## Workday #:\_\_\_\_\_ Office of Research and Sponsored Programs **Subrecipient Questionnaire** Subaward #: \_\_\_\_\_ **UALR Principal Investigator:** Project Title: Sponsor: Project Period: **SUBRECIPIENT ORGANIZATION** Subrecipient: Address: City/State/Zip+4: Institution Type: Unique Entity Identifier (UEI) EIN (Tax ID No.): FY End: Congressional District: F&A Federal Cognizant Agency/Contact Person/Phone Number: Is the Subrecipient registered in SAM-System for Award Management: YES SUBRECIPIENT CONTACT INFORMATION Principal Investigator: Address: Zip+4: E-mail\_\_\_\_\_Office Ph:\_\_\_\_ **Administrative Contact:** Address: Zip+4:

E-mail\_\_\_\_\_Office Ph:\_\_\_\_\_

ORSP #:\_\_\_\_\_

**University of Arkansas at Little Rock** 

SUBRECIPIENT COMPLIANCE	
• Is sub recipient exempt from reporting the names and total compensation of the five most highly	
compensated officers?	
Yes No	
If no, attach the name, title and compensation	on for the individuals.
	our institution has been audited 200.500 Subpart F) and there were no material
If no, please provide information regarding the ending and/or information regarding	ne most recent external audit for the fiscal year g your audit status.
Financial Conflict of Interest	
The sub recipient institution certifies i policy of financial conflicts of interest consiste and 45CFR Subtitle A, Part 94. If the sub recip disclosed conflict or determines that an Invest comply with the institution's policy during the	t has implemented and is enforcing a written ent with the provisions of 42CFR Part 50, Subpart F ient at any time becomes aware of a non-tigator associated with this project has failed to e award period of the project referenced, the subsecontact address below within five (5) business
Subrecipient has <u>not</u> implemented a written policy of conflict of interest compliant with PHS provisions of 42 CFR Part 94. Subrecipient will complete a temporary disclosure form for those individual(s) listed in the proposal as responsible for the design conduct or reporting of research and submit the form to UALR's Office of Research and Sponsored Programs prior to the proposal submission deadline. In addition, Subrecipient certifies that it will have a PHS compliant conflict of interest policy in place at time of award.  The subrecipient institution certifies that the statements included herein are complete and accurate to the best of my knowledge.	
Subrecipient Authorized Official S	Subrecipient Principal Investigator
	Name: Date:
Title	
Please return form and/or copies of requested docu to:	<u>mentation</u>
orsp@ualr.edu	
University of Arkansas at Little Rock Office of Research and Sponsored Programs 2801 S. University Avenue, Ottenheimer Library Suite Little Rock, AR 72204-1000	e 512
For questions, contact:	

For questions, contact: Sharon Kaufman, CRA|Associate Director (O) 501.916.6225|sekaufman@ualr.edu