



Office of Research, Grants, and Contracts  
Room 100, Hall-Moody Administration Bldg.  
Martin, Tennessee 38238  
Phone#: (731)881-7015 Fax#: (731)881-7018  
Dr. Joan K. West, Director, Chief Research Officer  
[jkwest@utm.edu](mailto:jkwest@utm.edu)

Date:

**SUBRECIPIENT COMMITMENT FORM**  
For Organizations Subject to A-133 Audit Requirements

---

Subrecipient Information

Subrecipient Full Legal Name:

Subrecipient Employee Identification Number:

Subrecipient Principal Investigator (PI):

University of Tennessee at Martin (UTM) PI:

Prime Sponsor:

Submitted Proposal Title:

Proposal Performance Period:      Begin:                                  End:

Total Subrecipient Funding Request:

Is subrecipient currently registered in Center Contractor Registration (CCR) database?      Yes      Expiration              No

Is the subrecipient currently registered in System for Award Management (SAM) database?      Yes                      No

(If Subrecipient has not registered with CCR or if registration is expired, SAM registration is required. <https://sam.gov>)

Data Universal Numbering System (DUNS+4) # (REQUIRED):

Subrecipient Business Address:

(Street, City, State, Zip Code, Phone#, and email):

Congressional District (N/A for Foreign Subrecipients):

Subrecipient "Place of Performance" Address

(Street, City, State, Zip Code, Phone#, and email):

Congressional District (N/A for Foreign Subrecipients):

Subrecipient Contacts

Administrative Contact:

Name:

Address:

Title:

Email:

Phone:

Fax:

Project Director:

Name:

Address:

Title:

Email:

Phone:

Fax:

Financial Contact:

Name:

Address:

Title:

Email:

Phone:

Fax:

A-133 Audit Contact:

Name:

Address:

Title:

Email:

Phone:

Fax:

Authorized Official:

Name:

Address:

Title:

Email:

Phone:

Fax:

**Section A Proposal Documents**

The following documents are included in the subrecipient proposal submission and covered by certifications in Section B:

Statement of Work (required): Includes work to be performed, project description, PI, period of performance, deliverables, and milestones.

BUDGET AND BUDGET JUSTIFICATION (required): Budget for entire length of project (in agency format) and broken down by budget period.

This Subrecipient Commitment Form signed by Subrecipient Authorized Official (required).

Other

**Section B Special Review and Certifications**

1. Facilities and Administrative Rates included in this proposal have been calculated based on:

Subrecipient federally-negotiated F&A rates for this type of work, or a reduced F&A rate that the subrecipient hereby agrees to accept. (If this box is checked, a copy of the subrecipient's F&A agreement must be furnished to UT Martin before a subaward will be issued. Submit along with this Subrecipient Commitment Form.)

If possible, enter a URL to your F&A rate agreement here:

Other rates. (Please specify basis on which rate has been calculated in "Section C Comments" at the end of form.)

Attach explanations supporting this rate or provide URL here:

2. Fringe Benefit Rates included in this proposal have been calculated based on:

Rates consistent with or lower than subrecipient's federally-negotiated rates. (If this box is checked, a copy of the subrecipient's Fringe Benefit rate agreement must be furnished to UT Martin before subaward will be issued.)

Submit along with this form or provide URL here:

Other rates. Please attach or specify the basis on which the rate has been calculated:

3. Cost Sharing      Yes      No      If yes, Amount:: \$

(Complete cost sharing documentation including amounts, resources, and justification should be included in subrecipient budget.)

Regulatory Approvals (Questions 4-12)

4. Affirmation Action Compliance

In accordance with the rules and regulations of the Secretary of Labor (41 CFR 60-1 and 60-2), if your organization has more than 50 employees and subaward will be for \$50,000 or more, you are required to have a written affirmative action program. Indicate whether your organization has a written affirmative action program.

Yes, we have a written affirmative action program developed and on file

No, we do not have a written affirmative action program

Not applicable, as we have less than 50 employees or anticipate subaward amount less than \$50,000

5. Human Subjects      Yes      No      ( Check Yes if proposal includes surveys, interviews, observations, or secondary data.)

If "Yes": Copies of the Institutional Review Board (IRB) or Ethics Committee approval must be provided before any subaward will be issued. If pending, obtain approval as required and forward these documents to UT Martin's Office of Research, Grants, and Contracts as soon as available.

If approval is available electronically, please provide URL here:

If "Yes": Have all key personnel involved completed Human Subject's Training?      Yes                      No

6. Animal Subjects      Yes      No

If "Yes": A copy of the IACUC Committee approval must be provided before a subaward will be issued. If pending, obtain approval as required and forward these documents to UT Martin's Office of Research, Grants, and Contracts as soon as available.

If approval is available electronically, please provide URL here:

7. Does this project involve recombinant DNA, microorganisms, biological toxins, blood borne pathogens, human clinical specimens, and/or hazardous chemicals?      Yes      No

(If "Yes", please attach a copy of the Institutional Safety Committee approval form or letter)

8. Does this project involve radioactive material, lasers, or radiation producing material?      Yes                      No

(If "Yes", please attach a copy of the Institutional Radiation Committee approval form or letter.)

9. Debarment, Suspension, Proposed Debarment

Is Principal Investigator 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?    Yes    No

Subrecipient certifies that they: (answer all questions below)

Are            Are Not    presently debarred, suspended, proposed for debarment, or declared ineligible for award of Federal contracts.

Are            Are Not    presently indicted for, or otherwise criminally or civil charged by a government entity.

Have            Have Not within three (3) years preceding this offer, been convicted of or had a civil judgement 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.

Have            Have Not within three (3) years preceding this offer, had one or more contracts terminated for default by any Federal agency.

10. Conflict of Interest Policy

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 the 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 funds under any resultant agreement.

Subrecipient does not have an active and/or enforced conflict of interest policy and agrees to adopt & implement a policy prior to execution of the subaward agreement. The undersigned certifies that to the best of his/her knowledge there is no officer or employee of \_\_\_\_\_ who has, or who's relative has, a substantial interest in any contract resulting from this request.

11. Subrecipient Federal Conflict of Interest (FCOI) Policy (applicable to PHS and other assorted organizations).

The investigators listed on page one, as well as any personnel involved with the proposed project, have disclosed any potential financial conflicts of interest to \_\_\_\_\_ as well as completed the required PHS-NIH financial conflict of interest training.

12. Responsible Conduct in Research (RCR) (applicable to NSF and NIH)

Not applicable, as this project is not funded by NSF or NIH

Not applicable, non-educational institution

By checking this box, subrecipient certifies, if applicable, that it maintains an institutional Plan to meet NSF's Educational Requirements for the Responsible Conduct of Research, as required under the "America COMPETES Acts" PUBLIC LAW 110-69-August 9,2007. Subrecipient certifies that is has a training program in place and will train all undergraduate and graduate students and postdocs in accordance with NSF's RCR training requirements.

By checking this box, subrecipient certifies, if applicable, that for NIG Grants for Training and Fellowship awards, that subrecipient will monitor and maintain records for the individual training plans as proposed by subrecipient, in accordance with NIH's RCR training requirements.

13. Fiscal Responsibility

Subrecipient certifies that its financial system is in accordance with generally accepted accounting principles and:

has the capability to identify, in its accounts, all Federal awards received and expended and the Federal programs under which they were received.

maintains internal controls to assure that it is managing in compliance with applicable laws, regulations and the provision of contracts or grants.

complies with applicable laws and regulations.

can prepare appropriate financial statements, including the schedule of expenditures of Federal awards.

There are no outstanding audit findings which would impact contract costs. If there are findings submit a copy of the most recent report that describes the finding and steps to be taken to correct the finding.

14. A-133 Audit and Financial Status

We have completed our A-133 audit for the most recent period. From \_\_\_\_\_ to \_\_\_\_\_

The audit disclosed no material weakness, no material instances of noncompliance with federal laws or regulations, no reportable conditions, no findings, and there are no unresolved prior year findings.

We have completed our A-133 audit for the most recent period. From \_\_\_\_\_ to \_\_\_\_\_

The audit report noted material weakness, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings.

The link to our A-133 Audit Report can be found here:

Relevant findings, our responses, and corrective action plan are discussed on page(s):

We have not completed our A-133 audit for the fiscal year ending in:

Our fiscal year ended: \_\_\_\_\_ and we expect the audit to be completed by \_\_\_\_\_.

Within thirty days of completion, we will provide you with written certification and will send a copy of the audit report, including relevant findings, our responses and corrective action plan if the audit discloses any material weakness, material instances of noncompliance with federal laws or regulations, reportable conditions, findings, or unresolved prior year findings.

We are not subject to the provisions of OMB Circular A-133 because our organization is a:

Non-profit entity which expended less than \$500,000 in federal awards during our most recent fiscal year ending in \_\_\_\_\_

Foreign (non-US) entity

For-profit entity

Other

If you are not subject to OMB Circular A-133, you may be asked to provide additional information regarding your organization's financial status.

15. Completion of the following section is required only if subawardee has not been audited by a US Government agency or by an independent CPA firm for the most recently completed fiscal year.

General Information

- |     |    |  |
|-----|----|--|
| Yes | No | Does your organization have its financial statements reviewed by an independent public accounting firm? (Please enclose a copy of the most recent financial statements for your organization, audited or unaudited.)                                       |
| Yes | No | Are duties separated so that no one individual has complete authority over an entire financial transaction?  |
| Yes | No | Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?  |
| Yes | No | Other than financial statements, has any respect of your organization's activities been audited within the last two years by a governmental agency or independent public accountant? Explain. (Please provide a copy of any recent external audit report.) |

Cash Management

Yes No Are all disbursements properly documented with evidence of receipt of goods or performance of services?

Yes No Are all bank accounts reconciled monthly?

Payroll

Yes No Are payroll charges again program budgets?

What system does your organization use to control paid time, especially time charged to sponsored agreements?

Procurement

Yes No Are there procedures to ensure procurement at competitive prices?

Is there an effective system of authorization and approval of:

Yes No a) Capital equipment expenditures?

Yes No b) Travel expenditures?

Property Management

Yes No Are detailed records of individual capital assets kept and periodically balanced with the general ledger accounts?

Yes No Are there effective procedures for authorizing payment and accounting for the disposal of property and equipment?

Yes No Are detailed property records periodically checked by physical inventory?

Briefly describe the organization's policies concerning capitalization and depreciation.

Cost Transfers

How does the organization ensure that all cost transfers are legitimate and appropriate?



Indirect Costs

Yes    No    Does the organization have an indirect cost allocation plan or a negotiated indirect cost rate? Explain. (Please provide a copy of any negotiated indirect cost rate agreement.)

Yes    No    Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all grants, contracts and cooperative agreements? Explain.

Cost Sharing

How does the organization determine that it has met cost sharing commitments?

Compliance

Yes    No    Does your organization have a formal policy of nondiscrimination and a formal system for complying with Federal civil rights requirements?

Yes    No    Does your organization have cash forecasting process which will minimize the time elapsed between the drawing down of funds and the disbursement of those funds? Please provide a list of recent grants, contracts or cooperative agreements your organization has received from UT Martin. Please explain:

Attachments

Yes	No	Recent Financial Statements External Review or Audit Report
Yes	No	Finance Statements, Audited or Unaudited
Yes	No	Indirect Cost Rate Agreement

---

AUTHORIZED OFFICIAL

Name:

Address:

Title:

Email:

Phone:

Fax:

Signature:

---

Section C Comments