

OCGA/PURCHASING SUBAWARD CHECKLIST

(USE FOR ALL NEW OR AMENDED SUBAWARDS ISSUED BY UCLA)

FAX ALL REQUIRED BACKUP DOCUMENTATION TO EFAX 310 564-7562
 or email to: ocgasubawards@research.ucla.edu

Fund(s) must be properly allocated before posting the requisition
(Transactions exceeding \$100,000 require General Accounting's validation)

NEW SUBAWARD

(Complete all information)

*** AMENDMENT and/or CHANGE ORDER TO CURRENT SUBAWARD**

(Complete boxes 1-4 and any other items that will change)

UCLA INFORMATION

1. UCLA Requisition or Purchase Order # _____ Amendment # _____
2. UCLA PI _____
3. UCLA Department _____ Dept Contact _____ Ext: _____
4. UCLA Account & Fund No _____ 4a. For mailing purposes only: Recharge ID _____
5. Award number of the UCLA Grant/Cooperative Agreement _____
6. Name & address of person to whom invoices should be sent: _____

SUBAWARD INFORMATION

7. Subrecipient Name: _____
8. Subrecipient Address: _____
9. Name & address of person to whom payment should be sent (Requisition VCK No. should match with payment address if the payment address is different from Subrecipient address on Item #8 above): _____

10. Subrecipient is: Nonprofit Entity For-Profit Entity
11. Subrecipient Administrative Contact: _____ Tel: _____
12. Subrecipient PI: _____ Subrecipient Department: _____
13. Subaward project start date: _____ Project end date: _____
14. Budget period start date: _____ Budget period end date: _____
15. Funds obligated by this action: _____ Cumulative funding to date: (if applicable) _____

Attach the following documents (if applicable):

- Award Synopsis
- Subrecipient institutional approval
- Subrecipient Commitment form
- IRB approval (if Human Subjects are used)
- List of any additional required deliverable And/or reports
- Scope of Work
- Budget and Justification
- Fair & Reasonable Cost Analysis form
- IACUC approval (if animals subjects)
- Subrecipient F&A (indirect cost) rate agreement (if subrecipient is not a university)

Other:

- If subrecipient must provide cost sharing, matching funds, in-kind, provide detail in comments.
- Is program income anticipated? Yes No
- Special funding requirements provide detail in comments.
- The subaward will flow down any prime sponsor restrictions. If there are additional restrictions that should be included, please describe in comments.

***Reason for Change Order/Amendment: (Check applicable boxes and provide explanation in comments)**

- Continuation funding (project is continuing with the same FAU)
- Continuation funding: Change account & fund number: Close current FAU: Yes No;
 Amt: \$ _____; New FAU to be: _____; move \$1.00 to the new FAU: Yes No
- No Cost Time Extension

Rebudgeting (between categories), prior sponsor approval needed.

Carryforward unspent of funds (from one year to the next): Close current FAU: Yes No;
Amount for Carryforward \$ _____; New FAU to be: _____; move \$1.00 to
the new FAU: Yes No

Change Subrecipient Name and/or Address (add in comment section below)

Note: Change order/Amendment will **NOT** be issued to amend subrecipient address for payment purpose only: Please submit a change address request via Vendor Set-up Process to Accounts Payable directly.

Other (specify)

Comments:

I have reviewed the Subrecipient's budget (attached) and believe that all cost stated therein to be reasonable and appropriate for the work to be performed. In the event this action represents an increment continuation, or no cost time extension. I am satisfied with the programmatic progress of the Subrecipient.

Signature of Principal Investigator or Authorized Representative

Date