



Office of Research & Engagement, Office of Sponsored Programs, 1534 White Avenue, Knoxville, TN 37996-1529
Phone: 865-974-3466, Fax: 865-974-2805, utkegrants@utk.edu

Consultant Commitment Form

(1) Project Information (to be completed by UT)

Proposal Number: _____

(a) UT PI: _____ (b) Start & End Dates: _____

(c) Prime Sponsor: _____ (d) Proposed Total Project Costs _____

(e) Proposal Title: _____

(2) Consultant Information (consultant completes if working independently)

(a) Name of Consultant: _____

(b) Address of Consultant: _____

(c) Phone Number: _____ (d) Email Address _____

(3) Consultant Company/Institution Information (consultant completes if working through a company or institution)

(a) Name of Company/Institution: _____

(b) Address of Company/Institution: _____

(c) Phone Number: _____ (d) DUNS No.: _____

(4) Financial Conflict of Interest Policy (FCOI) Statement (select one)

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(a) Not applicable because this project is not being funded by PHS or any other sponsor that has adopted federal financial disclosure requirements.

(b) Consultant hereby certifies that his/her employer has an active and enforced conflict of interest policy consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Consultant organization also certifies that, to the best of its knowledge, (1) all financial disclosures have been made related to the activities proposed, and required by its conflict of interest policy; and (2) all identified conflicts of interest have or will have been satisfactorily managed, reduced or eliminated in accordance with employer's conflict of interest policy.

Certification by Authorized Organizational Official [to be completed if option 4(b) is checked]

I certify the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution/organization. My organization is aware of the 2011 revised PHS FCOI regulations, and we are prepared to enter into an inter-institutional agreement (if applicable) that requires adherence with the provisions of 42 CFR Part 50, Subpart F "Responsibility of Applicants Promoting Objectivity in Research."

Signature: _____ Date: _____

Printed Name: _____ Title: _____

Name of Institution # : _____

(c) Consultant does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UT's policy. UT's policy is available at <http://www.tennessee.edu/disclosure>.

(5) Documentation (900 character limit. If more space is needed, please attach additional pages.)

(a) Description of Services to be provided:

(b) Rate of Compensation (include number of days or hours of expected service)

(6) Approvals of Consultant (to be completed by Consultant if Section 2 is completed above)

Signature: _____ Date: _____

(7) Consultant Information [to be completed by Company/Institution if Section 3 completed, and 4(b) is not applicable]

Consultant Company/Institution Representative

Signature: _____ Date: _____

Name and Title: _____ Phone: _____

Address: _____

City, State, Zip: _____ email: _____

Note: Any work begun or expenses incurred prior to execution of an agreement is at the Contractor's own risk.