



Intent to Establish a Subrecipient Agreement Subrecipient Audit and Compliance Questionnaire

This form must be completed and submitted prior to proposal submission

Name of Institution (as it appears in DUNS registration): _____
 Institution Address (include zip+4): _____ Performance Site Address (include zip+4) if different: _____

 DUNS (+4) No.: _____ EIN: _____ Congressional District: _____
 OLAW No.: _____ IRB Federal Wide Assurance No.: _____
 Contact Person for Subaward Award Matters: _____
 Phone No.: _____ Email Address: _____
 SAM Registration Expiration Date: _____

Conflict of Interest

Does your institution have 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"? Yes No

Audit and Financial Information

Is your organization subject to an audit either under A-133 or 2 CFR Part 200? Yes No

Has your organization, its principals, or those performing services under this potential agreement been, or are they presently: (i) debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal department or agency from participation in this transaction; (ii) within the 3 year period preceding this application, been convicted of, or had a civil judgment rendered against them; or (iii) had any public transaction (Federal State or local) terminated for cause or default? Yes No

Is your organization delinquent on repayment of any federal debt including direct and guaranteed loans and other debt as defined in OMB Circular 129 "Managing Federal Credit Programs"? Yes No

Proposal Information

Title of Application: _____
 UTHSCSA Investigator: _____
 Subrecipient Investigator: _____
 Title: _____ Phone: _____ Email: _____
 Project Start Date: _____ Project End Date: _____
 Year 1 Budget: Direct Costs: _____ Total Costs: _____
 Total Budget: Direct Costs: _____ Total Costs: _____ Indirect Rate: _____

Please make certain you have attached the following documents:

- Federally approved F&A Rate Agreement (if applicable)
- Statement of Work – Including a schedule of deliverables to be met under any resultant subaward.
- Detailed Budget and Justification

The information, certifications and representations above have been read, signed, and made by an authorized official of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of agency policy in regard to subawards and are verifying their intent to establish a consortium with The University of Texas Health Science Center at San Antonio and are prepared to establish the necessary inter-institutional agreements consistent with those policies. Any work begun and/or expenses incurred prior to execution of a subaward agreement are at the risk of the Subrecipient.

 Signature of Authorized Official Date
 Name:
 Title: