

Cost Allocation Services has a new system named Indirect Cost Allocation System (ICAS) that will replace our resource mailbox for accepting indirect cost proposals. Please use the following link to submit your next indirect cost and fringe benefit rate proposals: http://portal.icas.hhs.gov. All future certifications and transmittal letters will be signed and transmitted within the new system using DocuSign.

Sincerely,

Olulola O. Oluborode -S
Digitally signed by Olulola O. Oluborode -S
Date: 2026.01.05 09:26:36 -05'00'

Olulola Oluborode, Acting Director
Cost Allocation Services

Cedars-Sinai Medical Center
(Institution)

(Signature)

J. PAUL BOLGANZM
(Name)

EXECUTIVE DIRECTOR, FINANCE
(Title)

1/6/26
(Date)

Enclosure

PLEASE SIGN AND RETURN THE NEGOTIATION AGREEMENT BY EMAIL.

HOSPITAL RATE AGREEMENT

EIN: 951644600
ORGANIZATION:
Cedars-Sinai Medical Center
P.O. Box 48750
Los Angeles, CA 90048

Date: 12/09/2025
FILING REF.: The preceding agreement was dated 04/06/2021

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				
TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FINAL	07/01/2020	06/30/2021	70.20	On-Site	Research
FINAL	07/01/2021	06/30/2022	74.10	On-Site	Research
FINAL	07/01/2022	06/30/2023	75.60	On-Site	Research
FINAL	07/01/2023	06/30/2024	71.10	On-Site	Research
PROV.	07/01/2024	06/30/2027			Use the same rates and conditions as those cited for fiscal year ending June 30, 2024.

*BASE

Total direct costs excluding capital expenditures (buildings, individual items of equipment; alterations and renovations), that portion of each subaward in excess of $25,000; hospitalization and other fees associated with patient care whether the services are obtained from an owned, related or third party hospital or other medical facility; rental/maintenance of off-site activities; student tuition remission and student support costs (e,g., student aid, stipends, dependency allowances, scholarships, fellowships).

SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	7/1/2022	6/30/2023	39.30	All	Research
FIXED	7/1/2023	6/30/2024	30.60	All	Research
FIXED	7/1/2024	6/30/2025	25.40	All	Research
FIXED	7/1/2025	6/30/2026	32.20	All	Research
PROV.	7/1/2026	6/30/2027			Use the same rates and conditions as those cited for fiscal year ending June 30, 2026.

** DESCRIPTION OF FRINGE BENEFITS RATE BASE:

Salaries and wages including vacation, holiday, sick leave pay and other paid absences.

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:
The costs of vacation, holiday, sick leave pay and other paid absences are included in the organization's fringe benefit rate and are not included in the direct cost of salaries and wages. Claims for direct salaries and wages must exclude those amounts paid or accrued to employees for periods when they are on vacation, holiday, sick leave or are otherwise absent from work.

The following fringe benefits are included in the fringe benefit rate(s):
FICA, workers' compensation, unemployment insurance, health/life insurance, retirement plan, tuition reimbursement, RTD subsidy, and the annual change in accrued paid-time-off (PTO).

The rates in this rate agreement were reviewed in compliance with the HHS and NIH Grants Policy Statement applying a Salary Rate Limit (SRL) to indirect cost salaries & wages not exceeding the Executive Level II rate contained in the HHS Appropriations Act.

DEFINITION OF EQUIPMENT
Equipment means tangible personal property (including information technology systems) having a useful life of more than one year and a per-unit acquisition cost which equals or exceeds $5,000.

NEXT PROPOSAL DUE DATE
The next indirect cost and fringe benefit rate proposals, based on actual costs for FYE 6/30/25, will be due no later than 12/31/25.

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 indirect cost pool 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 indirect 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 indirect 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 indirect 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 indirect costs allocable to these programs.

BY THE INSTITUTION:

Cedars-Sinai Medical Center
(INSTITUTION)

(SIGNATURE)

J. Paul Bouganim
(NAME)

Executive Director, Finance
(TITLE)

1/6/26
(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES
(AGENCY)

Olulola O. Oluborode -S
(SIGNATURE)
Digitally signed by Olulola O. Oluborode -S
Date: 2026.01.05 09:26:16 -05'00'

Olulola Oluborode
(NAME)

Director, Cost Allocation Services
(TITLE)

12/09/2025
(DATE)

HHS REPRESENTATIVE: Stephen Hobday
TELEPHONE: (301) 492-4855