NONPROFIT RATE AGREEMENT

EIN: 1010211513A1

ORGANIZATION:
The Jackson Laboratory
610 Main Street
Bar Harbor, ME 04609-1500

DATE:06/01/2023

FILING REF.: The preceding agreement was dated 06/29/2021

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**
FIXED	01/01/2022	12/32/2022	73.10	On-Site	Research
FIXED	01/01/2022	12/32/2022	86.00	On-Site	JAX Genomic Med.
FIXED	01/01/2023	12/31/2023	77.00	On-Site	Research
FIXED	01/01/2023	12/31/2023	84.00	On-Site	JAX Genomic Med.
PROV.	01/01/2024	12/31/2026	77.00	On-Site	Research
PROV.	01/01/2024	12/31/2026	84.00	On-Site	JAX Genomic Med.

*BASE

Total direct costs excluding capital expenditures (building, individual items of equipment; alterations and renovations), and that portion of each subaward in excess of $25,000.

SECTION I: FRINGE BENEFIT RATES**

TYPE	FROM	TO	RATE(%)	LOCATION	APPLICABLE TO
FIXED	1/1/2022	12/31/2022	30.00	All	Research Employees
FIXED	1/1/2023	12/31/2023	32.50	All	Research Employees
PROV.	1/1/2024	12/31/2026	32.50	All	Research Employees

** 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.

1) Fringe benefits include: Group Health Insurance, LTD Insurance, Pension Plan, Unemployment Compensation, FICA, Travel Insurance, Worker's Compensation, Extended Sick Leave and Accrued Vacation.

2) The JAX Genom. Med. Rate applies to the Jackson Laboratory for Genomic Medicine and the Genetic Research Facility on the University of Connecticut Health Science Center campus in Farmington, Connecticut.

PROPOSAL DUE
Your next F&A and FB Proposal based on actual costs for the fiscal year ending 12/31/2022 is due in our office by 06/30/2023.

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.

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:	ON BEHALF OF THE FEDERAL GOVERNMENT:
The Jackson Laboratory	DEPARTMENT OF HEALTH AND HUMAN SERVICES
(INSTITUTION)	(AGENCY)
Joseph Vetelino — Digitally signed by Joseph Vetelino DN: cn=Joseph Vetelino, o=The Jackson Laboratory, ou=Finance, email=jay.vetelino@jax.org, c=US Date: 2023.06.13 08:29:05 -04'00'	Darryl W. Mayes -S — Digitally signed by Darryl W. Mayes -S DN: c=US, o=U.S. Government, ou=HHS, ou=PSC, ou=People, 0.9.2342.19200300.100.1.1=2000131669, cn=Darryl W. Mayes -S Date: 2023.06.09 09:23:32 -04'00'
(SIGNATURE)	(SIGNATURE)
Joseph Vetelino	Darryl W. Mayes
(NAME)	(NAME)
Sr. Director, Financial Planning & Budgets	Deputy Director, Cost Allocation Services
(TITLE)	(TITLE)
6/12/2023	6/01/2023
(DATE)	(DATE) 6714

HHS REPRESENTATIVE: Douglas Molina

Telephone: (212) 264-2069