

DATE: _____

SUBAWARD #: _____

SUBRECIPIENT INFORMATION

Subrecipient:

Subrecipient PI:

Prime Sponsor:

Prime Award #:

Period of Performance start:

End:

UEI (if available):

EIN (if available):

SAM.gov Registration: Yes

No

SAM.gov

Expiration:

Subrecipient "AWARD" Address:

Congressional Street Address
District

City

State

Zip+4

Is Subrecipient "PLACE OF PERFORMANCE" Address same as the "AWARD" Address?

Yes

No

If NO, please complete below.

Congressional Street Address
District

City

State

Zip+4

In the previous fiscal year, did the Subrecipient receive eighty percent (80%) or more of its annual gross revenues in federal awards and 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 the 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:

SUBRECIPIENT ELIGIBILITY

Yes No Is the Subrecipient presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in any federal department or agency or delinquent on repayment of any federal debt?

Yes No Is the PI debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs activities?

Yes No Is the subrecipient presently indicted for, or otherwise criminally or civilly charged by a government entity?

Yes No Has the subrecipient had one or more contracts terminated for default by any federal agency within three (3) years preceding this time?

AUDIT STATUS

Yes No **My organization is a non-Federal entity that is subject to the single audit requirement. See: 2 CFR Part 200.501 (Uniform Guidance).**

If "Yes", complete the appropriate response below:

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.

If "No", please indicate the reason/s below:

- we are a for-profit organization
- we expend less than \$750,000 in federal funds during our fiscal year
- other (please explain below; attach additional sheets if necessary)

If subrecipient does not receive a 2 CFR Part 200 (Uniform Guidance) Financial Status Questionnaire needs to be completed, including an audit certification prior to execution of the subaward.

CONFLICT OF INTEREST

- Subrecipient 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 the 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>

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 (RCR)

- 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 National Science Foundation (NSF) or National Institutes of Health (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.

SUBAWARD #: _____ SUBRECIPIENT: _____

Signature: _____ Date: _____

Print Name and Title: _____

Address: _____

Phone No.: _____ Email Address: _____

Please complete and return this form to:

Office of Research
University of Texas at San Antonio
One UTSA Circle
San Antonio, TX 78249
ogcia@utsa.edu