# Olive View-UCLA Education & Research Institute OVERHEAD & RATE DATA SHEET

**EFFECTIVE JANUARY 1, 2020** 

#### FEDERAL TAX I.D. NO. 95-2249539

### **OVERHEAD RATES:**

Sponsored Research:

Investigator Generated Protocols - Non PHS 21.0% Total Direct Cost

Investigator Generated Protocols\* 24.1%\*\* Modified Total Direct Cost\*\*\*

Industry Sponsored Clinical Trials 25.0% Total Direct Cost Service Programs 15.0% Total Direct Cost Patient Service Funds 15.0% Total Revenue

Education/Continuing Medical Education (CME)

/ National Conference 10.0% Total Direct Cost

Gifts 5.0% Revenue

EMPLOYEE FRINGE BENEFITS (including taxes) 35% for ≥ 75% effort

13% for ≤ 74% effort

### PER DIEM AND MILEAGE:

The ERI uses per diem & mileage rates used by the State of California. Per diem is claimed for trips of 21 hours or more.

In- & Out-of State

Daily Per Diem \$55.00

Lodging Actual cost (for locations ≥ 50 miles from OVMC or home-whichever is closer)

Mileage 57.5 cents per mile

For trips less than 21 hours, reimbursement for meals and incidentals will be reimbursed upon submission of actual, original receipts and subject to the following limitations:

Breakfast	\$11.00
Lunch	\$12.00
Dinner	\$23.00
Incidentals	\$ 5.00

## **BUSINESS MEALS:**

Business meals include recruitment and other situations that promote the research and education activities of the ERI. Business meal applies only to those funds and projects that allow for such expenses. When reimbursement is requested, a statement of the purpose of the meeting with a list of those attending and receipts are required. Alcoholic beverages are not reimbursable. Reimbursement is made to an ERI member or employee. The maximum reimbursable meal expenditure (including tax and 15% tip) for each person is as follows. Charges for facility rental (if applicable) is not included.

Breakfast	\$ 27.00
Lunch	\$ 47.00
Dinner	\$ 81.00
Light Refreshment	\$ 19.00

<sup>\*</sup> Submitted to e.g., Public Health Service

<sup>\*\* 24.1 %</sup> is the rate established with DHHS

<sup>\*\*\*</sup> Excludes cost of equipment, patient care and annual subcontract costs in excess of \$25,000 per year