COLLEGES AND UNIVERSITIES RATE AGREEMENT

EIN #: 1042103580C5

INSTITUTION:
Harvard Medical School
25 Shattuck Street, Suite 109
Boston MA 02115-

DATE: December 6, 2006
FILING REF.: The preceding Agreement was dated February 22, 2006

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: FACILITIES AND ADMINISTRATIVE COST RATES*

<table>
<thead>
<tr>
<th>TYPE</th>
<th>EFFECTIVE PERIOD</th>
<th>RATE(%)</th>
<th>LOCATIONS</th>
<th>APPLICABLE TO</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/07</td>
<td>69.5</td>
<td>On-Campus</td>
<td>Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/07 06/30/09</td>
<td>69.0</td>
<td>On-Campus</td>
<td>Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/09 06/30/10</td>
<td>69.5</td>
<td>On-Campus</td>
<td>Research</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>36.8</td>
<td>On-Campus</td>
<td>Other Spons.Act.</td>
</tr>
<tr>
<td>PRED.</td>
<td>07/01/06 06/30/10</td>
<td>26.0</td>
<td>Off-Campus</td>
<td>All Programs</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/06 UNTIL AMENDED</td>
<td>73.5</td>
<td>Primate Ctr.</td>
<td>Research</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/06 UNTIL AMENDED</td>
<td>30.0</td>
<td>Primate Ctr.</td>
<td>CORE Grant</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/10 UNTIL AMENDED</td>
<td>69.5</td>
<td>On-Campus</td>
<td>Research</td>
</tr>
<tr>
<td>PROV.</td>
<td>07/01/10 UNTIL AMENDED</td>
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<td>On-Campus</td>
<td>Other Spons.Act.</td>
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<tr>
<td>PROV.</td>
<td>07/01/10 UNTIL AMENDED</td>
<td>26.0</td>
<td>Off-Campus</td>
<td>All Programs</td>
</tr>
</tbody>
</table>

*Base:
Total direct costs less items of equipment costing in excess of $5,000, the portion of subgrants and subcontracts in excess of $25,000, alterations and renovations, student aid and fees related to patient care.
INSTITUTION:
Harvard Medical School

AGREEMENT DATE: December 6, 2006

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 for the costs of these paid absences are not
made.

1. The rates in this agreement have been negotiated to reflect the administrative cap
provisions to OMB Circular A-21 published by the Office of Management and Budget on May 8,
1996. No rate, other than the Primate Center rates, affecting the institution’s fiscal
periods beginning on or after October 1, 1991 contains total administrative cost
components in excess of that 26 percent cap.

2. Equipment means an article of nonexpendable, tangible personal property having a useful
life of more than one year, and an acquisition cost of $5,000 or more per unit.

3. Activities Performed Partly-On, Partly-Off Campus: The University uses the rate
applicable to the location where the preponderance of the time and effort will be
expended. Accordingly, each contract or grant is assigned only one indirect cost rate.

4. The following rates are applicable to research under a Harvard contract or grant
conducted at hospitals or medical facilities not affiliated with Harvard for overhead
reimbursement. Typically, but not always, these hospitals are VA or State institutions:

<table>
<thead>
<tr>
<th>TYPE</th>
<th>FROM</th>
<th>TO</th>
<th>RATE</th>
<th>BASE</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRED.</td>
<td>07-01-06</td>
<td>06-30-10</td>
<td>28.7%</td>
<td>MTDC as in Sec. I</td>
</tr>
<tr>
<td>PROV.</td>
<td>07-01-10</td>
<td>Until Amended</td>
<td>Use same rate as stated for</td>
<td>FYE 06-30-10</td>
</tr>
</tbody>
</table>

5. The Off-Campus rates apply to effort conducted on premises not owned or leased by the
University at locations sufficiently far removed from the campus to prohibit the normal
use of University facilities and services.

6. Fringe Benefits: The University distributes fringe benefit costs to its departments and
sponsored activities (including Federal programs) on the basis of annual rates applied to
direct salaries and wages in lieu of individual direct charges. Over or under
distribution of fringe benefit costs are carried forward in estimating future rates.

Included in the fringe benefit rates are: Pension, University Health Services, PICA,
Health and Dental Plans, Worker’s Compensation, Unemployment Compensation, Parking,
Tuition Assistance (Employee Only), Life Insurance, and Disability Insurance.
The approved fringe benefit rates are as follows:

**FIXED FRINGE BENEFIT RATES**
07-01-06 - 06-30-07

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical and Dental School</td>
<td>25.3%</td>
</tr>
<tr>
<td>Faculty</td>
<td>32.8%</td>
</tr>
<tr>
<td>Unionized</td>
<td>44.7%</td>
</tr>
<tr>
<td>Temporary</td>
<td>7.7%</td>
</tr>
<tr>
<td>Post Docs</td>
<td>24.2%</td>
</tr>
<tr>
<td>Teaching Asst.</td>
<td>16.9%</td>
</tr>
</tbody>
</table>

**Extra Compensation:**
- Pensionable: 15.0%
- Non-Pensionable: 8.0%
INSTITUTION:
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AGREEMENT DATE: December 6, 2006

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 facilities and administrative cost pools 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 facilities and administrative costs are not claimed as direct costs; (3) Similar types of costs have been accorded consistent accounting treatments; 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 in the method of accounting for costs which affect the amount of reimbursement resulting from the use of this Agreement require the recharging of particular types of cost from facilities and administrative to direct. Failure to obtain approval may result in cost disallowances.

C. FIXED RATES:
If a fixed rate(s) 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 Office of Management and Budget Circular A-21, Circulars, and should be applied to grants, contracts and other agreements covered by this Circular, 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

E. OTHER:
If any Federal contract, grant or other agreement is reimbursing facilities and administrative 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 basis to identify the proper amount of facilities and administrative costs allocable to these programs.

BY THE INSTITUTION:
Harvard Medical School

(INSTITUTE)

(Authorized Representative)

(SIGNATURE)

(NAME)

(TITLE)

(DATE)

12-6-06

ON BEHALF OF THE FEDERAL GOVERNMENT:

DEPARTMENT OF HEALTH AND HUMAN SERVICES

(AGENCY)

(SIGNATURE)

Robert L. Aaronson

(NAME)

(DIRECTOR, DIVISION OF COST ALLOCATION)

(TITLE)

(4)

DATE: December 6, 2006

(DATE) 06-13

CONTACT REPRESENTATIVE: Michael Leonard

(PHONE) (212) 264-2069