

**SUBRECIPIENT COMMITMENT FORM (A-133)**



To be compliant with 2 CFR 200 Subpart D 200.330-2 subaward monitoring and comply with FFATA reporting requirements, all subrecipient (also known as subcontractors, subawardees, etc.) are to complete this form package when submitting a proposal to UTEP as a subcontractor. All forms have to be signed by an authorized representative and submitted to the Office of Research and Sponsored Projects a minimum of (5) working days before the sponsor deadline for inclusion as a subcontractor in proposals submitted by UTEP. All boxes in red must be completed, hover cursor over boxes for additional information.

**UTEP Proposal Information (Prime Recipient)**

Proposal Number:

The University of Texas at El Paso (UTEP)

***This Section UTEP Use Only***

500 West University Ave

El Paso, Texas 79902

Congressional District: TX-016

CCR/SAM.gov Annual Re-Certification Date: May 2014

DUNS: 13-205-1285 EIN: 74-6000-813

Authorized Official: Roberto A. Osegueda, PhD

Administrative Contact:

Financial Contact:

UTEP PI Name:

Prime Sponsor:

Project Title:

Proposal Due Date:

Performance Period:

Link to Agency Guidelines:

**Required Subrecipient Institutional Information**

Legal Entity's Name:

Street Address and City:

State:  Zip+4 Digit Code:  Country:  Congressional District:

Is the Place of Performance (POP) same Address as Above?  Yes  No

If no, enter POP:

Street Address and City:

State:  Zip+4 Digit Code:  Country:

Remittance Address:  Check if same as the Legal Entity's Address Above

If no, enter Remittance Address

Street Address and City:

State:  Zip+4 Digit Code:  Country:

DUNS Number:

Employer ID Number (i.e. Taxpayer ID Number):

CCR/SAM.gov registered\*:  Yes  No Annual Re-Certification Date:

\*Applicable for receipt of Federal Funds

CAGE (Commercial and Government Entity) Code:

Institution Type (i.e. private, public, corporation, etc.):

Project Title (if different from UTEP's):

Total Funds Requested\*: \$  Cost Share Contribution (\*If Applicable): \$

*\*Amounts subject to change based on Prime Agency Award.*

*Purpose for subaward/brief description of subaward for FFATA reporting requirements  
(MANDATORY FIELD, if no description is provided, form will be returned):*

Would you prefer to receive purchase orders via  fax or  email

Short description of the product/service being provided to University of Texas: Subcontract Vendor

University of Texas Department & Contact Information (Recipient of Goods/Services): Per Scope of Work

### Direct Deposit Program

Do you want Direct Deposit?

Yes (Complete Direct Deposit Authorization Block)

No (Complete Decline Direct Deposit Program in this section)

#### Financial Institution Information

Account Type:  Checking or  Savings

Financial Institution Name:

Routing Number (9-Digits):

Account Number (max 17 characters):

#### Decline Direct Deposit Program

If you do not wish to participate in the direct deposit program, sign below.

Signature:  Printed Name:  Date:

**Subrecipient Proposal Required Documents\*****\*All incomplete packages will be returned**

- Subrecipient Commitment Form (this form) completed and signed by authorized representative
- Full Statement of work
- [Contacts Sheet](#) (click link to open new window)
- Budget and Budget Justification, in agency-required format
- Approved Cost Share Budget (if applicable)
- Biosketches of all Key Personnel, in agency-required format
- Other

**Certifications and Assurances****Audit Status  
Certification and Representation:****Is your organization subject to OMB Circular A-133?**

- Yes Please provide a website link or copy of your most recent audit  
Link:
- No Please provide written certification from a corporate officer stating your most recent audit, by an independent auditor, identified no irregularities.

**Does your organization adhere to the Federal Cost Accounting Standards of FAR Part 30?**

- Yes
- No

**Does your organization have a financial management system that provides for the control and accountability of project funds, property and other assets?**

- Yes
- No

**Check if you have formal, written policies that address the following:**

- Pay Rates and Benefits
- Discrimination
- Travel
- Purchasing Procedures

**Are you currently, or have you ever been, suspended or debarred by a federal or state agency in matters pertaining to UTEP subcontracts?**

- Yes Please provide specific information on a separate page.
- No

**Conflict of Interest** (applicable to NIH, NSF or other sponsors that have adopted the federal financial disclosure requirements).

Subrecipient Organization/Institution certifies 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.”

Subrecipient does not have an active and/or enforced conflict of interest policy and is opting to create and implement its own policy.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to abide by UTEP’s policy: <http://www.utsystem.edu/bor/procedures/policy/policies/UTS180.pdf>

Is Subrecipient a Member of the FDP Institutional Clearinghouse?

Yes

No

**Human Subjects**     Yes         No

If yes, IRB Approval will be required at just-in-time and at annual subcontract monitoring

**Animal Subjects**     Yes         No

If yes, IACUC Approval will be required at just-in-time and at annual subcontract monitoring

**Recombinant DNA**     Yes         No

If yes, IBC Approval will be required at just-in-time and at annual subcontract monitoring

### **Effort Certification**

Subrecipient certifies, if applicable, that it has and maintains an Institutional Plan to meet the prime sponsor’s requirements for Effort Certification

### **Responsible Conduct of Research (RCR)**

Subrecipient certifies, if applicable, that it has and 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

## **Subrecipient Approval**

*The subrecipient certifies that it is in compliance with all relevant rules and regulations relating to the conduct of this research and that the information, certifications, and representations listed in this subrecipient commitment form have been read, signed, and made by an authorized organizational representative of the subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of the agency policies in regard to subawards and are prepared to establish the necessary inter-organizational agreement consistent with those policies. Any work begun and/or expense incurred prior to execution of a subaward agreement are the subrecipient’s own risk. **THIS IS NOT A BINDING SUBAGREEMENT, SUBAGREEMENT WILL BE ISSUED AS A SEPARATE DOCUMENT WHEN PRIME AWARD IS ISSUED.***

*We accept electronic or physical signatures on this form. Your electronic signature is the legal equivalent of your physical signature on this form.*

Printed Name and Title

Signature of Authorized Official  Date:

Email:  Phone:

***I certify that the information provided on this form is, to the best of my knowledge, true, correct and complete.***

Please complete and return this form to:

Email: [subcontracts@utep.edu](mailto:subcontracts@utep.edu)

**Thank you for your cooperation.**