

# SUBRECIPIENT COMMITMENT FORM

The University of Tennessee Health Science Center

Phone: (901)448-5571

e-mail for Notices of Awards, Agreements and Contracts: [OSPContracts@uthsc.edu](mailto:OSPContracts@uthsc.edu) • email for Pre Award and new subrecipient forms: [egrants@uthsc.edu](mailto:egrants@uthsc.edu)

## SECTION A – SUBRECIPIENT INFORMATION

## UTHSC PI:

SUBRECIPIENT:

TOTAL FUNDING REQUESTED:

PRIME SPONSOR:

PROPOSAL TITLE:

PERFORMANCE PERIOD: BEGIN END

### 1. SUBRECIPIENT ORGANIZATION INFORMATION

LEGAL NAME:

ADDRESS:

### 2. SUBRECIPIENT PRINCIPAL INVESTIGATOR INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

### 3. FINANCIAL CONTACT INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

### 4. ADMINISTRATIVE CONTACT INFORMATION

NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

### 5. PERFORMANCE SITE (only if different)

ADDRESS:

### 6. AUTHORIZED OFFICIAL CONTACT INFORMATION

NAME:

TITLE:

ADDRESS:

PHONE:

FAX:

EMAIL:

8. CONGRESSIONAL DISTRICT OF ORGANIZATION:

CONGRESSIONAL DISTRICT OF PERFORMANCE SITE:

9. SUBRECIPIENT'S UEI NUMBER:

10. SUBRECIPIENT'S TAX ID NUMBER:

## SECTION B – SPECIAL REVIEW AND CERTIFICATIONS

**1. Facilities & Administration Rates** included in this proposal have been based on:

Subrecipient federally negotiated F&A rates for this type of work.

If this box is checked, a copy of the Subrecipient's F&A rate agreement must be furnished to UTHSC or a URL provided before this proposal will be submitted.

10% de minimus rate per the Uniform Guidance

Other

Not applicable (no indirect cost requested for the Subrecipient)

### 2. Cost Sharing:

Yes Amount: \$

(Cost sharing amounts and justification must be included in the Subrecipient's budget.)

No

## SECTION B – SPECIAL REVIEW AND CERTIFICATIONS

### 3. Research Compliance Information (check as applicable):

Yes      No      **Human Subjects** will be involved in the Subrecipient's portion of this project.

*Please Note: Copies of the Institutional Review Board (IRB) Committee approval and approved Informed Consent must be provided before a subaward will be issued.*

Yes      No      **Animal Subjects** will be involved in the Subrecipient's portion of this project.

*Please Note: Copies of IACUC approval must be provided before a subaward will be issued.*

Yes      No      **Potential Biological Hazards** (recombinant DNA, infectious agents, biological toxins, human derived materials, etc.) will be involved in the Subrecipient's portion of the project.

*Please Note: Copies of IBC approval must be provided before a subaward will be issued.*

### 4. Financial Conflict of Interest (check all that apply):

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

\*Link to FDP site for Agencies Using the PHS FCOI Regulations: [http://sites.nationalacademies.org/PGA/fdp/PGA\\_070596](http://sites.nationalacademies.org/PGA/fdp/PGA_070596)

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 been or will have been satisfactorily managed, reduced or eliminated in accordance with Subrecipient's conflict of interest policy prior to the expenditure of any funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and hereby agrees to abide by UTHSC's policy. UTHSC's policy is available at [http://www.uthsc.edu/policies/w932\\_document\\_show.php?p=155](http://www.uthsc.edu/policies/w932_document_show.php?p=155).

If this box is checked, complete the information below.

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

[http://www.uthsc.edu/finance/documents/Outside\\_Interest\\_Disclosure\\_Form-Faculty\\_and\\_Staff.pdf](http://www.uthsc.edu/finance/documents/Outside_Interest_Disclosure_Form-Faculty_and_Staff.pdf)

Form Attached?

Subrecipient PI:

Investigator/Key Personnel:

Investigator/Key Personnel:

Investigator/Key Personnel:

\* Please attach additional pages if needed

### 5. Debarment and Suspension:

Is the PI or any other employee or student participating in this project debarred, suspended or otherwise excluded from or ineligible for participation in federal assistance programs or activities?

No

If yes, please explain:

The organization/institution certifies that it:

is NOT presently debarred, suspended, proposed for debarment, or declared ineligible for award of federal contracts.

is NOT presently indicted for, or otherwise criminally or civilly charged by a governmental entity.

within three (3) years preceding this offer, has NOT been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property.

## SECTION B – SPECIAL REVIEW AND CERTIFICATIONS (continued)

### 6. Responsible Conduct of Research:

Project is being funded by NSF, NIH or USDA NIFA. The Subrecipient certifies, if applicable, that it maintains an Institutional Plan to meet the prime sponsor's requirements for the Responsible Conduct of Research.

### 7. Export Control:

Subrecipient is individually responsible for ascertaining its compliance with Federal Export laws and procedures.

By checking this box, Subrecipient certifies that an Export Control Officer, or other Authorized Person, has reviewed the Subrecipient's proposal for compliance with Federal Export Control laws. Explain potential problems in the comments section at the end of this form.

## SECTION C – AUDIT STATUS

### 1. Is Subrecipient subject to audit under the OMB Uniform Guidance (2CFR, Part 200)?

Yes – Please complete section a. below.

No – Please complete section b. below.

a. Most recent fiscal year audit completed:

Year:

URL for the Subrecipient's most recent audit:

b. Does the Subrecipient receive overall Federal funding of at least \$750,000 per year?

Yes      No

Subrecipient is a:      Non-profit entity (under Federal funding threshold)

Foreign entity

For-profit entity

Government entity

If a Subrecipient does not receive such an audit, UTHSC may require Subrecipient to complete a financial status questionnaire as well as a limited scope audit before a subaward will be issued.

### 2. The names and total compensation of the five most highly compensated officers of the entity(ies) must be listed if the entity in the preceding fiscal year received:

- a. 80% or more of its annual gross revenues in Federal awards (Federal contracts/subcontracts, loans, grants/subgrants, and cooperative agreements): **AND**
- b. \$25,000,000 or more in annual gross revenues from Federal awards; **AND**
- c. The public does not have access to information about the compensation of the senior executives of the entity through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 780(d)) or section 6104 of the Internal Revenue Code of 1986.

Is subaward entity exempt from reporting executive compensation?      Yes      No

If no, names and total compensation of the five most highly compensated officers must be provided.

## SECTION D – PROPOSAL DOCUMENTS

The following documents are included in the Subrecipient's subaward proposal submission and are covered by the certifications in SECTION B

Statement of Work

Budget and Budget Justification

Subrecipient Commitment Form signed by the Subrecipient's Authorized Official

Letter of Commitment signed by the Subrecipient's Authorized Official, if applicable

Other \_\_\_\_\_

For each Key Person, also include the following in agency-required format:

- Biographical Sketch
- Current and Pending Support, if required
- Conflict of Interest Documentation, if required

## SECTION E – COMMENTS

## SECTION F – AUTHORIZED OFFICIAL APPROVAL

APPROVED BY SUBRECIPIENT:

The information, certifications and representations above have been read, signed and made by an authorized official of the Subrecipient named herein. The appropriate programmatic and administrative personnel involved in this application are aware of the prime agency's policy in regard to subawards and are prepared to establish the necessary inter-institutional agreements consistent with those policies.

\_\_\_\_\_  
Signature of Subrecipient's AOR

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title of Subrecipient's AOR