

Part 1 - SUBRECIPIENT (Please check all applicable boxes)

ALL of the fields MUST be completed; else, it may delay processing of pending Subagreement

- U.S. Non-Profit, Educational Institution, or State/Local Government entity** subject to:
- OMB Circular A-133 or Uniform Guidance (UG); OR, Exempt since we expended \leq \$550,000 of Federal Funds for A-133 or $<$ \$750,000 of Federal Funds for Uniform Guidance (UG) during this Fiscal Year.

- U.S. For-Profit entity, Sole Proprietor, Independent Contractor or Foreign entity:**
- With OR Without FEDERAL awards and we certify we comply with:
- FAR Part 30 or 31; OR,
- Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices *and where our signature below certifies that the cost estimates and prices we provide to UT Austin are not greater than those prices charged our most favored customers for like quantities and conditions of sale.*
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Legal Name of Subrecipient: _____

Subrecipient's Financial Point of Contact: _____
(This should be the person within YOUR institution/organization/business responsible for maintaining your audit reports)

Title: _____ Email Address: _____

Mailing Address: _____

City: _____ State: _____ Zip + 4: _____ Country: _____

Phone #: _____ FAX #: _____

Financial Fiscal Year: _____ to _____ Employer Identification Number (EIN): _____
month/day month/day

Commercial and Governmental Entity (CAGE) or NATO CAGE (NCAGE) Code: _____ DUNS + 4 number: _____

System for Award Management (SAM): Yes No Registration Valid until: _____ (Date)

Part 2 - Representation of Financial Statements & Controls

Please check the appropriate item and provide any required reports, as applicable:

- Our audit report for the subject fiscal year has been completed and there
- were** **were not** material weakness(es) or instances of noncompliance, significant deficiency(ies), and/or findings regarding financial internal controls and any or all **did** or **did not** relate to any subaward(s) from The University of Texas at Austin. *If the audit was qualified, please provide a copy of the audit report.*
- Our audit report for the subject fiscal year has not yet been completed. We expect the audit to be completed on _____ (insert date). *Within thirty (30) days of completion, we will advise you of the results.*
- No audit report as a Sole Proprietor or Other Entity, but we adhere to Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices.

Authorized Official's Signature: _____ Printed Name: _____

Date: _____