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 subaward specific instructions only. For more detailed BruinBuy training, go to BruinBuy Classes.

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 contact. BB Vendor address should be exactly the same as #9 on the OCGA/Purchasing Subaward Checklist.
   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.
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 1st 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: _______________
CFDA: ____________

AWARD #: ________________

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 1st 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 to lock
   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 & 1st 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.

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

- UCLA Subrecipient Commitment Form
- UCLA Letter of Intent (to be used for EIP 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

- Subrecipient IRB Approval (if working with human subjects)
- Subrecipient IACOC 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)
- Subrecipient Federal Indirect Cost Rate Agreement
- Subrecipient Federal Fringe Benefits Rate Agreement
- PHS Financial Disclosure Form (if no PHS FCOI policy)
- Subrecipient Most Recent UAG Audit (copy of or hyperlink to)
- Certificate of Compliance of UAG audit findings
- Financial Audit Management Questionnaire (if no UAG audit)
- UCLA Fair & Reasonable Cost Analysis (For profit subrecipients)

f. Additional Info – click to go to “Special Request” screen to check “Receiving Required?”
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:

<table>
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<tr>
<th>Distribution Id</th>
<th>Loc</th>
<th>Account</th>
<th>GC</th>
<th>Fund</th>
<th>Project</th>
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THE FUNDING FOR THIS SUBAWARD IS SHARED INTO TWO LINE ITEMS (SPLA A & B). THE FUNDING IS ONLY FOR THE FUTURE BUDGET PERIOD (07/01/2008-06/30/2009) AS SPECIFIED ABOVE.

THE PENDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRINCIPAL AGENCY.

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THE FUNDING FOR THIS SUBAWARD IS SHARED INTO TWO LINE ITEMS (SPLA A & B). THE FUNDING IS ONLY FOR THE FUTURE BUDGET PERIOD (07/01/2008-06/30/2009) AS SPECIFIED ABOVE.

THE PENDING FOR ANY FUTURE BUDGET PERIOD IS CONTINGENT ON THE AVAILABILITY OF FUNDS FROM THE PRINCIPAL AGENCY.
Post Authorization Notification Detail

Doc ID: 1553RPA12300
Preparer: C. Y. RUJANURUKS

Employee: C. Y. RUJANURUKS
Phone: (310) 2066287
Email: CRUJANURUKS@MEDNET.UCLA.EDU

Preparer: C. Y. RUJANURUKS
Employee: C. Y. RUJANURUKS
Action/Subject: AF/31234 YALE SUBAWARD
Date: 07/11/2011 4:11 PM

Comments

General Information

*FUND OVERRIDE REASON: SUFFICIENT FUNDS

<table>
<thead>
<tr>
<th>LOC</th>
<th>ACCOUNT</th>
<th>CC</th>
<th>FUND</th>
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<td>YALE</td>
<td>07 7300</td>
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ORDER TOTAL $100,001.00

PAC ORDER NBR 1553 R PA123 00
ORDER DATE........ 07/11/11
VENDOR NBR........ 007473 045
VENDOR NAME/ADDRESS YALE UNIVERSITY
GRANTS & FINANCIAL ACCOUNTING
47 COLLEGE ST STE 203
NEW HAVEN, CT 06520-8337

REQUESTOR NAME..... DR. FOEGELMAN
REQUESTOR NBR... 310-825-6058
DEPT CONTACT/ NAME. BICYR / RUJANURUKS, CATHERINE
DEPT CONTACT NBR... 310-206-6287
APPROVER / NAME.... BICYR / RUJANURUKS, C. Y.
DOC. TO AP........ I
RECEIPT AUTH...... Y
BRUINBUY TRANS ID... 4109197

ITEM QUANTITY UNIT OF MEASURE UNIT PRICE TOTAL PRICE
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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 FOEGELMAN 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 $75,001.00

4 BALANCE OF FUNDING SPECIFIED ABOVE.

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
DELIVER TO......... RUJANURUKS, CATHERINE
SHIP TO.......... UCLA MED-NANO
650 CHARLES E YOUNG DRIVE SOUTH
MEDICAL RECEIVING
ROOM 52-175 CHS
LOS ANGELES, CA 90095

F.O.B.............. 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

<table>
<thead>
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<th>Name</th>
<th>Email</th>
<th>Phone</th>
<th>Type</th>
<th>Status</th>
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<tbody>
<tr>
<td>CATHERINE RUJANURUKS</td>
<td><a href="mailto:CRUJANURUKS@MEDNET.UCLA.EDU">CRUJANURUKS@MEDNET.UCLA.EDU</a></td>
<td>(310) 2066287</td>
<td>Added by Preparer</td>
<td>Sent</td>
</tr>
<tr>
<td>RAELLEN MAN</td>
<td><a href="mailto:RMAN@MEDNET.UCLA.EDU">RMAN@MEDNET.UCLA.EDU</a></td>
<td>(310) 8258112</td>
<td>Mandatory Reviewer</td>
<td>Read</td>
</tr>
</tbody>
</table>