

eAgreements – OCA Submission and Process

Direct link: [eAgreements](#)

For Amendment instructions, please see page 6

To submit an OCA request:

Select “Create Outgoing Consulting Agreement” at upper left-hand side of Dashboard

My Current Actions:

Create Outgoing
Consulting
Agreement

Create Faculty
Consulting
Agreement

[Manage My Delegates](#)

Section 1.1 – Agreement Upload

1. **Agreement Type:** Should be Outgoing consulting agreement
2. **Submitter:** The name of the person who submitted the consulting agreement
3. **Principal Investigator:** Name of the PI
4. **Delegates are users that can edit or submit an agreement on your behalf:** (Optional) This should be completed by the PI or PID
5. **Name the Agreement:** This can be an identifier for the PI to know which agreement this is for (i.e.name of title, name of consultant, etc.)
6. **Provide a short title or nickname for this Agreement:** (Optional) Same as 5
7. **If you have any additional information useful to RA (GCS/RBA) for processing the Agreement, let us know:** (Optional) The PI or PID can add any useful information into this section to help the GCS/RBM with their review.
8. **If you have any additional documents attach here:** (Optional) NO Confidential information such as a budget or W8 or W9 form should be added in this section. Any other documents to assist the GCS/RBM with their review can be uploaded. [For example, additional project context, relevant details regarding consultant, etc.]

Section 1.2 – General Information

1. **Are you contracting with an individual or entity?** Select as applicable
2. **Select the individual or entity:** There is a text box to search for a name/entity preloaded into the system. If the name is not found in the search, there is a text box to add the name/entity.
3. **Attach W-9/W-8 Form:** Upload document applicable for consultant
 - a. The PI or PID should obtain the W9 form for US citizens or entities and include it in this section.



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- b. If the consultant is a foreign individual, a W8 BEN form is needed.
- c. If the consultant is a foreign entity, use the W8 BEN E form.
 - i. More information about the W8 forms can be found by clicking here:
[IRS.gov](https://www.irs.gov)
4. **Identify the contact name at the outside organization:** Enter the name of the consultant or authorized official for the consulting organization.
5. **Identify the contact email at the outside organization:** Enter the email of the person to whom the agreement will be sent.
6. **Identify the contact phone[number] at the outside organization:** Enter the phone number of the consultant or the phone number for the organization.

2.1 - Sponsored Consultant & Independent Contractor Checklist

For this section, CHOP prefers all answers to be selected as **“Yes”** in order to make an appropriate determination per IRS guidelines and for audit purposes to determine that the consultant is being compensated as an independent contractor as opposed to a payroll employee.

1. * Individual is NOT Limited to working for one employer? Yes No [Clear](#) 
2. * Furnishes own tools or materials? Yes No [Clear](#) 
3. * Has an investment in his/her own business? Yes No [Clear](#) 
4. * Does the individual/firm bear the risk of making a profit or loss? Yes No [Clear](#) 
5. * Usually, individual's services are available to the general public? Yes No [Clear](#) 

Another way to think about how to answer these questions would be:

1. Is the consultant allowed to consult for an organization outside of their current employer?
2. Will they be utilizing their own equipment to complete these services?
3. As a consultant, they will have stake in the investment of the success of this project.
4. This question is essentially asking whether they will be including the earnings from their services on their federal income tax, which we assume that they will.
5. Can they provide consulting to more institutions and/or organizations than just CHOP?

2.2 – Patient Information/Involvement

1. **Will the consultant or entity create, receive, maintain, or transmit Patient Information on behalf of CHOP Research?:** If YES, make sure the Master Business Associate Agreement is attached to the agreement. Questions about Business Associate Agreements, including whether a vendor has completed a BAA on file at

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CHOP or whether this Agreement is necessary for the services, can be sent to BAA@email.chop.edu.

2. Will the consultant be on CHOP premises or have contact with minors, patients or be in a patient area? If YES, follow Green Security instructions through this link: [Contractor Onboarding](#)

2.3 – Foreign Consultant

1. **Is this a foreign consultant or is the consultant a foreign national?:**
If yes, additional questions will pop up.
 - a. **Is this consultant being paid from Federal funds?:** Answer accordingly
 - b. **Was this individual named in the original proposal?:** If no, will prior approval be needed from the Sponsor? – Please work with the SPO to obtain prior approval.

3.1 – Statement of Work & Purchase Requisition

A Statement of Work should be uploaded either as a document or information should be added in the text box that explains the work being conducted.

GCS/RBA ONLY - Read the SOW and make sure the recipient is a consultant. Look for subject identifiers that could possibly change the relationship from a consultant to a subaward.

4.1 – Consulting Agreement Information

PI/PID should have this information and it should be confirmed by the RBA.

4.1 Consulting Agreement Information

1. * Enter Account Number:
Grant ID: Project ID:

2. * Enter the name of the Sponsoring Agency:

3. * Enter the TYPE GRANT/CONTRACT #:

1. **Enter Account Number:** Information should be entered by the PI or PID and confirmed with the RBA.
2. **Enter the name of the Sponsoring Agency:** Information should be entered by the PI or PID and confirmed with the RBA.
3. **Enter the TYPE GRANT/CONTRACT #:** Information about the TYPE GRANT/CONTRACT# should be entered by the PI or PID and confirmed with the RBA.
4. **Enter Performance Period Details:** The dates in this section should be entered by the PI or PID and confirmed with the RBA to make sure that dates are within the project




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period dates of the active award. If you find that the dates are not within the active award dates, please request additional information from the PI/PID.

5. **Select the compensation type for this contractor for services performed:** The information in this section should be completed by the PI or PID and confirmed with the RBA. If the total amount is over 50K, the system will generate an error stating that the Vendor Justification Form should be uploaded.

5. * **Select the compensation type for this contractor for services performed:** 

Hourly Rate

Daily Rate

Fixed Rate

Milestone Pricing

[Clear](#)

1. Enter compensation details:

* Hourly Rate:

\$

* Total number of hours:

Compensation Amount: \$

6. **Enter applicable travel expenses:** This should be completed by the PI or PID and confirmed with the RBA.
7. **Other expenses:** This should be completed by the PI or PID and confirmed with the RBM.
8. **Vendor Justification Form:** the form should be uploaded for any costs over 50k. If questions arise on how to appropriately complete this form, please contact Supply Chain (supplychain@chop.edu) for assistance. Please refer to page 8 for the Vendor Justification Form.
9. #9 (Please list below the names of individuals who are employees of the Hospital, its affiliates, or the University if Pennsylvania with whom the consultant of the consultant's personnel maintain a relationship) and #10. (Is the consultant currently on the medical/research staff of another institution) – Confirm the answers with individual or entity providing consulting services (9 and 10) to make sure there are no affiliations with CHOP or the University of PA. Also, confirm with consultant that there are no Conflicts of Interest, if the consultant is on the medical or research staff of another institution.
 - a. ** If the recipient is using his/her role at another institution, we need to find out more information on why they aren't being considered a subcontract/subaward instead. There are cases when the individual will be using his/her own time and not their organization's time to conduct the work and they will most likely need to

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make sure their organization is aware of this agreement to ensure there are no conflicts on their end as well.

9.1 – Final Page

1. You may now submit the agreement. Pop-up window will appear:

1. Here is the current OCA template:  Consultant_Agreement_OCA-22-02600.doc(1.02) ...

* Do you agree to use this template without changes?

Yes No [Clear](#)

2. Choose “Yes” or “No”, if choosing “No” please work with GCS assigned to eAgreements OCA workspace to assistance in choosing the appropriate consulting agreement template.

3. Submitter should hit “Ok”

-----**No Action Needed by Submitter Beyond This Point**-----

Process States

1. Pre-Negotiation (Approx. 5 business day timeline)

a. RBA is assigned and reviews the workspace.

b. If all is acceptable on their end, the RBA will select “Move to Negotiation-CHOP”

2. Negotiation-CHOP (Approx. 5 business day timeline)

a. Triages to GCS listed on the workspace for review and processing

b. If all is acceptable on their end, the GCS will select “Approve Language”

c. This will move the workspace onto Ancillary Review

3. Ancillary Review Pending (Approx. 20 business day timeline)

a. Triages to the Ancillary Reviewer for review/creation of Vendor ID and PO

Ancillary Reviews

Review Type	Organization	Person
Outgoing Consulting Agreement PO		Taryn Nash

b. Ancillary Reviewer will submit Ancillary Review once the PO has been created and assigned.

c. This will move workspace onto DocuSign Signatures.

4. DocuSign Signatures

a. The OCA will be triaged to DocuSign for signatures from PI, Contracting Party, and CHOP AOR.

b. Once complete, the workspace will be moved onto “Final Approval Pending”



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5. Final Approval Pending

- a. The GCS will review the completed OCA for signatures and approve the OCA.
- b. This will move the OCA to “Active” and work can begin with consultant.
- c. An email will be sent to the consultant containing their PO information for invoicing purposes.
- d. Invoicing can be sent to CHOP.APINVOICE@ipsservices.com

To submit an OCA Amendment request:

Please note that an amendment workspace will automatically launch within 2 months of the expiration date listed on either the OCA or previous amendment workspace, whichever is most recent.

On parent OCA workspace, click either “Create Amendment” or “Go to Amendment” whichever is applicable.

If manually creating an Amendment above, step will automatically take you to the Amendment Smart Forms or if an Amendment workspace has already been launched, click “Edit Amendment” as shown below:



1.1 Amendment for Outgoing Consulting Agreement:

Please select the reasons why are you creating the amendment (you can choose more than one option). Follow on screen step by step instructions on what is applicable to your selection.

1. * Please select the reasons why you are creating an amendment:
- Change in SOW
 - Extend Performance Period
 - Change in Sponsoring Agency
 - Change in compensation amount/rate
 - Other changes

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If you select ‘Change in Sponsoring Agency’ and/or changing the Grant ID, an amendment does not suffice. A new OCA will need to be issued.

Once section 1.1 is complete, you can click “Continue”.

2.1 Final Page:

Hit submit once the Amendment Smart Form has been completed.

-----**No Action Needed by Submitter Beyond This Point**-----

Process States

- 1. Pre-Negotiation (Approx. 5 business day timeline)**
 - a. RBA is assigned and reviews the workspace.
 - b. If all is acceptable on their end, the RBA will select “Move to Negotiation-CHOP”
- 2. Negotiation-CHOP (Approx. 5 business day timeline)**
 - a. Triages to GCS listed on the workspace for review and processing
 - b. If all is acceptable on their end, the GCS will select “Approve Language”
 - c. This will move the workspace onto Ancillary Review
- 3. Ancillary Review Pending (Approx. 20 business day timeline)**
 - a. Triages to the Ancillary Reviewer for review/creation of Vendor ID and PO

Ancillary Reviews

Review Type	Organization	Person
Outgoing Consulting Agreement PO		Taryn Nash

- b. Ancillary Reviewer will submit Ancillary Review once the PO has been created and assigned.
 - c. This will move workspace onto DocuSign Signatures.
- 4. DocuSign Signatures**
 - a. The OCA will be triaged to DocuSign for signatures from PI, Contracting Party, and CHOP AOR.
 - b. Once complete, the workspace will be moved onto “Final Approval Pending”
- 5. Final Approval Pending**
 - a. The GCS will review the completed OCA for signatures and approve the OCA.
 - b. This will move the OCA to “Active” and work can begin with consultant.
 - c. An email will be sent to the consultant containing their PO information for invoicing purposes.
 - d. Invoicing can be sent to CHOP.APINVOICE@ipsservices.com

Job Aid: Vendor Justification Form

For purchases of goods and services* greater than \$50,000, a Vendor Justification Form must be completed and attached to your purchase requisition.** When multiple vendors are available, completing this form does not guarantee the proposed vendor will be selected.

**not listed as exceptions in section II.c. of the Administrative Policy A-4-11 or not covered by a current Supply Chain contract*

***an authorization signature is required only for the section: Noncompetitive Purchase Justification*

VENDOR SELECTION - Record all oral or written quotations below and, for audit purposes, please include copies of all bids/quotations when submitting your purchasing requisition.			
Vendor A _____	Total Price	\$	_____
Vendor B _____	Total Price	\$	_____
Vendor C _____	Total Price	\$	_____

COST/PRICE ANALYSIS - Select all applicable statements which indicate the bid price was fair and reasonable:

Quoted prices incorporate discounts not available to the general public and reflect substantial savings (e.g., CHOP-specific negotiated pricing or strategic vendor partnership agreements).

Quoted prices compare favorably to previous prices paid for the same or similar items.

Quoted prices compare favorably to interdepartmental service estimates for similar items (e.g., IS, Facilities, etc.).

Quoted prices were based on a Group Purchasing Organization (GPO) contract (e.g., Vizient, Premier, etc.).

The vendor has stated that the quoted prices are no greater than those charged to the vendor's most favored customer.

Other (*describe*): _____

NONCOMPETITIVE PURCHASE JUSTIFICATION (Required if one supplier chosen or if lowest bidder was not chosen) Check one and obtain approval signature:

SELECTED SOURCE ☛ Alternative vendors do exist, but selection was based on: a. technical requirements (e.g., compatibility of equipment, precision, product reliability, etc.) or b. history of past performance with alternative vendors
Indicate all alternative vendors which were considered and on what basis they were rejected:

SOLE SOURCE ☛ Alternative vendors do not exist, as no other vendor is known to be capable of fully satisfying requirement
Indicate your specific requirements and why alternative vendors could not fulfill your needs:

EMERGENCY ORDER ☛ *Please explain the nature of emergency and reasons for vendor selection:*

EXECUTIVE AUTHORIZATION (Required only for Noncompetitive Purchase Justification)
 > \$50,000 to \$500,000: Executive Vice President or Practice Plan Executive Director with responsibility for the department/division seeking to purchase the good or service | > \$500,000: CEO, COO, or CFO approval

Name: _____ Signature: _____ Date: _____

FORM SUBMITTER (Department representative)

Name: _____ Phone: _____ Email: _____

Signature: _____ Date: _____

Related Document: [#A-4-11, Procurement and Vendor Contracting](#)