



# ***OCGA's Outgoing Subaward Team (OST): Updates***

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Research Administration Forum

April 8, 2021

# OST Required Forms – Proposal Stage

## Subawards

[ocgasubawards@research.ucla.edu](mailto: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](mailto:ocgasubawards@research.ucla.edu)

- Sub vs. Contractor Determination Checklist (UCLA)
- Letter of Intent (Sub)
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### Plus

- Subrecipient's Detailed SoW (Sub)
- Subrecipient's Detailed Line Item Budget-Just., (including Cost share Budget/Justification if app) (Sub)

## Multi-Campus Awards (not technically a Subaward)

[outgoingMCA@research.ucla.edu](mailto:outgoingMCA@research.ucla.edu)

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- MCA Commitment or LOI (Site)
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### Plus

- Campus' Detailed SoW (Site)
- Campus' Detailed Line Item Budget-Justification, (including Cost share Budget/Just. 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).

**UCLA OCGA**  
Office of Contract & Grant Administration

**FDP EXPANDED CLEARINGHOUSE PILOT SUBRECIPIENT LETTER OF INTENT**

This can ONLY be used in lieu of the UCLA OCGA Subrecipient Commitment Form by Institutions who are listed as part of the FDP Expanded Clearinghouse Pilot at: [http://sites.nationalacademies.org/cs/groups/pgasite/documents/webpage/pgs\\_173303.pdf](http://sites.nationalacademies.org/cs/groups/pgasite/documents/webpage/pgs_173303.pdf)

Subrecipient (Sub) Legal Name:		Pass-Through Entity (PTE) Legal Name:	The Regents of the University of California, Los Angeles
Sub DUNS:		PTE DUNS:	092530369

*Information above must match FDP Expanded Clearinghouse Pilot Entity Profile*

Sub Principal Investigator:		PTE Principal Investigator:	
Sub Internal Project Identifier (optional):		PTE Internal Project Identifier (ex. PATS #):	

Project Title:			
Prime Awarding Agency:		Complete Project Period:	Start: End:
Total Proposed Amount for Complete Project Period:	\$	Cost Sharing Amount for Complete Project Period:	\$

*If Cost Sharing, a separate cost share budget and justification should be attached*

**Project Facilities & Administrative Rates (check one):**

Federally negotiated F&A rate that matches our FDP Expanded Clearinghouse Pilot Entity Profile

A reduced F&A rate dictated by the prime awarding agency. Rate: \_\_\_\_\_ Base Type: \_\_\_\_\_

Not applicable (no indirect costs are requested by Sub)

**Project Use Information:**

Human Subjects	Yes	No	Animal Subjects	Yes	No	Stem Cells	Yes	No	Genomic Data Sharing	Yes	No
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*If Yes, please forward approval(s) to PTE PI as soon as available as approval(s) must be provided before any subaward can be issued*

**Institutional Authorized Official Information:**

Sub Name/Title:		PTE Name/Title:	
Sub Phone:		PTE Phone:	
Sub Email:		PTE Email:	
Sub Email for Awards (if different from above):			
Sub Place of Performance the same as FDP Expanded Clearinghouse Pilot Entity Profile's: <input type="checkbox"/> Yes <input type="checkbox"/> No (for FFATA reporting purposes)			

This proposal has been reviewed and approved by the appropriate official(s) of Subrecipient, and certified to its accuracy and completeness. The appropriate programmatic and administrative personnel of Subrecipient involved in this application are aware of the prime awarding agency's policies, agree to accept the obligation to comply with award terms, conditions and certifications, and are prepared to establish the necessary inter-institutional agreement consistent with that policy.

**The following documents are attached to this Statement of Intent:**

<input type="checkbox"/> Sub Statement of Work (required)	<input type="checkbox"/> Sub Budget Justification (required)
<input type="checkbox"/> Sub Detailed Line Item Budget (required)	Other: _____

Signature of Subrecipient's Authorized Official \_\_\_\_\_ Date \_\_\_\_\_

Name and Title of Authorized Official \_\_\_\_\_

*FDP Expanded Clearinghouse Pilot Effective: 8/18/2016*

# 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](mailto:ocgasubawards@research.ucla.edu)
- REDUCE processing times by submitting **complete** Subaward Checklist packages to the Outgoing Subaward Team (OST) at [ocgasubawards@research.ucla.edu](mailto: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*.
    - <https://ocga.research.ucla.edu/wp-content/uploads/UCLA-OCGA-subaward-checklist.pdf>

# Updates: New Subaward Checklist

**UCLA Research Administration**  
Contract & Grant Administration

## UCLA OCGA SUBAWARD CHECKLIST

ONCE COMPLETED, EMAIL THIS FORM WITH ALL REQUIRED BACKUP DOCUMENTATION NOTED BELOW TO: [OCGAsubawards@research.ucla.edu](mailto: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: \_\_\_\_\_  
(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.)

### 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

Page 1 Last Revised: 3/31/21

# 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](mailto: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: \_\_\_\_\_  
(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: \_\_\_\_\_
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  
*(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

# 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](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.)*

### Required for All Subawards

- Completed UCLA Subaward Checklist (this form)
- UCLA [Subrecipient Commitment Form](#) **OR** UCLA [Letter of Intent](#)  
(LOI to be used for [FDP Expanded Clearinghouse Members](#) only)
- [UCLA Subrecipient vs Contractor Determination Form](#)
- Subrecipient Statement of Work
- Subrecipient Line Item Budget and Justification
- Applicable UCLA OCGA Award Snapshot

### Required as Applicable

- Subrecipient IRB Approval (if working with human subjects)
- Subrecipient IACUC Approval (if working with animal subjects)
- Subrecipient Stem Cell Approval (if working with stem cells)
- Subrecipient Line Item Cost Share Budget and Justification  
(if cost share indicated in Section V above)

#### ***If indicated by Subrecipient Commitment Form:***

- Subrecipient Federal Indirect Cost Rate Agreement
- Subrecipient Federal Fringe Benefits Rate Agreement
- [PHS Financial COI Disclosure Form](#) (if no PHS FCOI policy)
- Subrecipient Most Recent UG Audit (copy of or hyperlink to)
- [Certificate of Compliance](#) (if UG Audit has findings)
- [Financial Audit Management Questionnaire](#) (if no UG audit)
- [UCLA Fair & Reasonable Cost Analysis](#) (For-Profit subrecipients)

- 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](mailto: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.\*\*\*

<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Signature of Principal Investigator or Authorized Representative\*\***

**Project Role**

**Date**

*\*\*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](mailto: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](mailto: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

## UCLA OCGA Multi-Campus Award (MCA) CHECKLIST

ONCE COMPLETED, EMAIL THIS FORM WITH ALL REQUIRED BACKUP DOCUMENTATION TO: [outgoingMCA@research.ucla.edu](mailto: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: \_\_\_\_\_

### 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): \$ \_\_\_\_\_

### 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)

### 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](https://ctsi.ucla.edu/researcher-resources/pages/third_party).

# 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](mailto: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](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.)*

<p><b>Required for All MCAs</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Completed UCLA MCA Checklist (this form)</li> <li><input type="checkbox"/> UCOP <a href="#">MCA Commitment Form</a> <b>OR</b> UCLA <a href="#">Letter of Intent (LOI)</a></li> <li><input type="checkbox"/> Participating Campus Statement of Work</li> <li><input type="checkbox"/> Participating Campus Line Item Budget and Justification</li> <li><input type="checkbox"/> Applicable UCLA OCGA Award Snapshot</li> </ul>	<p><b>Required as Applicable</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Participating Campus Line Item Cost Share Budget and Justification (if cost share indicated in Section V above)</li> </ul>
<p><input type="checkbox"/> <b>New:</b> Required Documents were submitted <b>complete</b> 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).</p> <p><input type="checkbox"/> <b>Amendment:</b> 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).</p>	

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. \*\*\*

\_\_\_\_\_  
Signature of Principal Investigator or Authorized Representative\*\*

\_\_\_\_\_  
Project Role

\_\_\_\_\_  
Date

*\*\*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](mailto:outgoingMCA@research.ucla.edu).*

# Updates: New MCA *Checklist (cont.)*

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## **REMINDERS:**

- The MCA Checklist and any additional documents should be submitted ***via email to*** **[OutgoingMCA@research.ucla.edu](mailto:OutgoingMCA@research.ucla.edu)**

# Updates: New Subaward and MCA Checklist

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- 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?

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- For questions regarding specific subawards or subaward forms, contact the OCGA Outgoing Subaward Team at [ocgasubawards@research.ucla.edu](mailto:ocgasubawards@research.ucla.edu) (for Multi-campus Awards: [outgoingMCA@research.ucla.edu](mailto: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](mailto:ocgasubawards@research.ucla.edu) and [outgoingMCA@research.ucla.edu](mailto: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!*