

UCLA OCGA OUTGOING SUBAWARD & MCA REQUEST FORM

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

Use this form to request issuance of new or amended subawards or MCAs from OCGA's Outgoing Subawards Team (OST). The OST is responsible for:
1) outgoing subawards under grants/cooperative agreements handled by OCGA; and 2) outgoing MCAs under grants/cooperative agreements and contracts handled by OCGA. For information on outgoing subcontracts handled through Purchasing, visit: <https://purchasing.ucla.edu/bruinbuy-plus-hub>.

This is a request for:

(Mark the applicable checkbox below to hide form questions unrelated to the requested action.)

NEW SUBAWARD	AMENDMENT to SUBAWARD	NEW MCA	AMENDMENT to MCA
Req or PO#	Req or PO# AMD#	(OST will generate MCA #)	MCA# AMD#
Answer questions 1-7 below	Answer question A below	Answer questions 1-7 below	Answer question A below

UCLA Full Accounting Unit (FAU):	Sponsor Award #:	REMINDER: Fund must be active for requested period.
UCLA Principal Investigator:		E-mail:
Subrecipient's Legal Name/Sister-Campus:		E-mail:
Sub/Sister-Campus PI Name:		E-mail:
Sub/Sister-Campus Dept Financial Contact:		E-mail:
UCLA Dept Financial Contact:		E-mail:

1. **Estimated overall Project Period** (i.e. actual start and estimated final end dates for the full Project Period): -
2. **Estimated total funding for above full Project Period:** \$
3. **Actual end date for sub/sister campus' first Budget Period:**
4. **Actual amount to be awarded for above Budget Period:** \$
5. Is sub/sister-campus conducting a clinical trial? Yes No
6. Does the project involve the transfer of human subjects data between UCLA and sub/sister-campus? Yes No
If yes, a separate transfer agreement is likely needed from another UCLA central office.
7. Will sub/sister-campus be providing:

Program income	Mandatory cost share, amount of: \$
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Line-item cost share/matching budget and justification should be included in request.

- A. How is this subaward/MCA being amended?**
(Check all that apply.)
- Amendment Period:** -
- Added funding:** \$ (Do NOT include carryforward.)
 Continuation Supplemental Incremental
- Approving sub/sister-campus carryforward, in the amount of: \$** from year to year
- Change of Subaward PI to:**
- Mandatory Cost Share for this period: \$**
- Other (if needed, continue in Comments section (pg. 2)):**

Backup Documentation: For new subawards/MCAs, this is documentation that was not received by OCGA at proposal stage (ex. a Subrecipient Institutional Information Form (SIIF) for non-FDP Expanded Clearinghouse members, revised project budgets, etc.). For **amendments**, this is any documentation that was not received by OCGA or updated documentation (i.e. revised budget/justification, change to scope of work, etc.). Check the applicable box and select 'Attach' to add related documentation to this form or include as a separate attachment when submitting your e-mailed request to OCGAsubawards@research.ucla.edu.

Letter of Intent	Subrecipient Institutional Information Form (SIIF)	Subrecipient Subject Use Approvals
Scope of Work	IDC rate agreement	UCLA OCGA Award Snapshot issued with applicable period "Awarded/Fully-executed"
Budget & Justification	Subrecipient UG Audit/FAMQ	
Other	Fair & Reasonable Cost Analysis (For-Profit entities only)	

NIH International Subrecipient Data Collection Requirement (This box to be checked for international subawards under NIH funding.)

This request is for a subaward to an international subrecipient under NIH funding. The UCLA PI is aware: 1) that this outgoing subaward will include a NIH award term requiring all international subrecipients to provide "access to copies of all lab notebooks, all data, and all documentation that supports the research outcomes as described in the progress report(s)...no less than once per year"; 2) that the UCLA PI is responsible for collecting, documenting receipt of, reviewing and ensuring OCGA/NIH access to the above and retaining it for 3 years after submission of the final financial report. Additional UCLA guidance regarding [NOT-OD-23-182](#) requirements can be found on the [OST's webpage](#).

Conflict of Interest: UCLA PI certifies that a financial interest does/ does not exist between the Subrecipient and any of the UCLA Investigators under this project (i.e. any one responsible for the design, conduct, or reporting of the research), or any spouses or registered domestic partners, or dependent children of any of the UCLA Investigators. If a financial interest does exist, notify the OST at OCGAsubawards@research.ucla.edu.

Signature: 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 no cost extension, I certify that the Subrecipient's performance goals have been achieved. **If the Subrecipient's performance goals are NOT being achieved, please do not sign/submit and instead notify the OST at OCGAsubawards@research.ucla.edu.**

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. Signature indicates approval of any info on page two.
v. 3.18.26

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

Clinical Trial Questions: This section to be completed if a new subaward or MCA is being requested and the subrecipient or sister-campus under that subaward **will be** conducting a clinical trial.

1. What is the payment method for this subaward?
2. Will invoices be required of subrecipient for subaward payment?
3. Will study data be coordinated through UCLA or will there be a separate Data Coordinating Center?
4. Does the study involve a study drug or device?

If the study **does** involve a study drug or device, please also answer the following:

The drug/device provider will/ will not reimburse for Study related subject injury.

The drug/device provider will/ will not indemnify Subrecipient for third-party claims for injuries caused by defective design and manufacture of the Study Drug/Device.

5. Is it anticipated that the subrecipient will need to transmit Protected Health Information (PHI)?
6. Has the study been registered on www.clinicaltrials.gov?
7. Publishing: If this subaward is part of a multi-site trial, does the UCLA PI expect that the first publication of results will be made as a joint multi-center publication before individual sites publish?
8. Subject Material: Is it anticipated this clinical trial will include the transfer of Subject Material (*biologic material of human origin including, without limitation, tissues, blood, plasma, urine, spinal fluid, or other fluids derived from the study subjects*) to UCLA?

Please also:

- Attach a copy of the protocol so that the Outgoing Subawards Team can ensure consistent terms with the subaward. Please mark 'Confidential' as applicable.

- Ensure any special requirements and/or reporting (ex. how/who to submit case report forms, publishing/review embargo deadlines, etc.) are detailed in the Comments section above .