PLEASE COMPLETE AND RETURN THIS FORM AS REQUESTED TO AVOID DELAY WITH THE EXECUTION OF THE SUBAGREEMENT.
AN AUDIT CERTIFICATION LETTER MAY BE SUBMITTED IN LIEU OF THIS FORM ONLY IF IT ADDRESSES IF FINDINGS WERE RELATED TO UT-AUSTIN PASS-THROUGH FUNDING.
Please complete this form in Adobe Acrobat or Reader as it is not compatible with other PDF viewers. This form is writable. Tab through the fields and complete.

THE UNIVERSITY OF TEXAS AT AUSTIN

Subrecipient Audit Certification (SAC) Form

OSP THE UNIVERSITY OF TEXAS AT AUSTIN Office of Sponsored Projects
Helping Make Research Happen

Part I - SUBRECIPIENT INFORMATION (All fields must be completed)

Legal Name of Subrecipient: _____

UEI Number: _____

CAGE or NCAGE Code: _____

Financial Fiscal Year: _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)

Financial Point of Contact (The person in your organization responsible for maintaining audit reports):

Name: _____ **Title:** _____ **Email:** _____

Entity Type: U.S. Educational Institution

Subrecipient is subject to:

☐ **OMB Uniform Guidance (UG) Audit Requirements (2 CFR §200.501)** **OR** ☐ **Exempt - expended less than $750,000 in Federal funds during subject fiscal year**

Part II - CERTIFICATION OF FINANCIAL STATEMENTS AND CONTROLS

Please check the appropriate item below and answer the required questions that appear:

☐ **COMPLETE - Subrecipient's annual audit report for the subject fiscal year has been completed.**

☐ **NO ANNUAL AUDIT - Subrecipient adheres to Generally Accepted Accounting Principles or financial standards and internal controls for sound business practices.**

Form Completed By: _____ **Title:** _____ **Date:** _____

By submitting this form Subrecipient certifies that the above information is true and correct to the best of its knowledge.