Subaward BruinBuy Requisition DOM Fund Manager's Manual

# SUBAWARD BRUINBUY REQUISITION SETUP

Revised July 8, 2022

## **BACKGROUND**

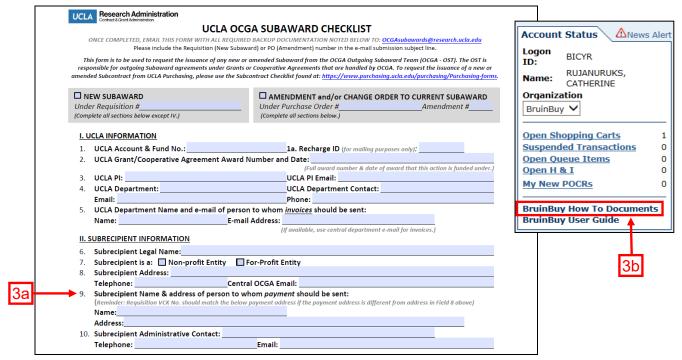
This chapter assumes a basic understanding of how to use/navigate BruinBuy (BB). It is intended to provide <u>subaward specific</u> instructions only. For more detailed BruinBuy training, go to <u>BruinBuy Classes</u>.

### STEPS IN BRUINBUY

- 1. Log into BruinBuy
- 2. Create a "Special Request/Non-Catalog" order



- 3. Search Vendor Name & select Address that matches the subawardee's *remittance* address
  - a. Obtain remittance address directly from Subawardee's Administrative contct. BB Vendor address should be exactly the same as #9 on the <u>OCGA/Purchasing Subaward Checklist</u>.
  - b. If exact address does not exist in BB, follow instructions in "How to...VCK Submit a New Vendor Setup Request" in BB How To Documents.

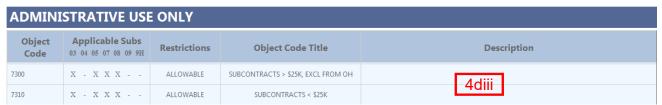


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- 4. After clicking on green check bubble for appropriate VCK, thoroughly complete the Special Request / Non-Catalog screen. See below for sample & pointers.
  - a. Class of Order subawards are *always* "R" for requisition
  - b. PAN Subject suggest entering: Cost Center/Fund/Name of Subawardee
  - c. CC Self check to receive a copy of the requisition to file with Subaward documents
  - d. FAU
    - i. Project Code: Enter abbreviation for Subawardee
    - ii. Sub: Always Sub 07
    - iii. Object Code: Especially important if F&A is Modified Total Direct Cost (MTDC)
      - 1. If 1st year total cost budget for subaward is \$25,000 or less, enter 7310.
      - 2. If 1st year total cost budget for subaward greater than \$25,000, enter 7300.
      - 3. If subward's 1<sup>st</sup> year total cost budget is greater than \$25,000, check "Apply FAU to All Lines (except lines with FAU locked)?"





- e. Line Details:
  - i. Line 1
    - 1. LineCD: COM
    - 2. Description:

SUBAWARD FOR THE PROJECT TITLED: \_\_\_\_\_

**BUDGET PERIOD:** 

FUNDING FOR STATED PERIOD: \$

PRINCIPAL INVESTIGATORS: UCLA: SUBAWARDEE NAME:	
SPONSOR:	
Λ\Λ\Λ PD #·	

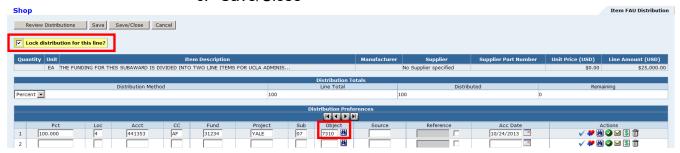
TERMS AND CONDITIONS OF THE ATTACHED AWARD DOCUMENT ARE INCORPORATED HEREIN BY REFERENCE.

\*\*CFDA # also may be called Assistance Listing # (#15 in NIH NOA). Ex. 93.885\*\*\*

- ii. Line 2
  - 1. Line Amt: \_\_\_\_\_, if subaward is over \$25K, enter exactly \$25,000.00. If less than \$25K, enter full the subaward total.
  - 2. LineCD: SVS
  - 3. TaxCD: E
  - 4. Exempt: N
  - 5. Description:

THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD \_\_\_\_\_\_ IS SPECIFIED ABOVE.

- 6. FAU Distribution Pie do only if 1<sup>st</sup> year total cost budget for subaward greater than \$25,000. If 1st year TC budget is \$25K or less, skip this step.
  - a. Click lock icon 
     <sup>-</sup>
     <sup>-</sup>
  - b. Click color pie to change Object Code for *this FAU only* to 7310
  - c. Save/Close



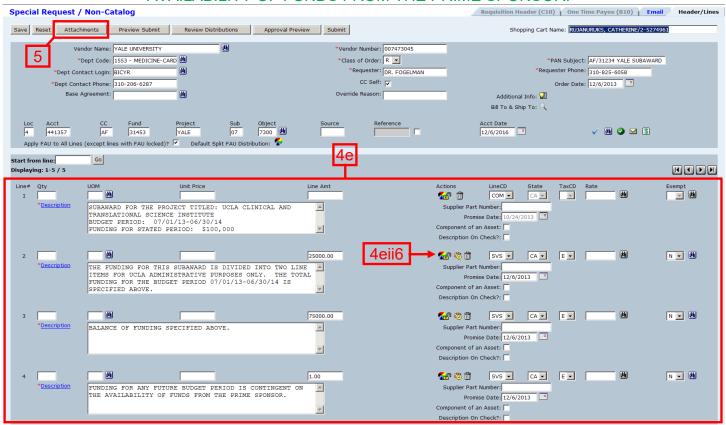
- iii. Line 3 only necessary if F&A is MTDC & 1<sup>st</sup> year total cost budget for subaward greater than \$25,000. If not MTDC, enter entire subaward amount to Line 2.
  - 1. Line Amt: (difference between sub total cost \$25,000)
  - 2. LineCD: SVS
  - 3. TaxCD: E
  - 4. Exempt: N
  - 5. Description:

BALANCE OF FUNDING SPECIFIED ABOVE.

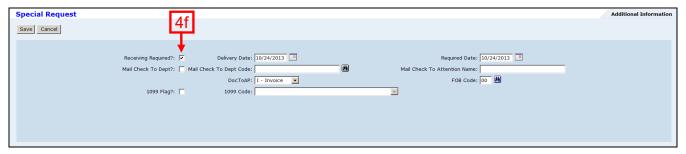
- iv. Line 4 required if subaward will last more than 1 year. If unsure, add anyways.
  - 1. Line Amt: 1.00
  - 2. LineCd: SVS
  - 3. TaxCD: E
  - 4. Exempt: N

# 5. Description:

# FUNDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRIME SPONSOR.

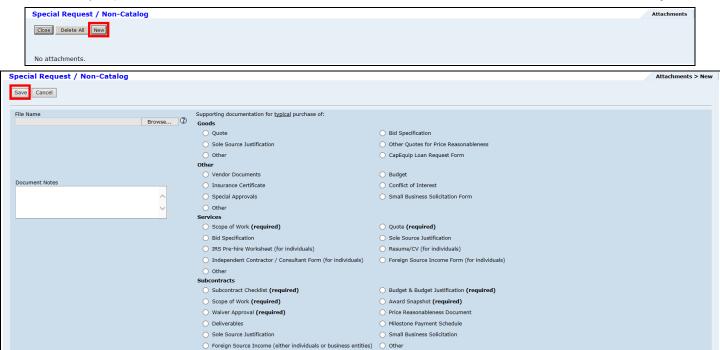


f. Additional Info – click to go to "Special Request" screen to check "Receiving Required?"



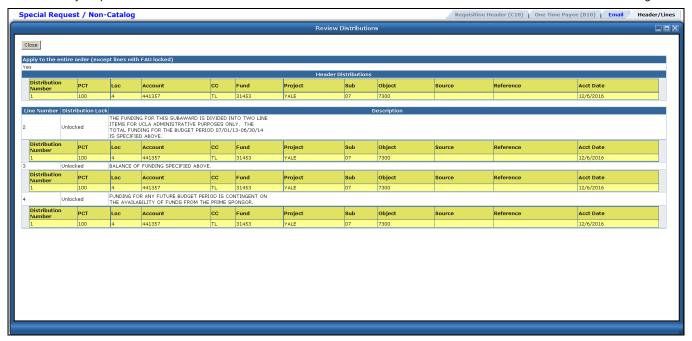
5. Add attachments – Subaward Checklist plus any applicable documents below:

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 Snapashot	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)				
<ul> <li>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; subject use approvals; Financial Audit Management Questionnaire; etc).</li> <li>■ 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).</li> </ul>					



6. Click "Preview Submit" & "Review Distributions" to confirm all data entered is correct





- 7. Submit
- 8. Print out a copy of the PAN notification for the Subaward files. See below for sample:

**Post Authorization Notification Detail** 

Doc ID: 1553RPA12300

Employee:

Action/Subject: AF/31234 YALE SUBAWARD

Date: 07/11/2011 4:11 PM

Preparer: C. Y. RUJANURUKS

Phone: (310) 2066287

Email: CRUJANURUKS@MEDNET.UCLA.EDU

#### Comments

General Information

\*FUND OVERRIDE REASON: SUFFICIENT FUNDS

ACCOUNT CC FUND PROJECT SUB OBJECT SOURCE **AMOUNT** TRANS DT 07 7310 \$25,000.00 07/11/11 441353 31234 YALE 4 441353 AF 31234 YALE 07 7300 \$75,001.00 07/11/11

ORDER TOTAL \$100,001.00 

PAC ORDER NBR 1553 R PA123 00 ORDER DATE..... 07/11/11 VENDOR NBR..... 007473 045

VENDOR NAME/ADDRESS GRANTS & FINANCIAL ACCOUNTING

47 COLLEGE ST STE 203 NEW HAVEN, CT 06520-8337

REQUESTOR NAME..... DR. FOGELMAN REQUESTOR NBR... 310-825-6058

BICYR / RUJANURUKS, CATHERINE DEPT CONTACT/NAME..

DEPT CONTACT NBR... 310-206-6287

APPROVER / NAME.... BICYR / RUJANURUKS, C. Y.

DOC. TO AP..... RECEIPT AUTH... BRUINBUY TRANS ID.. 4109197

ITEM QUANTITY UNIT OF MEASURE UNIT PRICE **TOTAL PRICE** 

1

SUBAWARD FOR THE PROJECT TITLED: UCLA CLINICAL AND TRANSLATIONAL SCIENCE INSTITUTE BUDGET PERIOD: 07/01/13-06/30/14 FUNDING FOR STATED PERIOD: \$100,000

KEY PERSONNEL: UCLA: ALAN FOGELMAN

YALE: JOHN SMITH

SPONSOR: NIH/NCRR

CFDA: 93.389

AWARD #: 1 UL1 RR033168-01

TERMS AND CONDITIONS OF THE ATTACHED SUBAWARD DOCUMENT ARE INCORPORATED HEREIN BY REFERENCE.

2 \$25,000.00 THE FUNDING FOR THIS SUBAWARD IS DIVIDED INTO TWO LINE

ITEMS FOR UCLA ADMINISTRATIVE PURPOSES ONLY. THE TOTAL FUNDING FOR THE BUDGET PERIOD 06/01/11-02/29/12 IS SPECIFIED ABOVE.

3 \$75,000,00

BALANCE OF FUNDING SPECIFIED ABOVE.

4 FUNDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRIME SPONSOR.

REQ/PROMISE DATE... 07/11/11 / 07/11/11

RUJANURUKS, CATHERINE DELIVER TO.....

310-206-6287 UCLA MED-NANO

SHIP TO..... 650 CHARLES E YOUNG DRIVE SOUTH

MEDICAL RECEIVING ROOM 52-175 CHS LOS ANGELES, CA 90095 **ORIGIN PREPAY & ADD** 

SHIP VIA..... **BST METHOD** 

TERMS..... NET CASH, PAY IN THE NEXT MAIL INVOICE TO....

CHECKRUN

UCLA ACCOUNTS PAYABLE 10920 WILSHIRE BOULEVARD, 5TH

FLOOR LOS ANGELES, CA 90024-6502

#### List of Reviewers

Name	Email	Phone	Туре	Status
CATHERINE RUJANURUKS	CRUJANURUKS@MEDNET.UCLA.EDU	<u>J</u> (310) 2066287	Added by Preparer	Sent
RAELLEN MAN	RMAN@MEDNET.UCLA.EDU	(310) 8258112	Mandatory Reviewer	Read