



**FORT HAYS STATE
UNIVERSITY**

THE OFFICE OF RESEARCH

Grant Application Reference Guide

2025-2026 The FY25 Kansas fiscal year is July 1, 2025 – June 30, 2026

Authorized University Grant Signatories

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Office of Research:

<https://www.fhsu.edu/research/>



Grant Research Resources:

PIVOT - Must make an account using @fhsu.edu
email <https://pivot.proquest.com/dashboard>



Cover Sheet Information:

Legal name of Applicant: Fort Hays State University

Address: 600 Park St. Hays, KS 67601-4099

Telephone: (785) 628-4000

FAX: (Admin & Fin.) (785) 628-4046

FAX: (Grants Office) (785) 628-4479

US Congressional District: 1st (KS-001)

Legislative District: 111th F

EIN Number: 48-1210777

DUNS Number: 07-627-4919

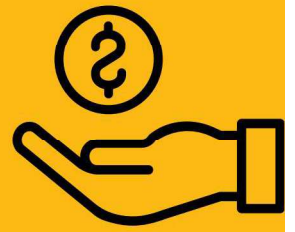
UEI Number: DVSMS2BMAK51

Student Labor & Tuition

Undergraduate Students

Wage = \$10.00/ hr

www.fhsu.edu/humanresourceoffice/student-employment/



Graduate Assistantship

Wage = \$12.50 /hr

<https://www.fhsu.edu/academic/gradschl/admission/graduate-assistantships/>

Tuition Rates

https://www.fhsu.edu/sfs/students_parents/tuition/

State of Kansas Travel & Subsistence Rates

Lodging Per Diem Rates

<https://www.fhsu.edu/bus-off/Expenses%20and%20Travel/>



FHSU Mileage Reimbursement Rates:

<https://www.fhsu.edu/administrative/physicalplant/motor-pool/>

Federal Mileage Reimbursement Rates:

<https://www.irs.gov/tax-professionals/standard-mileage-rates>

*Travel outside the U.S. must be on an American carrier

Indirect Cost Rate" or "Facilities & Administrative (F&A)" or "Overhead Costs":

"Indirect costs" refer to overhead charges for general support and management. This is a federally negotiated rate.

On-campus Indirect cost rate: 32.00% of salary + fringe

Off-campus Indirect cost rate: 14.00% of salary + fringe

Fringe: Salary x UPS (17.9370) + Insurance



Payroll Costs - Fringe Benefits (Less Health Insurance) Classification:

Unclassified Personnel - 17.748%

USS Personnel - 20.928%

Student Labor- 0.598%

Graduate Assistants- 0.598%

Student Summer - Not Enrolled- 8.248%



Effective 7-1-2025 through 6-30-2026

EMPLOYER PROVIDED BENEFIT	EMPLOYER'S RATE	ACCOUNT CODE
Unemployment Compensation	0.00%	5196800
State Leave Payment Reserve	0.47%	517600

GROUP HEALTH INSURANCE	EMPLOYER	EMPLOYER	TOTAL
SEMI-MONTHLY RATES	MEDICAL	DENTAL	
Full-Time Single Employee	\$401.09	\$20.71	\$421.80
Part-Time Single Employee	\$321.00	\$21.06	\$342.06
Full-Time Employee, Dependant Coverage*	\$587.67	\$29.72	\$617.39
Part-Time Employee, Dependant Coverage*	\$467.66	\$28.92	\$496.68
Full-Time Healthy Kids Dependent Coverage	\$624.73	\$29.72	\$654.45
Part-Time Healthy Kids Dependent Coverage	\$498.42	\$28.92	\$527.34

*Note that these amounts include the Single Employee rate plus the Dependent Coverage rate added together.

For GHI Plan C and Plan N rates, the semi-monthly portion of the quarterly Employee HSA/HRA amount is subtracted from the semi-monthly Employer Medical to calculate the semi-monthly ER GHI Contribution for employee paychecks.

KPERS Employees with Benefits

Account Code	Employer Provided Benefit	Employer's Rate	Notes
517600	State Leave	0.00470	
518100	KPERS	0.11680	KP&F is 0.2469
518500	Life & Disability	0.01000	
519100	FICA	0.07650	Per IRS (Hasn't changed in years)
519500	GHI		See list on information circular
519700	Worker's Comp	0.00128	
519800	Unemployment Comp	0.00000	
	Total	0.20928	

KBOR Employees with Benefits

Account Code	Employer Provided Benefit	Employer's Rate	Notes
517600	State Leave	0.00470	
518100	KBOR	0.08500	
518500	Life and Disability	0.01000	
519100	FICA	0.07650	Per IRS hasn't changed in years
519500	GHI		See list on information circular
519700	Worker's Comp	0.00128	
519800	Unemployment Comp	0.00000	
	TOTAL	0.17748	

Non-Benefit Employees

Account Code	Employer Provided Benefit	Employer's Rate	Notes
517600	State Leave	0.00470	
519100	FICA	0.07650	Per IRS (Hasn't changed in Years)
519700	Worker's Comp	0.00128	
519800	Unemployment Comp	0.00000	
	TOTAL	0.08248	