

DATE: _____

SUBAWARD #: _____

SUBRECIPIENT INFORMATION

Subrecipient: _____ Subrecipient PI: _____

Prime Sponsor: _____ Prime Award #: _____

Period of Performance: Start: _____ End: _____

DUNS (if available): _____ DUNS+4 (if available): _____

CCR Registration: Yes No

Subrecipient "AWARD" Address:

Congressional District Street Address _____ City _____ State _____ Zip _____

Is Subrecipient "PLACE OF PERFORMANCE" Address same as "AWARD" Address? Yes No
If NO, please complete below.

Congressional District Street Address _____ City _____ State _____ Zip _____

In the previous fiscal year, did Subrecipient receive eighty percent (80%) or more of its annual gross revenues in federal awards and receive twenty-five million dollars (\$25,000,000) or more in annual gross revenues from federal awards?

Yes No

If **Yes**, does the public have access to information about executive compensation through reports filed under Section 13(a) or 15(d) of the Securities Exchange Act of 1934 or section 6104 of the Internal Revenue Code of 1986?

Yes No

If **No**, Subrecipient is required to list the names and total compensation of its five most highly compensated officers of its organization:

1. Name/Title _____ Total Compensation \$ _____

2. Name/Title _____ Total Compensation \$ _____

3. Name/Title _____ Total Compensation \$ _____

4. Name/Title _____ Total Compensation \$ _____

5. Name/Title _____ Total Compensation \$ _____

SUBAWARD: _____ SUBRECIPIENT: _____

AUDIT STATUS

A-133 Certification: The Federal Office of Management and Budget Circular A-133, "Audits of Higher Education and Other Nonprofit Institutions," requires that recipients of federal awards, who are subject to the provisions of OMB Circular A-133, comply with audit requirements of OMB Circular A-133. This also includes subrecipient organizations such as your institution. As a subrecipient of federal funds, you are required to certify that your institution is in compliance with A-133 requirements. Accordingly, please check the appropriate box below and provide any required documentation.

- Our A-133 audit for the most recent fiscal year, _____, is complete. There were no material weaknesses, no material instances of noncompliance and no findings related to any sub-award(s).
- Our A-133 audit for the most recent fiscal year, _____, is complete. Material weaknesses, material instances of noncompliance and/or findings related to any sub-award(s) were noted. Enclosed is a copy of the audit report and our corrective action plan; alternatively, it may be found at the following website:

- Our A-133 audit for the most recent fiscal year, _____, is not yet complete. We anticipate the audit will be completed by _____. Upon completion we will provide you with a written certification, and, should material weaknesses, material instances and/or findings be noted, will send a copy of the audit report and corrective action plan or the website where it may be found.
- We are not subject to the requirements of A-133 because (check one):
 - we are a for-profit organization
 - we expend less than \$500,000 in federal funds annually
 - other (please explain below; attach additional sheets if necessary)

Please note: if subrecipient does not receive an A-133 audit, they may be required to complete a Financial Status Questionnaire, including an audit certification prior to execution of the subaward.

CONFLICT OF INTEREST

- Subrecipient hereby certifies that it has an active and enforced conflict of interest policy consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of Institution's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, and required by its conflict of interest policy; and, (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.
- Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UTSA's policy, HOP 10.04 "Conflicts of Interest in Research & Intellectual Property," which is located at <https://www.utsa.edu/hop/chapter10/10-4.html>

SUBAWARD: _____ SUBRECIPIENT: _____

REGULATORY APPROVALS

Human Subjects

- Yes If **YES**, all IRB approvals for the PI are on file, up to date, and in accordance with OMB Circular A-110 or the applicable OMB circular. If the appropriate approvals have not been updated, they will be obtained on the following date: _____
- No

Animal Subjects

- Yes If **YES**, all IACUC approvals for the PI are on file, up to date, and in accordance with OMB Circular A-110 or the applicable OMB circular. If the appropriate approvals have not been updated, they will be obtained on the following date: _____
- No

Export Control

Subrecipient is individually responsible for ascertaining its compliance with federal export laws.

- By checking this box, Subrecipient certifies that an export control officer, or other authorized person, has reviewed the Subrecipient’s proposal for compliance with federal export control laws and procedures. Explain any potential problems below.

Responsible Conduct of Research

- By selecting this box, Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet the prime sponsor’s requirements for RCR
- Not applicable because this project is not being funded by either NSF or NIH

Research Misconduct

- By selecting this box, Subrecipient certifies that it has completed and submitted PHS-6315 “Assurance of Compliance by Subrecipients” available at: <http://www.ori.dhhs.gov/sites/default/files/PHS-6315.pdf>
- Not applicable because this project is not being funded by the U.S. Public Health Service (PHS)

I certify that the above accurately represents the institution for which I am a representative.

Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Phone No.: _____ Email Address: _____

Please complete and return this form to:

ATTN: _____
Office of Sponsored Project Administration (OSPA)
University of Texas at San Antonio
One UTSA Circle
San Antonio, TX 78249

If you have any questions, please contact _____

Thank you for your cooperation.