

**INTERNATIONAL SUBRECIPIENT COMMITMENT FORM**

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 Information**

Legal Entity's Name:

Street Address:

City:

Country:

Postal Code:

Is the Place of Performance (POP) same Address as Above?

 Yes No

If no, enter POP:

Street Address:

City:

Country:

Postal Code:

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

If no, enter Remittance Address

Street Address:

City:

Country:

Postal Code:

DUNS Number\*:

\*If this is a federal funding source, a DUNS Number will be required. If your organization does not have a DUNS Number, one can obtained at <http://fedgov.dnb.com/webform/CCRSearch.do?val=1>

International Tax Identification Number (ITIN):

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

*\*Applicable for receipt of Federal Funds*

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

Project Title (if different from UTEP's):

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

## Budget and Financial Information

Total Funds Requested\*: \$

Cost Share Contribution (\*If Applicable): \$

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

**Under the Uniform Guidance, subrecipients will be allowed up to a 10% indirect rate. If the subrecipient does not include indirect costs in the budget they have provided, an automatic 10% will be applied and the budget must be revised by the subrecipient to reflect this expense. UTEP will only deviate from this policy if the primary funding agency has indicated otherwise.**

## Wire Transfer Information

Beneficiary Bank Information:

Receiving Bank's Routing Number and (swift code number):

Receiving Bank's Name:

Receiving Bank's Address:

Company Account Number:

Company Account Name:

Company Address:

**If Subrecipient would like to receive a check instead of a wire transfer, the check will be sent to the remittance address provided above. To approve payment via check, please complete section below:**

does not wish to receive payment via wire transfer.

Signature:

Date:

Printed Name:

### 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 (See page 4)
- Budget and Budget Justification, in agency-required format
- Approved Cost Share Budget (if applicable)
- Biosketches of all Key Personnel, in agency-required format
- Other

**All documents listed above, subagreements and communications related to this project must be in English.**

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

**Thank you for your cooperation.**

**Attachment 3  
Subaward Agreement**

UTEP Contacts	Subrecipient Contacts
<b>Administrative Contact</b>  Name/Title:  Address:   Telephone: Fax: Email:	<b>Administrative Contact</b>  Name/Title:  Address:   Telephone: Fax: Email:
<b>Principal Investigator or Project Director</b>  Name/Title:  Address:   Telephone: Fax: Email:	<b>Principal Investigator or Project Director</b>  Name/Title:  Address:   Telephone: Fax: Email:
<b>Financial Contact</b>  Name/Title:  Address:   Telephone: Fax: Email:	<b>Financial Contact</b>  Name/Title:  Address:   Telephone: Fax: Email:
<b>Authorized Official</b>  Name/Title:  Address:   Telephone: Fax: Email:	<b>Authorized Official</b>  Name/Title:  Address:   Telephone: Fax: Email: