SUBAWARD BRUINBUY PLUS REQUISITION SETUP

Revised May 16, 2024

BACKGROUND

This chapter assumes a basic understanding of how to use/navigate BruinBuy Plus (BB+). It is intended to *provide <u>subaward specific</u> instructions only*. For more detailed BruinBuy Plus training, go to <u>BruinBuy Plus Hub</u>. See <u>Subaward/Subcontract Tips & Resources Guide</u> for more information.

Recommend having the completed <u>OCGA Subaward Checklist</u> and grant's <u>Award Snapshot</u> on hand to assist with BB+ Subaward set up.

STEPS IN BRUINBUY PLUS

- 1. Log into BruinBuy Plus
- 2. Create a "Research Subaward" order in your Home Shopping Dashboard
 - a. If you do not see a Home Shopping Dashboard, view your profile to ensure you have Requisitioner access required to create/execute BB+ requisitions. If you do not, and should, a) take the <u>Campus Buyer training</u> and b) work with your Departmental Security Administrator (DSA), as needed
 - b. Complete each required tab of the Research Subaward Procurement Request Smart Form (instructions below)



3. Details: Update Form Name to include Subaward Entity Name – PI: Sub PI's First Last Name

| Research Subaward | | Details | | Request Actions 🔻 | History | ? |
|--|------|----------------|--|-------------------|---------|---|
| Form Number 12579734 Purpose Procurement Req Status Incomplete | uest | Form Name * | Stanford Subaward - PI: Sub PI First Last Name | | | |
| Instructions | | Purpose | Procurement Request | | | |
| Details | | Template Title | Research Subaward | | | |
| Vendors | • | Form Type | Requires Receiving | | | |
| Form Fields | ▲ | Currency | USD | | | |
| UCLA Department Inform | ▲ | | | | | |
| Line Items | ▲ | | | | | |
| Review and Submit | | | | | | |
| | | ★ Required | < Previous | Save Progress | Next > | · |

- Vendors: Search Registered Vendors by Subrecipient's Legal Name & select "preferred" vendor, if available. Address should match the subawardee's <u>remittance</u> address.
 - a. Obtain remittance address directly from Subawardee's Administrative contact. Choose the BB+ Vendor address that most closely matches #9 on the <u>OCGA/Purchasing Subaward</u> <u>Checklist</u>.

| BOARD OF TRUSTEES O | F THE LELAND | |
|-----------------------|-----------------------|-----------------------------|
| NOT 300 VEIDO CONTACO | | |
| Vendor Details | | 0 |
| S In Network | STANFORD UNIVERS | ITY THE BOARD OF TRUSTER |
| Active | DBA | STANFORD UNIVERSITY |
| - Horonadog G | Aliases | - |
| | Vendor No. | 005535 |
| | 3rd Party Ref No. | - |
| | MBU IDs | - |
| | Date of Last Order | 1/10/2024 |
| | Diversity | - |
| | Development on Obstan | None |

- b. Confirm the Vendor chosen is "Active"
- c. If the Vendor does not exist as a Registered Vendor, click "Request Vendor Onboarding". See FAQs under "Vendor Management" in the <u>BB+ Hub</u>.

| Stanford Universit | ty Suba | Vendors | | | Request Action | is 🔻 History ? |
|--|--|--|---|--|--|----------------|
| Form Number 1147117 Purpose Procurem Status Incomple | 6 nent Request ete | Vendor | THE BOARD OF TRUSTEES OF THE BOARD OF TRUSTEES OF UNIVERSITY, 416 ESCONDID 1 | THE LELAND THE LELAND: STANFORD JUNIOR MALLBLDG 550 RM 114, | | |
| Instructions | | | STANFORD, California 9430522 | 03 United States | | |
| Details | | | | | 4C Request Vend | or Onboarding |
| Vendors | ~ | Search Registered Ver | ndors | | | |
| Form Fields | A | Vendor | stanford | | | |
| UCLA Department Ir | nform 🗸 | Zin Code | Within 5 | Milon | | |
| Line Items | A | Zip Gode | | viles • | | |
| Review and Submit | _ | | | | Clear | Q Search |
| | | | | | | |
| | | Vendor Name | | Doing Business As | Fulfiliment Centers | Action |
| | | STHE BOARD OF TRUST | EES OF THE LELAND | STANFORD UNIVERSITY | AF-181 | Select |
| | UCLA Research ONCE COMPI This form is to responsible for or responsible for or Under Requisit. (Complete all section I. UCLA INFO | Administration MetAmazaroa Met | GA SUBAWARD CHECKLIST ED BACKUP DOCUMENTATION NOTED BELOWT ward) or PO (Amendment) number in the e-mail is or Cooperative Agreements that are hondled by by contract Checklist found at: <a href="https://www.bucklist.ittps://www.bucklist.</th> <th>2: OCGAsubanwards@research.ucla.edu ubmission subject line. ubbaward Team (OCGA - OST). The OST is OCGA. To request the issuance of a new or ssing.ucla.edu/purchasing/turchasing-forms. ORDER TO CURRENT SUBAWARD Amendment #</th> <th>94305-5101 United States THE BOARD OF TRUSTEES OF THE LELAND (preferred) STANFORD JUNIOR UNIVERSITY, 416 ESCONDIDO MALLBLDG 550 RM 114, STANFORD, California 943052203 United States</th> <th>✔ Selected</th> | 2: OCGAsubanwards@research.ucla.edu ubmission subject line. ubbaward Team (OCGA - OST). The OST is OCGA. To request the issuance of a new or ssing.ucla.edu/purchasing/turchasing-forms. ORDER TO CURRENT SUBAWARD Amendment # | 94305-5101 United States THE BOARD OF TRUSTEES OF THE LELAND (preferred) STANFORD JUNIOR UNIVERSITY, 416 ESCONDIDO MALLBLDG 550 RM 114, STANFORD, California 943052203 United States | ✔ Selected |
| | 1. UCLA Act 2. UCLA Gra | count & Fund No.: ant/Cooperative Agreement Award | 1a. Recharge ID (for mailing) Number and Date: | purposes only): | | |
| | 3. UCLA PI: | | (Full award number & date | e of award that this action is funded under.) | | |
| | 4. UCLA De Email: 5. UCLA De Name: | partment: partment Name and e-mail of perso E-ma | Phone: | | | |
| | II. SUBRECIPI 6. Subrecip | ENT INFORMATION ient Legal Name: | (If available, use central department | rt e-mail for invoices.J | | |
| | Subrecip Subrecip Telephor | ient Address: | ral OCGA Email: | | | |
| 4a | 9. Subrecip (Reminder Name: | ient Name & address of person to v Requisition VCK No. should match the below | whom payment should be sent: w payment address if the payment address is diff | erent from address in Field 8 above) | | |
| | 10. Subrecip Telephor | ient Administrative Contact: ne: | Email: | | | |

- 5. Form Fields: UCLA Department Information
 - a. Subaward Type:
 - i. New Subaward: Only for brand new, Year 1 Subawards set up in BB+
 - ii. Subaward Amendment: For all other Subaward transactions

1. Does your Amendment require funding?

- a. No: If **only administrative amendment**, such as update to assigned Fund Manager or change in PI or to project dates.
- b. Yes: If amendment requires **changes to funding \$**, choose "Yes".
- iii. Will any of this work be performed in the USA? Answer Yes/No

| | ✓ Subaward Type |
|--|--|
| | New Subaward or Subaward Amendment? \star |
| ✓ Subaward Type | Subaward Amendment 🗸 |
| New Subaward or Subaward Amendment? * New Subaward | Does your Amendment require funding? * |
| Will any of this work be performed in the USA * | Will any of this work be performed in the USA * |

***** Make sure to reference Legacy BB Subaward PO # for all migrated legacy POs so new BB+ requisition can be linked to legacy BB PO. Add legacy PO to multiple locations in BB+. See below for details. *****

- b. Subaward Questions:
 - i. **Project Period Begin Date:** Enter subaward **project** begin date. For the entire project period beginning of whole subaward's participation.
 - ii. **Project Period End Date:** Enter subaward **project** end date. For the entire project period end of whole subaward's participation.
 - iii. **Period of Performance Begin Date: Budget** period start date (for this current year increment)
 - iv. **Period of Performance End Date: Budget** period end date (for this current year increment)
 - v. **Fund Number:** Enter the 5 digit Fund Number from the full accounting unit (FAU)
- c. **Principal Investigator (PI):** Only full Name and Email is required. Responsible for subaward invoice approval, as PI. Double check for accuracy/typos.
- d. **Fund Manager:** Enter full name and email address of individual responsible for approving subaward invoices. Double check for accuracy/typos.

6. Form Fields: Line Items

- Number of lines needed is important if Indirect Costs/<u>F&A is Modified Total Direct Cost</u> (<u>MTDC</u>). Minimal of 1 line required if this is a new or funding amendment.
 - i. If 1st year total cost budget for subaward is \$25,000 or less, **only 1 line** is required.
 - 1. Line 1: Use information in 6.b.i to enter appropriate Project Description.
 - ii. If 1st year total cost budget for subaward greater than \$25,000, set up 2 lines.
 - 1. Line 1: Use information in 6.b.i to enter appropriate Project Description.
 - 2. Line 2: Use information in 6.b.ii.
 - iii. If *funding amendment*, and previous subaward accumulated balance already exceeded \$25,000, only 1 line is required.

- 1. Line 1: Use information in 6.b.i to enter appropriate Project Description.
- 2. Include legacy BruinBuy PO #, if applicable, as the first piece of information in Line 1 Project Description.

| ADMINISTRATIVE USE ONLY | | | | | | |
|-------------------------|---|--------------|------------------------------------|-------------|--|--|
| Object Code | Applicable Subs 03 04 05 07 08 09 9H | Restrictions | Object Code Title | Description | | |
| 7300 | х - х х х | ALLOWABLE | SUBCONTRACTS > \$25K, EXCL FROM OH | | | |
| 7310 | х - х х х | ALLOWABLE | SUBCONTRACTS < \$25K | | | |

b. Line Details:

i. Line 1

1. Project Description

| Legacy BruinBuy PO # | (include only if applicable) |
|----------------------------------|--------------------------------------|
| Subaward for the Project Titled: | |
| Sponsor: | |
| Budget Period: | |
| Funding for Stated Period: \$ | |
| Key Personnel: | |
| UCLA PI: | |
| Subrecipient PI: | |
| Sponsor Award #: | |
| 2 Unit Price: If subaward is | over \$25K enter exactly \$25,000,00 |

- Unit Price: If subaward is over \$25K, enter exactly \$25,000.00. If less than \$25K, enter full the subaward total.
- ii. Line 2: Only necessary if F&A is MTDC & 1st year total cost budget for subaward greater than \$25,000. If not MTDC, enter entire subaward amount to Line 1.

1. Project Description

Balance of funding specified above.

 Unit Price: Difference between subaward total cost minus \$25,000 listed in Line 1 Unit Price

2 ~ Line Detail Screenshot for New Subaward w/2 lines Line 1 Product Description 🖈 Legacy <u>BruinBuy</u> PO # 1562GLA123 Subaward for the Project Titled: Multi-Dimentional Outcome Prediction Algorithm for Hospitalized COVID-19 Patients Sponsor: NIH/NIDDK Budget Period: 07/01/2023 - 06/31/2024 Funding for Stated Period: \$100,000.00 Key Personnel: UCLA PI: Joseph Bruin Subrecipient PI: Winnie Pool Sponsor Award #: TL1DK132768 659 characters remaining USD Unit Price ★ 25000 1 * 1 Total 0.00 USD Unit of Measure ★ EA - EACH No Taxable Line 2 Product Description * Balance of funding specified above. 965 characters remaining Unit Price ★ 75000 USD Quantity ★ 0.00 USD 1 Total Unit of Measure ★ EA - EACH Taxable No

✓ Subaward Amendment Pricing

| Number | of | Lines | Needed | * |
|--------|----|-------|--------|---|
|--------|----|-------|--------|---|

| | Line Detail Screenshot for Subaward | |
|-----|-------------------------------------|--|
| 2 🗸 | <u>Amendment</u> w/2 lines | |

Line 1

| Product Description ★ | Legacy BruinBuy PO # | # 1553G7B123 | | | | ^ |
|---|---|--------------------|---|---|--------------------------------------|----------|
| | Subaward for the Pro | iect Titled: Mult | i-Dimensional Outcome Pre | diction Algorithm for | Hospitalized COVID-19 Pa | atients |
| | Sponsor, NIH/NIAID | jeet milea. maie | | diction ragona in tor | | licitis |
| | Budget Period: 07/01 | /2023 - 06/30/2 | 024 | | | |
| | Funding for Stated Pe | riod: \$100.000.(| 00 | | | |
| | Key Personnel: | | | | | |
| | LICLA PI: Joseph Bruir | | | | | |
| | Subrecipient PI: Win | nie Pooh | | | | |
| | Sponsor Award #: 58(| 01AI123456-03 | | | | × |
| | 655 alternation and alternation | | | | | |
| | 655 characters remaining | | | | | |
| Init Price ★ | 25,000 | USD | Quantity ★ | 1 | Total | 0.00 USD |
| Init of Measure ★ | EA - EACH | ~ | | | | |
| ervice Start Date | 07/01/2023 | | Bacammand | owing datas | blank since no | + |
| | mm/dd/www | | Recommend is | eaving dates | Dialik Since no | |
| | mm, dd/ yyyy | | required. Otherwise Service Start Date | | e Start Date | |
| Service End Date | 06/30/2024 | | must be a future date. | | | |
| | mm/dd/yyyy | | | | | |
| Taxable | 🔿 Yes 💿 No | | | | | |
| Catalog No. | | | | | | |
| | | | | | | |
| ine 2 | | | | | | |
| | | | | | | |
| | | | | | | |
| | Balance of funding s | pecified above. | | | | |
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| | | | | | ll. | |
| | 965 characters remaining | | | | | |
| Unit Price ★ | 965 characters remaining 75,000 | USD | Quantity ★ | 1 | Total | 0.00 USD |
| Unit Price ★ | 965 characters remaining 75,000 | USD | Quantity ★ | 1 | Total | 0.00 USD |
| Jnit Price ★ Jnit of Measure ★ | 965 characters remaining 75,000 EA - EACH | USD | Quantity ★ | 1 | Total | 0.00 USD |
| Jnit Price ★ Jnit of Measure ★ | 965 characters remaining 75,000 EA - EACH | USD V | Quantity ★ | 1 | Total | 0.00 USD |
| Jnit Price ★ Jnit of Measure ★ Service Start Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 | USD V | Quantity ★ | | Total | 0.00 USD |
| Init Price ★ Init of Measure ★ Service Start Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 | USD V | Quantity ★ | 1 eaving dates | Total | 0.00 USD |
| Jnit Price ★ Jnit of Measure ★ Service Start Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 mm/dd/yyyy | USD V | Quantity ★ Recommend I since not requ | 1 eaving dates irred. Otherv | Total | 0.00 USD |
| Unit Price ★ Unit of Measure ★ Service Start Date Service End Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 mm/dd/yyyy | USD ~ | Quantity ★ Recommend I since not requ Service Start I | 1 eaving dates ired. Otherv Date must be | Total | 0.00 USD |
| Unit Price ★ Unit of Measure ★ Service Start Date Service End Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 mm/dd/yyyy 06/30/2024 | USD ~ | Quantity ★ Recommend I since not requi Service Start I date | 1 eaving dates ired. Otherv Date must be | Total | 0.00 USD |
| Unit Price ★ Unit of Measure ★ Service Start Date Service End Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 mm/dd/yyyy 06/30/2024 mm/dd/yyyy | USD ~ | Quantity ★ Recommend I since not requ Service Start I date. | 1 eaving dates ired. Otherv Date must be | Total S blank vise a future | 0.00 USD |
| Jnit Price ★ Jnit of Measure ★ Service Start Date Service End Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 mm/dd/yyyy 06/30/2024 mm/dd/yyyy No | USD V IIII | Quantity ★ Recommend I since not requ Service Start I date. | 1 eaving dates ired. Otherv Date must be | Total S blank vise a future | 0.00 USD |
| Unit Price ★ Unit of Measure ★ Service Start Date Service End Date | 965 characters remaining 75,000 EA - EACH 07/01/2023 mm/dd/yyyy 06/30/2024 mm/dd/yyyy No | USD V M M | Quantity ★ Recommend I since not requ Service Start I date. | 1 eaving dates ired. Otherv Date must be | Total blank vise a future | 0.00 USD |

7. Subaward Amendment:

- a. Amendment #: Enter amendment #. Increase by 1 for each amendment.
- b. New End Date: If this is a continuation, enter new end date.

- c. Will the UCLA Principal Investigator change? Answer Yes/No. If yes, add
 - i. Pl's Name
 - ii. Pl's Email
- d. Will the Subrecipient PI change? Answer Yes/No. If yes, add
 - i. Subrecipient Pl's Name
 - ii. Subrecipient Pl's Email
- e. Will the Fund Manager change? Answer Yes/No
 - i. Fund Manager's Name
 - ii. Fund Manager's Email
- f. **Are updates to FAU required?** Answer Yes/No. If yes, update the FAU in the Accounting Codes section of the requisition.
- 8. **Review and Submit:** After review of requisition and all required fields are complete, click "Add and go to Cart" to complete subward regusition

| GLAXIBP - Pi: David Been | Review and Submit | | Request Actions 🔻 Histon ? |
|---|----------------------------|--|--------------------------------|
| Form Number 12193690 Purpose Procurement Request | ✓ Required Fields Complete | | |
| Status Incomplete | | | |
| Instructions | Section | Progress | |
| Details | Details | ✓ Required Fields Complete | |
| Venders | Vendors | Required Fields Complete | |
| Venuors | Form Fields | Required Fields Complete | |
| Form Fields 🗸 | | | |
| UCLA Department Inform ✔ | | | |
| Line Items 🗸 | | | |
| Subaward Amendment 🖌 | | | |
| Review and Submit | | | |
| | | Previous Add to Favor | ites Add and go to Cart 🔻 |

- 9. Go to Shopping Cart by clicking on the cart icon in the upper right to complete transaction
 - a. **Cart Name:** Add Dept specific order identifiers. Suggested format: Cost Center/Fund #/Subaward Entity (Legacy BruinBuy PO #, if applicable)
 - b. **Description:** Add Legacy BruinBuy PO #, if applicable. If not, can leave blank.
 - c. Internal Note: Add Legacy BruinBuy PO #, if applicable.
 - d. Click "Proceed to Checkout"

| BruinBuy Plus | | All ▼ Search (Alt+Q) 9. 58,430 |).00 USD 📜 🛇 🏴 之 |
|---|-----------------|---|--|
| Shopping Cart • Shopping Cart | | ● ■ ··· Ass | Ign Cart Proceed To Checkout |
| Simple Advanced | | ··· Summary | 9d → |
| Search for products, vendors, forms, part number, e | tc. | Q Details | ~ |
| Cart Name D7/31791/GLAVREF S | ub (1553GZB189) | For CATHERINE | RUJANURUKS |
| Description 1553GZB189 | | Total (58,43 Shipping, Ha and charged | 0.00 USD) ~ ndling, and Tax charges are calculated by each vendor. The values shown here |
| Prepared for CATHERINE RUJANUR | ∧ ITEM DETAILS | | |
| | Taxable | Internal Note | r BruinBuy PO # 1553GZB189 |
| 1 Item | Commodity Code | Q 969 chara | cters remaining expand clear |
| | | External Note | |
| | | 1000 char | acters remaining expand clear |

10. In the Requisition Page, complete the following by clicking on the pencil icon 🖋 to edit:

- a. General
 - i. Requires Receiving: Choose "Yes"
 - ii. **Receiving Type:** Choose "Receiving required before payment (will never release for payment if not received)"
 - iii. Declining Balance PO: Choose "Yes"
 - iv. If your subaward requires any specific criteria, i.e. wire transfer, make sure to choose appropriate value here
- b. Shipping:
 - i. Complete profile as necessary
 - ii. Tax Code: Choose "E" for Exempt
- c. Accounting Codes: Complete fully.
 - i. When typing in segments of FAU, make sure to click on the selection (rather than just typing in fields) to ensure response is captured in BB+.
 - ii. **Project Code:** Recommend using first 6 characters to differentiate subaward entity. Especially useful when there are multiple subawards on the same fund.
 - iii. Object Code:
 - 1. **7310:** Choose for lines < \$25K on MTDC funds
 - 2. 7300: Choose for lines > \$25K on MTDC funds
 - If both object codes/split F&A rates/2 lines are required, click on plus sign + to add additional FAU to split between 7310/7300
 - iv. Source Code: Use Sub 07 for all subaward FAUs
 - v. Once full FAU is complete, validate FAU by clicking on check mark \checkmark
 - vi. Save

| Edit Accounting Codes | 3 | | | | | | × |
|-----------------------|---------------|--------------|-----------|-----------|------------------------|--|-------|
| Accounting Codes | | | | | | | |
| Project | Object 🚖 | Sub ★ 도 | Source | Reference | Account Effective Date | % of Price 🗸 | |
| GLAVRE | 7310 | Q 07 | Ľ | | Ľ | Enter % | ĩ |
| | | | | | | Solution Number Num | J |
| GLAVRE | 7300 | Q 07 | <u>لا</u> | | × | Enter % | ĩ |
| | 7300 - SUBCON | NTRACTS > \$ | 10ci | | | Split Total 0% (0.00 USD) | 10cv |
| | | | | | 10000 | Percentage is not equal to | 100% |
| ٢ | | | | | | + | |
| Required fields | | | | | | Save | Close |

- 11. Internal Notes & Attachments Add any notes and attachments you would like to share with Campus Purchasing
 - a. Required Attachments:
 - i. Current Award Snapshot should reflect subaward entity in Section IV
 - ii. Completed Subaward Checklist
 - b. Other possible attachment: OCGA's fully executed (FE) subaward agreement. No need to upload all other attachments requested in the subaward checklist. Those attachment only need to be email to OCGA for subaward agreement execution.

| Subawardee | Budget Period |
|---|----------------------|
| Baylor College of Medicine | 7/8/2021 - 6/30/2022 |
| Bronx Veterans Medical Research Foundation, Inc. | |
| Foundation for Atlanta Veterans Education and Research, Inc. | |
| Greater Los Angeles Veterans Research And Education Foundation | |
| Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center | |
| Olive View-UCLA Education and Research Institute | |
| Baylor College of Medicine | 7/1/2022 - 6/30/2023 |
| Bronx Veterans Medical Research Foundation, Inc. | |
| Foundation for Atlanta Veterans Education and Research, Inc. | |
| Greater Los Angeles Veterans Research And Education Foundation | |
| Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center | |
| Olive View-UCLA Education and Research Institute | |
| Baylor College of Medicine | 7/1/2023 - 6/30/2024 |
| Bronx Veterans Medical Research Foundation, Inc. | |
| Foundation for Atlanta Veterans Education and Research, Inc. | |
| Greater Los Angeles Veterans Research And Education Foundation | |
| Lundquist Institute for Biomedical Innovation at Harbor-UCLA Medical Center | |
| Olive View-UCLA Education and Research Institute | |

| nternal Notes and Attachments 🔹 💉 ··· | | External Notes and Attachments | | | | |
|---------------------------------------|--|--------------------------------|-----------|--------------------------------|-----------|--|
| Internal Note | See attached OCGA | fully executed this su | ub Y3 | Note to all Vendors | no value | |
| | transition to BB+. OC with new BB+ PO#. | GA just needs to pro | ovide sub | PO Clauses | no clause | |
| Internal Attachments | Showless | Date | Add | Attachments for all vendors | Add | |
| ↓ UCLA-OCGA-subaw VR_Signed.pdf | vard-checklist_GLA | 4/18/2024 | | | | |
| ↓ 20214238 01-02 GI 189_FE.pdf | LAVREF 1553 G ZB | 4/18/2024 | | | | |
| ↓ 31791_AwardSnap | shotY3.pdf | 4/18/2024 | | | | |
| Has Comment | no value | | | | | |

- 12. Once everything is complete, "Validate FAU" in the upper right-hand corner.
 - a. Correct any errors, if applicable
 - b. Place Order

| Requisition | • 184187534 | | | | ۲ | e (| ?) | Validate FAU | Assign Cart | Place Order |
|-------------|-------------|---------------|------------|---------------|---------------------------|------------|----|--------------|-------------|-------------|
| Summary | Taxes/S&H | PO Preview | Comments 1 | Attachments 3 | History | | | | | |
| General | | ∢ … Sł | ippina | * | Contacts & Additional App | rovals 🖌 | 🗸 | Summary | | → |

| Requisition | 186647763 Submitted | |
|---------------------------------|---------------------|--------------------------|
| Summary | | Options |
| Requisition number | 186647763 | □ Print ← 14 |
| Requisition status | Pending | Recent orders |
| Cart name | PB/79530/LSHTM | Return to your home page |
| Requisition date | 5/10/2024 | |
| Requisition total | 100,000.00 USD | |
| Number of line items | 1 | |

13. Immediately email Subaward Checklist and all applicable attachment to OCGA @ <u>ocgasubawards@research.ucla.edu</u> referencing the BruinBuy+ Requisition # in the PO # field.

| UCLA Research Administration Contract & Grant Administration | |
|---|--|
| UCLA OCG | A SUBAWARD CHECKLIST |
| ONCE COMPLETED, EMAIL THIS FORM WITH ALL REQUIRED | BACKUP DOCUMENTATION NOTED BELOW TO: OCGAsubawards@research.ucla.edu |
| Please include the Requisition (New Subawa | rd) 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 a | mended subaward from the OCGA Outgoing Subawards Team (OCGA - OST). The OST is |
| responsible for outgoing subaward agreements under grants or | r cooperative agreements that are handled by OCGA. To request the issuance of a new or |
| amended subcontract from UCLA Purchasing, please use the Subco | pontract 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.) |

- 14. Print out a copy of the BB+ Requisition for the Subaward files. See next page for sample.
- 15. Follow-up with OCGAs Outgoing Subaward Team (OST) as necessary until subaward is fully executed.

Requisition Summary - 186898391

| G | ieneral | Shi | pping | | Contact | ts & Addit | ional App | rovals |
|---|---|---|---|--|------------------------|------------|-----------|------------------------------|
| Status | 🥙 Pendina | Ship To | | | Buyer Contact | Informatio | n | |
| | Procurement | Attn: CATHERINE | | | Buyer Name | Buyer | Email Bu | yer Position |
| Submitted | 5/16/2024 5:08 PM | KWAN | | | no value | no va | alue | no value |
| Cart Name | EN/29661/Cesar Sinai Sub (1562GLA141) | DOM ORA (Suite 1820) | | | | | | |
| Accounting Date | 5/16/2024 | 1100 Glendon Ave | | | Additional App | provals | | |
| Description | 1562GLA141 | Suite 710 Los Angeles, CA | | | CISO | no | value | |
| Prepared by | CATHERINE RUJANURUKS | 90024 | | | Export Control | no | value | |
| Prepared for | CATHERINE RUJANURUKS | United States | | | IRM | no | value | |
| Department | MEDICINE-DEPT | | | | Legal | no | value | |
| | ADMINISTRATION (1565) | Delivery Options | | | OCGA | no | value | |
| Requires Receiving | Yes | Expedite | x | | Privacy | no | value | |
| Passing Turna | res | Ship Via | Best Carrie | er-Best Way | Tax Services | no | value | |
| Receiving Type | payment (will never release for payment if not received) | Requested Delivery Date | | | TDG | no | value | |
| Declining Balance PO | Yes Yes | Bill-To | | | | | | |
| Override Distribution | no value | Attn: Accounts | | | | | | |
| Override Distribution Email Address | no value | Payable 10920 Wilshire Blvd | | | | | | |
| Manual Check? | no value | 90024 | | | | | | |
| Wire Transfer? | no value | United States | | | | | | |
| GASB Reporting | | Tax Codes | | | | | | |
| Leases / Rentals | x | Tax Rate Code | no value | | | | | |
| | | Tax Code | E EXEMPT (nr | on-tavable) | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | OASISLoginID | BIC | YR | |
| | | Accoun | ting Cod | es | | | | |
| Location Departr | nent Account CC | Fund | Project | Object | Sub | Source | Reference | Account Effective Date |
| 0004 156. UCLA MEDICI PULMOI DISEA | 2 401341 EN INE- MED EN NARY PULMONARY- SE FAC RES & SUP/TE | 29661 NIH 5TL1DK132768-03 NEMETH 5/26 8% | CEDARS | 7300 SUBCONTRACTS > \$25K, EXCL FROM OH / IMPROVEMENTS | 07 SPECIAL ITEMS | no value | no value | no value |
| Int | ternal Notes and Attachm | ents | | Exte | ernal Notes an | d Attachm | ients | |
| Internal Note | Legacy BB PO # 1 Amendment was in January 2024 b not posted, thus #. Attachments: 1 Subaward Checkl Executed Subawa | IS62GLA141. fully executed by OCGA out legacy BB PO was setting up new BB+ PO I) Award Snapshot, 2) list, 3) OCGA Fully ard Amendment | Note to PO Clau <i>no clau</i> Attachr | all Vendors uses use nents for all vend | no no | ote | | |
| Internal Attachments | | | | | | | | |
| ▲ 20221177 01- | 02 Ce | | | | | | | |
| 1 562GLA141_ | Cedars | | | | | | | |

1 of 2

| ➡ SnapShot_29661_20 | | | | | | | | |
|---|---|----------------------------|---------------------------------------|---------------------|---------------------------------|-------|--|--|
| Has Comment no value | | | | | | | | |
| | | | | | | | | |
| | Vendor / Line | e Item Details | | | | | | |
| Cedars-Sinai Medical Center | | | Contract | no | value | | | |
| Cedars-Sinai Biomanufacturing Center | | | PO Numbe | er To I | Be Assigned | | | |
| CCOUNTS RECEIVABLE ATTN VICKI TIEU, 6500 WILSHIRE BLVD STE 1800, LOS A alifornia 900484938 United States | | S ANGELES, | Quote number | | | | | |
| | | | PO Clauses | | | | | |
| | | | no clause | | | | | |
| Product Description | | Catalog No | Size / Packaging | Unit Price(| Quantity Ext. Price | e | | |
| Cedar Sinai Subaward - PI: Stephen Freed | and 📄 | | | | | | | |
| l 🧟 See below | uard Di Stanhan Fran | dland | EA | 0.001 USD | 1 0.00 |) | | |
| Procurement Request. Cedar Sinai Subav | varu - Fi. Stephen Freed | | | | | | | |
| | Taxable | × | | Internal Note | Legacy BruinBuy P 1562GLA141 | °O # | | |
| | Commodity Code | no value | | Internal Attachmen | ts | | | |
| | | | | External Note | no note | | | |
| | | | | Attachments for ver | ndor | | | |
| | | | | | | | | |
| Legacy BruinBuy PO # 1562GLA141 Titled: Multi-Dimentional Outcome Predic Hospitalized COVID-19 Patients Sponsor: 06/01/2023 - 05/31/2024 Funding for Star Personnel: UCLA PI: Elizabeta Nemeth Suk Freeland Sponsor Award #: TL1DK132768 Procurement Request: Cedar Sinai Subav | Subaward for the Proje tion Algorithm for NIH/NIDDK Budget Per ted Period: \$82,870.00 H precipient PI: Stephen vard - PI: Stephen Freed | ct iod: Key dland | EA | 82,870.00 USD | 1 82,870.00 |) | | |
| | Taxable | x | | Internal Note | no note | | | |
| | Commodity Code | no value | | Internal Attachmen | ts | | | |
| | | | | External Note | no note | | | |
| | | | | Attachments for ve | ndor | | | |
| | | Form Total: | 82.870.00 |) | | | | |
| | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Vendor subtotal | 82,870.00 |) | | |
| | | | | Tax1 | 0.00 |) | | |
| | | | | Use Tax | 0.00 |) | | |
| | | | | Vendor total | 82,870.00 |) USD | | |
| Shipping, Handling, and Tax charges are calculated a | and charged by each vend | dor. The values s | hown here a | are for Subtotal | 82,870.0 | 00 | | |
| estimation purposes, budget checking, and workflow | v approvals. | | | Tax1 | 0.0 | 00 | | |
| | | | | Use Tax | 0.0 2 2 2 2 2 | 00 | | |
| | | | | rotar | 02,070.0 | | | |