

UCLA OCGA SUBAWARD CHECKLIST

ONCE COMPLETED, EMAIL THIS FORM WITH ALL REQUIRED BACKUP DOCUMENTATION NOTED BELOW TO: OCGAsubawards@research.ucla.edu

Please include the Requisition (New Subaward) or PO (Amendment) number in the e-mail submission subject line.

This form is to be used to request the issuance of any new or amended Subaward from the OCGA Outgoing Subaward Team (OCGA - OST). The OST is responsible for outgoing Subaward agreements under Grants or Cooperative Agreements that are handled by OCGA. To request the issuance of a new or amended Subcontract from UCLA Purchasing, please use the Subcontract Checklist found at: <https://www.purchasing.ucla.edu/purchasing/Purchasing-forms>.

NEW SUBAWARD

Under Requisition # _____
(Complete all sections below except IV.)

AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD

Under Purchase Order # _____ Amendment # _____
(Complete all sections below.)

I. UCLA INFORMATION

1. **UCLA Account & Fund No.:** _____ **1a. Recharge ID (for mailing purposes only):** _____
2. **UCLA Grant/Cooperative Agreement Award Number and Date:** _____
(Full award number & date of award that this action is funded under.)
3. **UCLA PI:** _____ **UCLA PI Email:** _____
4. **UCLA Department:** _____ **UCLA Department Contact:** _____
Email: _____ **Phone:** _____
5. **UCLA Department Name and e-mail of person to whom invoices should be sent:**
Name: _____ **E-mail Address:** _____
(If available, use central department e-mail for invoices.)

II. SUBRECIPIENT INFORMATION

6. **Subrecipient Legal Name:** _____
7. **Subrecipient is a:** Non-profit Entity For-Profit Entity
8. **Subrecipient Address:** _____
Telephone: _____ **Central OCGA Email:** _____
9. **Subrecipient Name & address of person to whom payment should be sent:**
(Reminder: Requisition VCK No. should match the below payment address if the payment address is different from address in Field 8 above)
Name: _____
Address: _____
10. **Subrecipient Administrative Contact:** _____
Telephone: _____ **Email:** _____

III. SUBAWARD INFORMATION

11. **Subrecipient PI:** _____ **Subrecipient PI Email:** _____
12. **Estimated overall Project Period start date:** _____ **end date:** _____
Estimated total amount of funding for Subaward over entire Project Period: \$ _____
13. **THIS ACTION Budget Period start date:** _____ **end date:** _____
THIS ACTION obligates new funds in the amount of: \$ _____ **for the Budget Period above** *(do not use cents)*
14. **Cumulative funding obligated to date (including this action):** \$ _____

IV. AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD

(Check applicable boxes. Funding amounts for THIS ACTION should be listed in Field 13 above. Do not include carry forward in Field 13.)

15. **This amendment includes the following:**
 Continuation funding* Supplement funding* Incremental funding No Cost Time Extension **ONLY**
(NO added funding; extension only.)
 Prior Approval: Sponsor prior approval **needed** / **not needed** for the following action(s):
 Carryforward* unspent funds: Amount of Subrecipient's carryforward: \$ _____
Carryforward funds are from what period: _____ into the Budget Period in Field 13.
 Other *(clearly specify in Comments section below)*
 Change Subrecipient Name and/or Address *(clearly specify in Comments section below)*
Note: Dept should check with Accounts Payable to see if this action requires a new PO. Change Order/Amendment will NOT be issued to amend Sub address for payment purpose only: Please submit a change address request via Vendor Set-up Process to Accounts Payable directly.
 Other Reason for Amendment/Change Order *(clearly specify in Comments section below)*

*15a. **For Continuations, Supplements and Carryforward:**

- Does the current FAU need to be closed?** Yes No
Should funds obligated under this action go under a different FAU? Yes No
New FAU is: _____ **Move \$1.00 to new FAU:** Yes No

V. OTHER

16. Is Subrecipient expected to provide:

- Mandatory Cost Share In-kind Cost Share Matching Funds Program Income

THIS ACTION Cost Share/Matching Period start date: _____ end date: _____

THIS ACTION obligates Subrecipient to provide Cost Share/Matching in the amount of: \$ _____

(Reminder: Attach the related Subrecipient line-item cost share/matching budget and justification per Section VII below.)

17. Is UCLA’s project a Clinical Trial? Yes No

If yes, is the work being conducted by this Subrecipient per its Scope of Work a clinical trial? Yes No

18. Does the project involve the transfer of human subject data between UCLA and Subrecipient? Yes No

If yes, Subrecipient will be: Providing Data Receiving Data Both Providing and Receiving Data

If yes, a separate transfer agreement is likely needed. For more information, see https://ctsi.ucla.edu/researcher-resources/pages/third_party.

VI. COMMENTS *(Please add details about cost share/matching funds, anticipated income, special funding requirements and/or clarifications required by the above section(s). The Subaward will flow down all applicable sponsor terms and conditions; OST may add additional terms if risk is identified. If there are additional terms that the UCLA PI would like included, please describe them in the below comments field. They will be included as allowed by Sponsor, UC and FDP (if applicable) policy/procedure.)*

VII. REQUIRED DOCUMENTS *(Required documents that are incomplete or missing WILL DELAY review and processing.)*

<p>Required for All Subawards</p> <p><input type="checkbox"/> Completed UCLA Subaward Checklist (this form)</p> <p><input type="checkbox"/> UCLA Subrecipient Commitment Form OR UCLA Letter of Intent (LOI to be used for FDP Expanded Clearinghouse Members only)</p> <p><input type="checkbox"/> UCLA Subrecipient vs Contractor Determination Form</p> <p><input type="checkbox"/> Subrecipient Statement of Work</p> <p><input type="checkbox"/> Subrecipient Line Item Budget and Justification</p> <p><input type="checkbox"/> Applicable UCLA OCGA Award Snapshot</p>	<p>Required as Applicable</p> <p><input type="checkbox"/> Subrecipient IRB Approval (if working with human subjects)</p> <p><input type="checkbox"/> Subrecipient IACUC Approval (if working with animal subjects)</p> <p><input type="checkbox"/> Subrecipient Stem Cell Approval (if working with stem cells)</p> <p><input type="checkbox"/> Subrecipient Line Item Cost Share Budget and Justification (if cost share indicated in Section V above)</p> <p><i>If indicated by Subrecipient Commitment Form:</i></p> <p><input type="checkbox"/> Subrecipient Federal Indirect Cost Rate Agreement</p> <p><input type="checkbox"/> Subrecipient Federal Fringe Benefits Rate Agreement</p> <p><input type="checkbox"/> PHS Financial COI Disclosure Form (if no PHS FCOI policy)</p> <p><input type="checkbox"/> Subrecipient Most Recent UG Audit (copy of or hyperlink to)</p> <p><input type="checkbox"/> Certificate of Compliance (if UG Audit has findings)</p> <p><input type="checkbox"/> Financial Audit Management Questionnaire (if no UG audit)</p> <p><input type="checkbox"/> UCLA Fair & Reasonable Cost Analysis (For-Profit subrecipients)</p>
<p><input type="checkbox"/> New: Required Documents were submitted complete to OCGA at proposal stage. There are no changes or updates, except as attached (<i>for example, if applicable:</i> revised scope of work and/or budget; subject use approvals; Financial Audit Management Questionnaire; etc).</p> <p><input type="checkbox"/> Amendment: Required Documents were submitted to the OST for a previous action. There are no changes or updates, except as attached (<i>for example, if applicable:</i> revised scope of work and/or budget; subject use approvals; etc).</p>	

Conflict of Interest

UCLA Principal Investigator certifies that a financial interest **does** / **does not** exist between the Subrecipient and any of the UCLA investigators under this project (i.e. investigators responsible for the design, conduct, or reporting of the research), or any spouses or registered domestic partners, or dependent children of any UCLA investigators under this project. If a financial interest does exist, please notify the OCGA Subaward team at OCGASubawards@research.ucla.edu.

I have reviewed the Subrecipient’s budget and believe all costs stated therein to be reasonable and appropriate for the work to be performed in Subrecipient’s statement of work. In the event this action represents an increment, continuation or a no cost time extension, I certify that the Subrecipient’s performance goals have been achieved and to the best of my knowledge, the costs included are reasonable and appropriate for the work performed.***

Signature of Principal Investigator or Authorized Representative**	Project Role	Date
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**This must be an individual with programmatic knowledge of the project such as a Co-PI or Co-I.

***If he/she does not believe that the Subrecipient’s performance goals are being achieved, please do not sign/submit and instead notify the OCGA Outgoing Subaward Team at OCGASubawards@research.ucla.edu.