

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

EFFECTIVE JANUARY 1, 2024

FEDERAL TAX I.D. NO. 95-2249539

OVERHEAD RATES:

Sponsored Research:

| | | |
|--|-------|----------------------------|
| Investigator Generated Protocols - Non PHS | 21.0% | Total Direct Cost |
| Investigator Generated Protocols* | 15.9% | Modified Total Direct Cost |
| Industry Sponsored Clinical Trials | 30.0% | Total Direct Cost |
| Service Programs | 15.0% | Total Direct Cost |
| Patient Service Funds | 15.0% | Total Revenue |

Education/Continuing Medical Education (CME)
/ National Conference
Gifts

| | |
|-------|-------------------|
| 10.0% | Total Direct Cost |
| 5.0% | Revenue |

EMPLOYEE FRINGE BENEFITS (including taxes)

| |
|---------------------------|
| 35% for \geq 75% effort |
| 13% for \leq 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 | \$79 |
| Lodging | Actual cost (for locations \geq 50 miles from OVMC or home-whichever is closer) |
| Mileage | .67 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 | \$16.00 |
| Lunch | \$17.00 |
| Dinner | \$33.00 |
| Incidentals | \$ 7.00 |

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 | \$ 31.00 |
| Lunch | \$ 54.00 |
| Dinner | \$ 94.00 |
| Light Refreshment | \$ 22.00 |

* Submitted to e.g., Public Health Service. 15.9% is the rate established with DHHS. Modified Total Direct Cost (MTDC) excludes cost of equipment, patient care and annual subcontract costs in excess of \$25,000 per year.