

## HOSPITAL RATE AGREEMENT

EIN: 221487576  
 ORGANIZATION:  
 HMM Hospitals Corporation formerly Hackensack  
 University Medical Center  
 30 Prospect Avenue  
 Hackensack, NJ 07601 –

Date: 03/20/2025  
 FILING REF.: The preceding  
 agreement was dated  
 07/13/2023

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.

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### SECTION I: INDIRECT COST RATES

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RATE TYPES:		FIXED	FINAL	PROV. (PROVISIONAL)	PRED. (PREDETERMINED)
<u>EFFECTIVE PERIOD</u>					
<u>TYPE</u>	<u>FROM</u>	<u>TO</u>	<u>RATE(%)</u>	<u>LOCATION</u>	<u>APPLICABLE TO</u>
FINAL	01/01/2021	12/31/2023	77.10	HUMC <sup>(1)</sup>	Research
FINAL	01/01/2021	12/31/2023	44.00	JFK UMC <sup>(2)</sup>	Research
FINAL	01/01/2023	12/31/2023	51.70	Jersey Shore UMC <sup>(3)</sup>	Research
PROV.	01/01/2024	12/31/2026	79.00	HUMC	Research
PROV.	01/01/2024	12/31/2026	48.00	HUMC	Other Sponsored Programs
PROV.	01/01/2024	12/31/2026	47.50	JFK UMC	Research
PROV.	01/01/2024	12/31/2026	54.00	Jersey Shore UMC	Research

#### \*BASE

Modified total direct costs, consisting of all direct salaries and wages, applicable fringe benefits, materials and supplies, services, travel and up to the first \$25,000 of each subaward (regardless of the period of performance of the subawards under the award). Modified total direct costs shall exclude equipment, capital expenditures, charges for patient care, rental costs, tuition remission, scholarships and fellowships, participant support costs and the portion of each subaward in excess of \$25,000. Other items may only be excluded when necessary to avoid a serious inequity in the distribution of indirect costs, and with the approval of the cognizant agency for indirect costs.

#### LOCATIONS

- (1) Hackensack University Medical Center
- (2) John F. Kennedy (JFK) University Medical Center
- (3) Jersey Shore University Medical Center

ORGANIZATION: HMH Hospitals Corporation formerly Hackensack University Medical Center

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## SECTION II: SPECIAL REMARKS

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### TREATMENT OF FRINGE BENEFITS:

Fringe benefits applicable to direct salary and wages are 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.

### 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.

### DUE DATE

The next indirect cost rate proposal based on actual costs for the fiscal year ended 12/31/2024 is due in our office by 6/30/2025.

### OTHER

As of 2020, JFK University Medical Center and Jersey Shore University Medical Center operate under the same EIN as HMH Hospitals Corporation. As such, any negotiated rates for these organizations will be published in the same rate agreement document during subsequent negotiations.

The rates in this rate agreement were reviewed in compliance with the HHS 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.

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### 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:

HMH Hospitals Corporation formerly Hackensack University  
 Medical Center

(INSTITUTION)

Signed by:

*Michael Allen*

(SIGNATURE) 8DD744E6E314AC...

Michael Allen

(NAME)

Pres Financial Svcs Div CFO • Corp Administration

(TITLE)

4/24/2025

(DATE)

ON BEHALF OF THE GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

**Darryl W. Mayes -S**

Digitally signed by Darryl W.

Mayes -S

Date: 2025.04.14 10:31:09 -04'00'

(SIGNATURE)

Darryl W. Mayes

(NAME)

Deputy Director, Cost Allocation Services

(TITLE)

03/20/2025

(DATE)

HHS REPRESENTATIVE: Paul Rodriguez

TELEPHONE: (212) 264-2545