TENNESSEE TECH UNIVERSITY – PROPOSAL SUBRECIPIENT COMMITMENT

1. TO BE COMPLETED BY TENNESSEE TECH BEFORE SENDING TO SUBRECIPIENT:

Prime Sponsor:			
TTU Principal Investigator:		**PI Email Address:**	
Office of Research Contact:			

2. TO BE COMPLETED BY PROPOSED SUBRECIPIENT:

Subrecipient Institution:	
Principal Investigator (name and email):	

Institutional Address with Zip + 4:

Congressional District Organization:		**DUNS #:**	
EIN #		**CAGE Code (Sam.gov)**	
Project Title:			

Required proposal documents attached: ◯ **Scope of work** ◯ **Budget & budget justification** ◯ **Other documents as required by agency**

NOTE: Period of performance & budget information may be revised upon receipt of award.

PERIOD OF PERFORMANCE	TOTAL SUBRECIPIENT COSTS	Direct Costs	$
	$	F&A	$

Do you have a Negotiated Indirect Cost Rate Agreement with a U.S. cognizant agency (e.g., ONR, DHHS, etc.)?
(Note: Sponsor or funding opportunity restrictions on indirect costs take precedence.)

◯ **YES: Provide the URL *or* a copy with form:**

◯ **NO:** Unless other restrictions or sponsor conditions exist, the Uniform Guidance (2 CFR 200.331 (a)(4)) *de minimus* 10% MTDC indirect cost rates will apply.

Cost Sharing	◯ **YES**	**Amount:**	$

(If applicable, cost sharing amounts and justification must be included in the Subrecipient's budget.)

3. REQUIRED SUBRECIPIENT CERTIFICATIONS

AUDIT: Is Subrecipient subject to Uniform Guidance 2 CFR 200.331 Subpart F – Audit Requirements?

◯ **YES: Most recent fiscal year audit completed:**

◯ **NO:** TTU requires Subrecipient to complete a financial status questionnaire as well as a limited scope audit before a subaward will be issued.

PHS/NIH, NSF: Has Institution implemented a written policy for Investigator Financial Disclosure and Conflict of Interest consistent with agency requirements?	◯ **Yes**	◯ **No**	◯ **N/A**
NSF, USDA-NIFA: Institution certifies that a Responsible Conduct of Research (RCR) Training Plan is in place consistent with agency requirements.	◯ **Yes**	◯ **No**	◯ **N/A**
Subrecipient or Subrecipient Principal Investigator Debarred or Suspended	◯ **Yes**	◯ **No**	

Human Subjects	◯ **Yes**	◯ **No**	**If Yes: FWA #**		**Human Stem Cells**	◯ **Yes**	◯ **No**
Animal Subjects	◯ **Yes**	◯ **No**	**If Yes: Assurance #**		**Animals Euthanized?**	◯ **Yes**	◯ **No**

The appropriate program and administrative personnel of the institution involved in this application are aware of the sponsoring agency's guidelines and are prepared to enter into good faith negotiations to establish the necessary inter-institutional agreement(s). The institution makes all applicable assurances/certifications.

_____ _____

Authorized Administrative or Representative Signature **Date**

(a person authorized to submit proposals on behalf of your organization)

Printed Name *and* Title: _____ **Phone:** _____