

Huston-Tillotson University

Office of Sponsored Programs

Subrecipient Information Form

Subrecipient Legal Name:	
Subrecipient PI Name:	
Email Address: P	Phone Number:
Address/City/State/Zip:	
Congressional District: DUNS:	EIN:
SAM Registration Expiration Date:	
Proposal Title:	
Huston-Tillotson PI:	
Period of Performance: to _	
Section A: Proposal Documents	
Statement of Work	
Budget and Budget Justification	
Letter of Support	
F&A Agreement	
_	
Continue De Consider Devices and Contifications	
Section B: Special Review and Certifications	
1. Facilities and Administrative Rates included in	this proposal have been calculated based on:
Our federally negotiated F&A rate or a re	duced F&A rate that we hereby accept. (If checked,
please provide a copy of rate agreement.	• • • •
Other materials () (C.)	
Not applicable (No F&A Request)	
2. Small Business Classification: Subrecipient rep 13 CFR 124.002	resents that it is a small business concern as defined in
Yes*** No	
***If yes, Subrecipient represents that it is a	
Small disadvantaged business as certified	by the SBA

Small disadvantaged business as certified by the SBA Women-owned small business concern Veteran-owned small business concern Service-disabled veteran-owned small business concern HUBZone small business concern

3. Will there be cost sharing?						
	Yes	Amount: \$		No		
4. Human Subjects?						
	Yes No	Approval Date:		IRB #		
5. Anin	nal Subj	ects?				
	Yes No	Approval Date:		IACUC #	-	
6. Conf	lict of Ir	nterest: Subrecipient Cer	rtifies			
That it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F, "Responsibility of Applicants for Promoting Objectivity in Research", 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, 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 expenditure of any funds under any resultant agreement Subrecipient does not have an active conflict of interest policy and agrees to abide by Texas State's COI policy 7. Debarment and Suspension: Is the PI or any other employee or student participating in this project						
	ed, susp		-		ral assistance programs or	Ct
	Yes: Ex	plain in Section F	No			
rendere attemp	ed again oting to o st statut	st them for commission obtain, or performing a pes relating to the submis	of fraud oublic co ssion of o	or criminal offense in ntract of subcontract; offers or commission o	ted of or had a civil judgement connection with obtaining, violation of Federal or State of embezzlement, theft, forger ts or receiving stolen property	
	Yes		No			
Within agency	•	preceding this offer, has	one or i	more contracts termin	ated for default by any federal	
	Yes		No			
8. Fiscal Responsibility : The organization certifies that its financial system is in accordance with generally accepted accounting principles and:						

Has the capability to identify, in its accounts, all Federal awards received and expended, and the Federal programs under which they were received,

Maintains the internal controls to assure that it is managing Federal awards in compliance with applicable laws, regulations and the provision of contracts and grants,

Complies with applicable laws and regulations,

Proposal Coordinator: _____

Notes:

Can prepare appropriate financial statements, including the schedule of expenditures of federal awards, there are no outstanding audit findings which would impact contract costs. If there are findings, submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

Section C: Audit Status	
Please check the appropriate space below and return wi	th any required documents
Subrecipient receives an annual audit in accorda	ance with CFR 200.
Most recent fiscal year completed:	
Website to most recently completed audit:	
Were any audit findings reported? Yes If yes, please explain:	No
Subrecipient DOES NOT receive an annual audit i Subrecipient is a:	n accordance with CFR 200
Non-profit entity (under federal fun	ding threshold)
Foreign Entity	unig tinesholu)
For profit Entity	
Government Entity	
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 the	·
Approved For Subrecipient	
I certify that the above accurately represents the instituti	on for which I am a representative. The
appropriate programmatic and administrative personnel	·
policy in regard to Subawards and are prepared to establi	sh the necessary inter-institutional agreeme
consistent with those policies. Any work begun and/or un	der expense incurred prior to execution of a
subaward agreement are at the Subrecipient's own risk.	
Signature of Subrecipient's Authorized Official	Date
Printed Name of Authorized Official	 Title of Authorized Offiical
Trinted Name of Additionized Official	
L Oalu	
Only: pp Dev #: PreAward Date Received:	
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Contracts Date Received:

Subaward Number:

Attachment 3B

Research Subaward Agreement Subrecipient Contacts

Subrecipient Information for **FFATA** reporting

Payment Address:

Entity's DUNS Name:					
EIN No.:	Institution Type:				
DUNS:	Currently registered in SAM.gov:	Yes No	No es u op o		
Parent DUNS:	Exempt from reporting executive control of the section for U.S. Entities:	ompensation: Yes Zip Code Look-up	No (if no, complete 3Bpg2)		
Diago of Douformana Address	Congressional District:	Zip Code+4:			
Place of Performance Address					
Subrecipient Contacts					
Central Email: Website:					
Principal Investigator Name:					
Email:	Tele	Telephone Number:			
Administrative Contact Name:					
Email:	Telephone Number:				
Financial Contact Name:					
Email:	Telephone Number:				
Invoice Email:					
Authorized Official Name:					
Email:	Teleph	none Number:			
Legal Address:					
Administrative Address:					