

DATE: \_\_\_\_\_

SUBAWARD #: \_\_\_\_\_

## SUBRECIPIENT INFORMATION

Subrecipient:

Subrecipient PI:

Prime Sponsor:

Prime Award #:

Period of Performance: Start:

End:

DUNS (if available):

DUNS+4 (if available):

SAM.gov Registration:  Yes  No

SAM.gov Expiration

Subrecipient "AWARD" Address:

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<small>Congressional District</small> Street Address	City	State	Zip+4
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Is Subrecipient "PLACE OF PERFORMANCE" Address same as "AWARD" Address?  Yes  No

If **NO**, please complete below.

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<small>Congressional District</small> Street Address	City	State	Zip+4
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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 \$ _____

**AUDIT STATUS**

2 CFR Part 200 (Uniform Guidance) Certification: Recipients of federal awards are subject to the provisions of 2 CFR Part 200 (Uniform Guidance) and must comply with the audit requirements as stated in 2 CFR Part 200. As a subrecipient of federal funds, you are required to certify that your institution is in compliance with 2 CFR Part 200 Subpart F audit requirements. Accordingly, please check the appropriate box below and provide any required documentation.

- Our 2 CFR Part 200 (Uniform Guidance) 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 2 CFR Part 200 (Uniform Guidance) 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 2 CFR Part 200 (Uniform Guidance) 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 2 CFR Part 200 (Uniform Guidance) because (check one):
  - we are a for-profit organization
  - we expend less than \$750,000 in federal funds annually
  - other (please explain below; attach additional sheets if necessary)

*Please note: If subrecipient does not receive a 2 CFR Part 200 (Uniform Guidance) audit, a Domestic or Foreign Financial Status Questionnaire needs to be completed, 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 [DHHS Code of Federal Regulations 45 CFR 46](#).
- No If the appropriate approvals have not been updated, they will be obtained on the following date: \_\_\_\_\_

*Animal Subjects*

- Yes If **YES**, all IACUC approvals for the PI are on file, up to date, and in accordance with [PHS Policy on Humane Care and Use of Laboratory Animals](#).
- No If the appropriate approvals have not been updated, they will be obtained on the following date: \_\_\_\_\_

*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: <https://ori.hhs.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:  
Office of Research Finance and Operations  
ATTN: Cynthia Goins  
University of Texas at San Antonio  
One UTSA Circle  
San Antonio, TX 78249  
[subawards@utsa.edu](mailto:subawards@utsa.edu)