OCGA’s Outgoing Subaward Team (OST): Updates

Research Administration Forum
April 8, 2021
# OST Required Forms – Proposal Stage

### Subawards

**ocgasubawards@research.ucla.edu**

- Subrecipient vs. Contractor Determination Checklist (UCLA)
- Subrecipient Commitment Form (Sub), and, if applicable:
  - U.S. Federal IDC/Fringe Rate agreement(s) (Sub)
  - PHS Financial Disclosure Form (Sub)
  - Fair and Reasonable Cost Analysis Form (UCLA)
  - Certificate of Compliance - Audit (Sub)
  - Financial Audit Management Questionnaire (FAMQ) (formerly known as A-133 Mini Audit) (Sub)
  - FFATA most highly compensated officers list (Sub)
- Plus:
  - Subrecipient's Detailed Scope/Statement of Work (SoW) (Sub)
  - Subrecipient's Detailed Line Item Budget-Justification, (including Cost share Budget/Justification if applicable) (Sub)

### Subawards (FDP Expanded Clearinghouse members)

**ocgasubawards@research.ucla.edu**

- Sub vs. Contractor Determination Checklist (UCLA)
- Letter of Intent (Sub)
- MCA Commitment or LOI (Site)
- Subrecipient's Detailed SoW (Sub)
- Subrecipient's Detailed Line Item Budget-Justification, (including Cost share Budget/Justification if app) (Sub)

### Multi-Campus Awards

**outgoingMCA@research.ucla.edu**

- Multi-Campus Awards (not technically a Subaward)
- MCA Commitment or LOI (Site)
- Sub vs. Contractor Determination Checklist (UCLA)
- Letter of Intent (Sub)
- MCA Commitment or LOI (Site)
- Subrecipient's Detailed SoW (Sub)
- Subrecipient's Detailed Line Item Budget-Justification, (including Cost share Budget/Justification if app) (Sub)
- Plus:
  - Campus' Detailed SoW (Site)
  - Campus' Detailed Line Item Budget-Justification, (including Cost share Budget/Justification, if app.) (Site)
OST Required Forms – FDP Expanded Clearinghouse

A list of the 250+ Clearinghouse Participants is at: https://fdpclearinghouse.org/organizations.

- When working with an FDP Expanded Clearinghouse Participant Institution, request the short UCLA Letter of Intent instead of a full Subrecipient Commitment Form. The UCLA Letter of Intent (LOI) provides project specific information only and eliminates institutional information.

**NOTE**: If an institution is not listed as a Clearinghouse participant institution, there is no change to our current process (i.e. requiring the full Subrecipient Commitment Form, plus “triggers” as applicable).
OST Required Forms: Award Stage

- When UCLA receives its Incoming Award, all outgoing Subawards/MCAs under that Incoming Award need to be *initiated & authorized* by UCLA PI/Department
  - UCLA PI/Department initiates *Requisition* with Purchasing,
  - UCLA PI/Department then submits a current and complete *OCGA Subaward Checklist Form*, with *all* backup documentation (as noted on *Checklist*), to ocgasubawards@research.ucla.edu

- REDUCE processing times by submitting *complete* Subaward Checklist packages to the Outgoing Subaward Team (OST) at ocgasubawards@research.ucla.edu.

- A complete Subaward package includes:
  - The current Subaward Checklist form with *all items answered*. *This includes answering the Conflict of Interest question and the PI/Authorized Representative signature on page 2.*
Updates: New Subaward Checklist
 Updates: New Subaward Checklist (cont.)

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 subaward from UCLA Purchasing, please use the Subcontract Checklist found at: https://www.purchasing.ucla.edu/purchasing/Purchasing_forms.

<table>
<thead>
<tr>
<th>NEW SUBAWARD</th>
<th>AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under Requisition # ___________________________</td>
<td>Under Purchase Order # ______ Amendment # ______</td>
</tr>
<tr>
<td>(Complete all sections below except IV.)</td>
<td>(Complete all sections below.)</td>
</tr>
</tbody>
</table>

I. UCLA INFORMATION

1. UCLA Account & Fund No.: ___________________________ 1a. Recharge ID (for mailing purposes only): ___________________________
2. UCLA Grant/Cooperative Agreement Award Number: ___________________________ (The full award number 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.)
Updates: New Subaward Checklist (cont.)

### 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: 
   - Email: 

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): $
Updates: New Subaward Checklist (cont.)

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

   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
Updates: New Subaward Checklist (cont.)

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 VI 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 comments. They will be included as allowed by Sponsor, UC and FDP (if applicable) policy/procedure.
Updates: New Subaward Checklist  (cont.)

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

<table>
<thead>
<tr>
<th>Required for All Subawards</th>
<th>Required as Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Completed UCLA Subaward Checklist (this form)</td>
<td>□ Subrecipient IRB Approval (if working with human subjects)</td>
</tr>
<tr>
<td>□ UCLA Subrecipient Commitment Form <strong>OR</strong> UCLA Letter of Intent (LOI to be used for FDP Expanded Clearinghouse Members only)</td>
<td>□ Subrecipient IACUC Approval (if working with animal subjects)</td>
</tr>
<tr>
<td>□ UCLA Subrecipient Statement of Work</td>
<td>□ Subrecipient Stem Cell Approval (if working with stem cells)</td>
</tr>
<tr>
<td>□ Subrecipient Line Item Budget and Justification</td>
<td>□ Subrecipient Line Item Cost Share Budget and Justification (if cost share indicated in Section V above)</td>
</tr>
<tr>
<td>□ Applicable UCLA OCGA Award Snapshot</td>
<td><em>If indicated by Subrecipient Commitment Form:</em></td>
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<tr>
<td></td>
<td>□ Subrecipient Federal Indirect Cost Rate Agreement</td>
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<td>□ Subrecipient Federal Fringe Benefits Rate Agreement</td>
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<tr>
<td></td>
<td>□ PHS Financial COI Disclosure Form (if no PHS FCOI policy)</td>
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<tr>
<td></td>
<td>□ Subrecipient Most Recent UG Audit (copy of or hyperlink to)</td>
</tr>
<tr>
<td></td>
<td>□ Certificate of Compliance (if UG Audit has findings)</td>
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<tr>
<td></td>
<td>□ Financial Audit Management Questionnaire (if no UG audit)</td>
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<tr>
<td></td>
<td>□ UCLA Fair &amp; Reasonable Cost Analysis (For-Profit subrecipients)</td>
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</tbody>
</table>

□ New: Required Documents were submitted **complete** to OCGA at proposal/JIT. There are no changes or updates, except as attached *(for example, if applicable: revised scope of work and/or budget; subject use approvals; Financial Audit Management Questionnaire; etc.)*

□ Amendment: Required Documents were submitted to the OST for a previous action. There are no changes or updates, except as attached *(for example, if applicable: revised scope of work and/or budget; subject use approvals; etc.)*
Updates: New Subaward Checklist (cont.)

- Sign-off of the Checklist by a Principal Investigator or Authorized Representative needs to be completed with each Checklist

**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 (attached) and believe all costs stated therein to be reasonable and appropriate for the work to be performed in Subrecipient’s statement of work (attached). 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.***

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Signature of Principal Investigator or Authorized Representative**

**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.
Updates: New Subaward Checklist (cont.)

REMINDERS:

• All OCGA Subaward Checklists, with ALL applicable backup documents as noted on the Checklist, need to be EMAILED to the OCGA/Purchasing e-mail box: ocgasubawards@research.ucla.edu

• Any missing required documents will delay the processing of the request. (i.e. The request package is incomplete.)

• The OCGA Outgoing Subaward Team does NOT have access to Bruin Buy; therefore any documents uploaded to BruinBuy are not accessible or viewable by the OCGA Outgoing Subaward Team.

• OCGA Subaward Checklists should provide ALL information regarding the request. The completed form should also include consistent information throughout:
  ◦ Budget numbers throughout the Subaward package match: Checklist, budget submitted by Subrecipient, etc.
  ◦ Budget Period dates should match throughout and CANNOT exceed the budget period awarded by the Sponsor.
Updates: New MCA Checklist
Updates: New MCA Checklist (cont.)

UCLA OCGA Multi-Campus Award (MCA) CHECKLIST

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

This form is to be used to request the issuance of any new or amended MCA from UCLA’s OCGA Outgoing Subaward Team (OCGA - OST). The OST is responsible for outgoing MCA agreements under all Agreements (including Contracts) that are handled by OCGA.

☐ NEW MCA
(Complete all sections below except IV.)

☐ AMENDMENT TO CURRENT MCA: Amendment #____
(Complete all sections below.)

I. UCLA INFORMATION

1. UCLA Account & Fund No.: ______________________________ 1a. Recharge ID (for mailing purposes only): ________

2. UCLA Agreement Award Number: __________________________ (The full award number that this action is funded under.)

3. UCLA PI: ______________________ UCLA PI Email: ________

4. UCLA Department: ______________________ UCLA Department Contact: ________
   Email: ______________________ Phone: ________
Updates: New MCA Checklist (cont.)

II. PARTICIPATING UC CAMPUS INFORMATION
5. Participating Campus:__________________________
6. Participating Campus Administrative Contact:_________________________________________
   Telephone:__________________________ Email:______________________________________

III. MCA INFORMATION
7. Participating Campus PI:__________________________ Participating Campus PI Email:__________________________
8. Participating Campus PI Department:__________________________
9. Estimated overall Project Period start date:__________________________ end date:__________________________
   Estimated total amount of funding for MCA over entire Project Period: $__________________________
10. 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)
11. Cumulative funding obligated to date (including this action): $__________________________
Updates: New MCA Checklist (cont.)

IV. AMENDMENT TO CURRENT MCA
(Check applicable boxes. Funding amounts for THIS ACTION should be listed in Field 10 above. Do not include carry forward in Field 10.)

12. 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 Participating Campus’s carryforward: $________________

- Carryforward funds are from what period: ______________________ into the Budget Period in Field 10.

- [ ] Other (clearly specify in Comments section below)

- [ ] Other Reason for Amendment (clearly specify in Comments section below)
Updates: New MCA Checklist (cont.)

V. OTHER

13. Is Participating Campus 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 Participating Campus to provide Cost Share/Matching in the amount of: $ __________
   (Reminder: Attach the related line-item cost share/matching budget and justification per Section VI below.)

14. Is UCLA’s project a Clinical Trial? □ Yes    □ No
   If yes, is the work being conducted by this Participating Campus per its Scope of Work a clinical trial? □ Yes    □ No

15. Does the project involve the transfer of human subject data between UCLA and Participating Campus? □ Yes    □ No
   If yes, other Campus will be: □ Providing Data    □ Receiving Data    □ Both Providing and Receiving Data
   If yes, a separate transfer agreement may be needed. For more information, see https://ctsi.ucla.edu/researcher-resources/pages/third_party.

VI. COMMENTS

Please describe details about cost sharing, matching funds, anticipated income, any special funding requirements and/or clarifications required by the above section(s). The MCA will flow down all applicable sponsor terms and conditions; OST may add additional terms. If there are additional terms that the UCLA PI would like included, please describe them in comments.
Updates: New MCA Checklist (cont.)

VII. Required Documents

(IMPORTANT: Required documents that are incomplete or missing from this submission WILL DELAY review and processing.)

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<tr>
<th>Required for All MCAs</th>
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<tbody>
<tr>
<td>☐ Completed UCLA MCA Checklist (this form)</td>
<td>☐ Participating Campus Line Item Cost Share Budget and Justification (if cost share indicated in Section V above)</td>
</tr>
<tr>
<td>☐ UCOP MCA Commitment Form OR UCLA Letter of Intent (LOI)</td>
<td></td>
</tr>
<tr>
<td>☐ Participating Campus Statement of Work</td>
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☐ New: Required Documents were submitted complete to OCGA at proposal stage. There are no changes or updates, except as attached (for example, if applicable: revised scope of work and/or budget).

☐ Amendment: Required Documents were submitted to the OST for a previous action. There are no changes or updates, except as attached (for example, if applicable: revised scope of work and/or budget).

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

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<th>Signature of Principal Investigator or Authorized Representative**</th>
<th>Project Role</th>
<th>Date</th>
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</table>

**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 Participating Campus’s performance goals are being achieved, please do not sign/submit and instead notify the OCGA Outgoing Subaward Team at outgoingMCA@research.ucla.edu.
Updates: New MCA Checklist (cont.)

REMINDERS:

• The MCA Checklist and any additional documents should be submitted via email to OutgoingMCA@research.ucla.edu
Updates: New Subaward and MCA Checklist

• The updated Subaward and MCA Checklists will be available on the OCGA Outgoing Subaward Team’s Required Forms page starting next week.

• The previous version of the Subaward Checklist, dated 12/1/2015, will be accepted through June 30, 2021
  ■ Earlier versions of the Subaward Checklist are no longer accepted

• The previous version of the MCA Checklist, dated 7/2015, will be accepted through June 30, 2021

• Starting July 1, 2021, the Outgoing Subaward Team will be requiring the use of both the new Subaward Checklist and new MCA Checklist,
  ■ As of July 1, 2021, versions older than the Checklists dated 04/2021 will not be accepted
Questions?

• For questions regarding specific subawards or subaward forms, contact the OCGA Outgoing Subaward Team at ocgasubawards@research.ucla.edu (for Multi-campus Awards: outgoingMCA@research.ucla.edu). Your question will be forwarded to the Subaward Team member assigned to that Subaward or MCA.

• The e-mail addresses ocgasubawards@research.ucla.edu and outgoingMCA@research.ucla.edu are only for communications regarding outgoing subawards (awards in which funding will flow from UCLA to the subrecipient)

• For quick reference on Outgoing Subaward Required Forms visit our website at: https://ocga.research.ucla.edu/required-forms/

• General questions?

Thank you!