

SUBRECIPIENT NAME: \_\_\_\_\_



## SUBRECIPIENT FORM

### SUBRECIPIENT INFORMATION

Subrecipient: \_\_\_\_\_ Subrecipient PI: \_\_\_\_\_

Prime Sponsor: \_\_\_\_\_ Prime Award #: \_\_\_\_\_

Period of Performance  
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Total Funds Requested: \_\_\_\_\_ Total Amount of Cost Share: \_\_\_\_\_

DUNS (if available): \_\_\_\_\_ DUNS+4 (if available): \_\_\_\_\_

SAM.gov Registration:  Yes  No EIN Number: \_\_\_\_\_

Subrecipient "AWARD" Address:

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

The following documents are required from all subawardees for a proposal submission:

### SECTION A: PROPOSAL DOCUMENTS

- STATEMENT OF WORK (SOW)**
- BUDGET AND BUDGET JUSTIFICATION**
- NEGOTIATED FACILITIES AND ADMINISTRATIVE (F&A) RATE AGREEMENT**
- SUBRECIPIENT COMMITMENT FORM:** (this form) completed and signed by subrecipient authorized institutional representative.

## SECTION B: 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 UT Systems’ policy, UTS175 “Disclosure of Significant Financial Interests and Management and Reporting of Financial Conflicts of Interest in Research,” which is located at <https://www.utsystem.edu/sites/default/files/policies/uts/uts175.pdf>.

## SECTION C: 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

SUBRECIPIENT NAME: \_\_\_\_\_

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)

**SECTION D: AUDIT STATUS**

Does the subrecipient receive an annual audit in accordance with 2 CFR 200.501? Yes  No

If "yes": Has the audit been completed for the most recent fiscal year? Yes  No

What fiscal year? \_\_\_\_\_

Were there any audit finding reported? Yes  No

If "yes" please explain.

COMMENTS:

Does the subrecipient have expenditures in federal funding of at least \$750,000 per year? Yes  No

Subrecipient is a:  Non-profit entity (under federal funding threshold)  
 Foreign entity  
 For-profit entity  
 Government entity

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

SUBRECIPIENT NAME: \_\_\_\_\_

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 \$ _____ |

### SECTION E: SUBRECIPIENT QUESTIONNAIRE

- |   |     |    |
|---|-----|----|
| 1. Does the subrecipient have prior experience with similar grants?   | Yes | No |
| 2. Does the subrecipient receive grants directly from federal agencies?   | Yes | No |
| 3. Does the subrecipient have adequate facilities to perform the scope of work?   | Yes | No |
| 4. Are accounting systems established?  | Yes | No |
| 5. Do audit results indicate weaknesses in the entity's procurement system?   | Yes | No |
| 6. Is subrecipient an <b>established</b> (more than 10 years) corporation, research institute or non-profit?  | Yes | No |
| 7. Is subrecipient claiming to be Small Business, Veteran-Owned Small Business, Small Disadvantaged Business, Women-Owned Small Business? (Advantaged status) | Yes | No |
| 8. Are products going to be delivered to prime recipient for ultimate project success more than just a final report?  | Yes | No |

### SECTION F: APPROVED FOR SUBRECIPIENT

**The information, certifications, and representations above have been read, signed, and made by an authorized institutional representative of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policies in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.**

SUBRECIPIENT NAME: \_\_\_\_\_

**Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the Subrecipient's own risk.**

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please complete and return this form to:

ATTN: \_\_\_\_\_

Office of Sponsored Programs

University of Texas Rio Grande Valley

1201 West University Drive

Edinburg, TX 78539-2909

If you have any questions, please contact \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION!**