



Office of Research & Engagement, Office of Sponsored Programs, 1534 White Avenue, Knoxville, TN 37996-1529  
Phone: 865-974-3466, Fax: 865-974-2805, [osp@utk.edu](mailto:osp@utk.edu)

## Consultant 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) Consultant Information (to be completed if consultant is working independently)

(a) Name of Consultant: \_\_\_\_\_

(b) Address of Consultant: \_\_\_\_\_

(c) Phone Number: \_\_\_\_\_ (d) Email Address \_\_\_\_\_

### (3) Consultant Company Information (to be completed if consultant is working through a consultant company)

(a) Name of Consultant Company: \_\_\_\_\_

(b) Address of Consultant Company: \_\_\_\_\_

(c) Phone Number: \_\_\_\_\_ (d) DUNS No.: \_\_\_\_\_

### (4) Financial Conflict of Interest Policy (FCOI) Statement (select one)

#### (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) Consultant hereby certifies that its employer 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." Consultant organization also certifies that, to the best of its knowledge, (1) all financial disclosures have been made related to the activities proposed, 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 employer's conflict of interest policy.

**Certification by Authorized Organizational Official** (to be completed if option 2 is checked)

I certify the information listed above is true, complete and accurate to the best of my knowledge, and that I am an Authorized Organizational Official for my institution/organization. My organization is aware of the 2011 revised PHS FCOI regulations, and we are prepared to enter into an inter-institutional agreement (if applicable) that requires adherence with the provisions of 42 CFR Part 50, Subpart F "Responsibility of Applicants Promoting Objectivity in Research."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name of Institution: \_\_\_\_\_

(3) Consultant 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>.

**(5) Documentation** (900 character limit. If more space is needed, please attach additional pages.)

**(a) Description of Services to be provided:**

**(b) Rate of Compensation (include number of days or hours of expected service)**

**(6) Approvals of Consultant** (to be completed by Consultant if Section 2 is completed above)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(7) Consultant Information** (to be completed by Consultant Company if Section 3 is completed above)

**Consultant Company Representative**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ email: \_\_\_\_\_

**Note: Any work begun or expenses incurred prior to execution of an agreement is at the Contractor's own risk.**