



THE UNIVERSITY OF  
**TENNESSEE**  
KNOXVILLE

**Subrecipient Information and Commitment Form**

Subrecipients must complete this form when submitting a proposal to the University of Tennessee Knoxville. It provides a checklist of documents that must be provided by the subrecipient's Office of Research or equivalent and requires an authorized organizational representative's signature. If this proposal is selected by the sponsor for funding, additional information and documentation will be required before the issuance of a subaward.

Proposal Title:

[Click here to enter text.](#)

University of Tennessee PI: [Click here to enter text.](#)

Cayuse Proposal #: [Click here to enter text.](#)

Sub PI Name: [Click here to enter text.](#)

Subrecipient Institution: [Click here to enter text.](#)

Place of Performance Address: [Click here to enter text.](#)

City, State, Zip Code + 4: [Click here to enter text.](#)

DUNS #: [Click here to enter text.](#)

TIN/EIN: [Click here to enter text.](#)

Congressional District: [Click here to enter text.](#)

Animal Subjects?  No  Yes

Animal Subjects Assurance #: [Click here to enter text.](#)

Human Subjects?  No  Yes

Human Subjects Assurance #: [Click here to enter text.](#)

F&A Rate: [Click here to enter text.](#)

Fringe Rate: [Click here to enter text.](#)

Anticipated Subaward Amount: [Click here to enter text.](#)

Anticipated Project Dates: [Click here to enter text.](#)

Sponsored Programs Contact: [Click here to enter text.](#)

Sponsored Programs Phone: [Click here to enter text.](#)

Sponsored Programs Email: [Click here to enter text.](#)

**Documents to be submitted with this form:**

Budget

Budget Justification

Cost Share: [Click here to enter text.](#)

Amount: [Click here to enter text.](#)

Does this application follow the PHS FCOI requirements?

No  Yes

If yes, please complete appendix A.

Statement of Work

Indirect Cost Rate Agreement

*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.*

**Authorized Organizational Representative:**

Name and Title: [Click here to enter text.](#)

Signature:

Date: [Click or tap to enter a date.](#)