



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

Subrecipient (SR) 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) Subrecipient Information (to be completed by SR Organization)

(a) Subrecipient Organization: _____

(b) SR PI: _____ (c) SR's DUNS No: _____

(d) Congressional District of SR Organization: _____ (e) Congressional District of SR Site: _____

*If NIH, complete the NIH PI Assurance Certification Form http://research.utk.edu/forms_docs/nih_certification.pdf

(3) Documentation (SR to provide UT all documents that are checked)

- (a) Statement of Work (REQUIRED)
- (b) Budget and Budget Justification (REQUIRED)
- (c) This Subrecipient Commitment Form, completed and signed by the Authorized Organizational Representative (REQUIRED)
- (d) Small/Disadvantaged Business Subcontracting Plan, in agency-required format
- (e) Biographical Sketches of all Key Personnel, in agency-required format
- (f) Other Support (Current and Pending) of all Key Personnel, in agency-required format
- (g) Letter of Commitment/Support
- (h) Other: _____
- (i) Other: _____

(4) Certifications (to be completed by SR Organization)

(a) Conflict of Interest

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

(2) Subrecipient hereby certifies that it has an active and enforced conflict of interest policy that is consistent with the provision of 42 CFR Part 50, Subpart F "Responsibility of Applicants for Promoting Objectivity in Research." Subrecipient also certifies that, to the best of Subrecipient's knowledge, (1) all financial disclosures have been made related to the activities that may be funded by or through a resulting agreement, 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 Subrecipient's conflict of interest policy prior to the expenditures of any funds under any resultant agreement.

(3) Subrecipient 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>.

Names of individuals working on this project who are responsible for design, conduct, or reporting of the research are shown below (Attach the "Financial Interest Disclosure Form for PHS Investigator" for each)

Form Attached?

Subrecipient PI: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____

Investigator/Key Personnel: _____

(Please attach additional pages if needed.)

(b) Facilities & Administrative (F&A) Rates included in this proposal have been calculated based on:

Our federally-negotiated F&A rates for this type of work, or a reduced F&A rate that we hereby agree to accept. If this box is checked, a copy of our current F&A rate agreement must accompany this form.

Other rate (Please specify in the Notes/Comments section below the basis on which these rates have been calculated.)

Notes and Comments:

(c) Fringe Benefit Rates included in this proposal have been calculated based on:

Rates consistent with or lower than our federally-negotiated rates. If this box is checked, a copy of your benefit rate agreement must accompany this form.

Other rates (Please specify in the Notes/Comments section below the basis on which these rates have been calculated.)

Notes and Comments:

(d) Human Subjects (IRB) Yes No

(e) Animal Subjects Yes No

(f) Matching/Cost Sharing (M/CS) Yes No

M/CS amounts and justification should be included in the Subrecipient's budget.

Subrecipient agrees to track all expenditures and report match/cost share to prime awardee in accordance with the terms of the subaward agreement.

(5) Approvals of Subrecipient Organization (to be completed by SR Organization)

By signing this form, I certify that the above information, certifications and representations have been read, are understood, and are accurate and true to the best of my knowledge. The appropriate programmatic and administrative personnel involved in this application are aware of pertinent regulations and policies, and we are prepared to establish a subaward agreement with The University of Tennessee that ensures compliance with such regulations and policies should this proposal be funded.

(a) Authorized Organizational Representative

Signature: _____ Date: _____

Name and Title: _____ Phone: _____

Address: _____

City, State, Zip: _____ email: _____

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