

Instructions

Submitting Department *

Dept. Contact/Contract Administrator

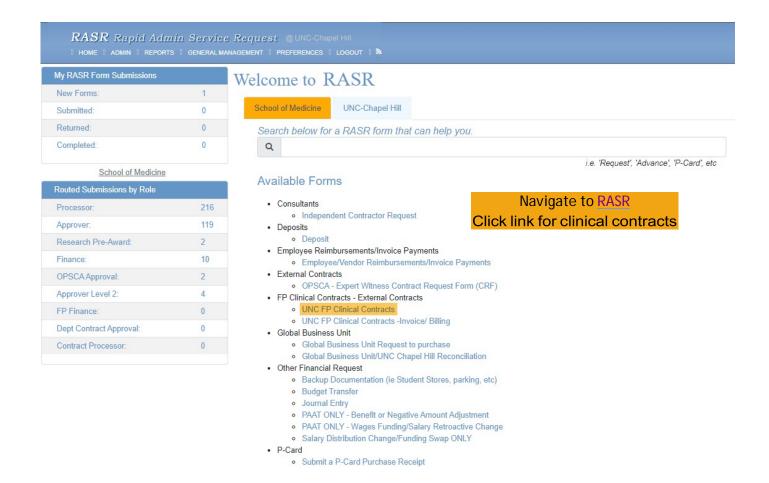
List UNC-CH personnel who are committed

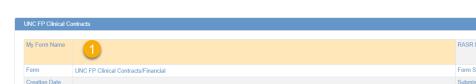
or performing services under this agreement.

Submitter Name *

Faculty PID

RASR CONTRACT TIP SHEET





To submit a contract that has been review and approved by OPSCA, please complete this form

* Ensure that the submission contains the entire contract, including exhibits and attachments

Note Note Type Created \$\preceq\$ Last Modified \$\preceq\$

Person who can answer questions related to contract if different that Submitter

o 1289 - Rockingham Professional Services - Assar, Soheil Auto-generated number. You will use this to connect the invoice form to the contract itself Submitting Department

Format is "Contract # - Name of Contract/Type - Last Name of Provider in

• 1264 - UNCHCS Med Director - Caulfield, Chris o 1410 - DPS (not performed by 1 provider so left off form name)

Contract, First Name

Division in department where the contract is deposited or is expensed from 4. Submitter Name

Name of person submitting form. Should be someone who can answer questions

about invoicing 5. Department Contact/Contract Administrator

Division Admin or ACA. Should be someone who can answer questions about the contract itself or contract negotiations

± (5)

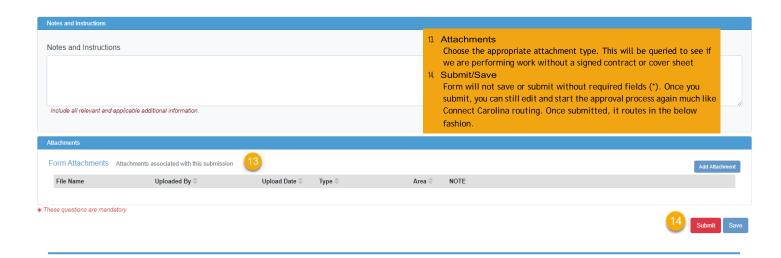
Add PID of personnel doing work on this contract. Can only be 1 PID. Not a required field so it can be left blank



EXTERNAL ORGANIZATION INFORMATION	
Name of Counterparty * Manually enter name if it not listed on the drop-down menu. Counterparty Contact Information: (Name) * A Counterparty Address A Counterparty Address 10 A Counterparty Email * @ CONTRACT INFORMATION	7. Name of Counterparty This auto completes with many/most external organizations. o If a hospital contract, Counterparty is "2!858-UNC Hospitals" 8. Counterparty Contract Information (Name): Name of person who the contract invoices are sent to. o If a hospital contract, Contact is "UNCH Contract Accountant" 9. Finance/Operation Contact Name Name of finance/operations contact who was involved in negotiations of contract If a hospital contract, usually VP on hospital side 10.: Counterparty Address If a hospital contract, Address is "522! Paramount Pkwy Ste 230 Morrisville, NC 27560" 11. Counterparty Email If a hospital contract, email is unchest outrock Accounted unchessith, unchessed.
Are you submitting a contract for review and signature or do you need a contract to be drafted?	Is this a new agreement?
#	○ Yes ○ No

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ling Details (Check all that Apply): Account Type				eivable (Providing Items/Services)			
Monthly no Invoice			Ü				
Quarterly	40		No Funding	ole (Purchasing Items/Services)			
Annually			O No Funding	12. Financial			
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Flat Rate				Ensure "Contract comp			iscal
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Annual Reconciliation				Example: If there is			
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	ervices will be subject to a 5.5% fee levied by UNC Fac	culty Physicians. Please consider adding a	10% administrative fee	o all services to cover overhead costs.			
	ation Structure						
Payment Terms and Compens							
Payment Terms and Compens A							
A .	cribe your expectation for compensation. You may ind	icate if an attached document already					
A .		icate if an attached document already					
A Being as descriptive as possible, des		icate if an attached document already					





Contract routing:

These roles were initially defined by a large department so there may be some overlap in roles in smaller departments

Submitter -> Department Approver -> Contracts Processor -> Department Contracts Approver -> FP Finance Approver

Submitter: Not a defined role in RASR, but the individual who is actually submitting the initial contract. The contract committee would prefer this to be an Analyst/Finance role in the Department

Department Approver: A division Admin or other Administrative person in the Department/Division who is knowledgeable of the negotiations of the contract. May be the ACA

Contracts Processor: Central finance person in the Department who is knowledgeable of the invoicing/payment mechanisms of the contract. May be the same as the submitter.

Proposed: Route to OPSCA at this step to begin the AdobeSign process.

Department Contracts Approver: More senior central finance role. Likely the ACA

FP Finance Approver: Someone in central FP (most likely Suzanne)

Next Steps:

- Please send the name of the individual in each role by department to Suzanne (Suzanne scott@med.unc.edu)
- All fully executed contracts or those where work is being done via signed Coversheet need to be loaded into RASR by the end of July. We will use RASR for July accruals so the accuracy of our financials is dependent upon the accuracy of the data loaded into RASR.