

Metadata Descriptions

<u>Field Name</u>	<u>Definition</u>	<u>Notes</u>
Document Title	By default, the name of the document you have imported or the template you used to create your contract.	This field can be overwritten. Use the data entry standard established by your unit, if applicable.
Document Number	Contract Number	This number is assigned automatically by the system. It is the official University Contract Number.
Status	Current status of contract.	Do not change manually. Contract status is updated automatically as checklist tasks are completed.
Contract Category	Identifies a contract as payable, receivable, or zero dollar.	
Contract Type	Identifies the purpose of or activity associated with the contract.	See Contract Type/Subtype Definitions Job Aid.
Contract Subtype	Further specifies the purpose of or activity associated with the contract.	See Contract Type/Subtype Definitions Job Aid.
Document Source	Identifies the source and/or authoring organization of the contract.	<p>Custom - a contract drafted from scratch by a University Buyer or Coordinator. Other Party - a contract drafted/provided by the other party (not the University). Template No Changes - A standard, pre-approved University template that was accepted and signed by the other party with no substantive changes. Template with Changes - a standard, pre-approved University template that was accepted and signed by the other party, but only after substantive changes were made.</p>



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Brief Contract Description	A brief description of the contract.	This field is searchable and reportable, so users should consider what kind of information they might use when searching for this contract later and what kind of information you would like to appear in reports.
Chart	Identifies the campus of the unit creating the contract	
Organization Code	Three-digit Organization Code. Identifies the college or unit creating the contract.	
Amount	Identifies the total or maximum amount of the contract	Do not use dollar signs or commas.
Additional Payment Details	Optional field where additional details related to payment or amount can be specified, if needed.	E.g. \$250 per unit with a maximum total payment not to exceed \$19,999.
Start Date	Contract Start Date	Quick Tip: If you type "1/1/12" or "January 1, 2012" or some other format into the field, iCS will auto-format your entry for you when you click Next or OK.
End Date	Contract End Date	Quick Tip: If you type "1/1/12" or "January 1, 2012" or some other format into the field, iCS will auto-format your entry for you when you click Next or OK.
Number Of Renewal Options	The number of potential renewal periods allowed by the terms of the contract, regardless of the length of each period	
University Insurance Certificate Issued	Identifies contracts that require the University to provide proof of insurance coverage	This field will be populated by OBFS

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OBFS Office	Identifies the OBFS contract processing unit through which the contract will be routed	OBDS - Office of Business Development Services on the Chicago campus, UIC Purchasing - Purchasing Division on the Chicago campus, UIS - Purchasing Division on the Springfield campus, UIUC AVP - Office of the Asst. Vice President for Business & Finance on the Urbana-Champaign campus, UIUC Purchasing - Purchasing Division on the Urbana-Champaign campus
Health Care Related	Identifies contracts that are related to healthcare activities	
HIPAA	Identifies contracts with HIPAA implications	This field will be populated by OBFS
Contracting Party Name	Name of contracting party, vendor, or client	
Contracting Party DBA	"Doing Business As" - Contracting Party's Secondary name	
Contracting Party Contact Name	Name of the primary contact person for the other party	
Contracting Party Phone	Phone number for the other party and/or their primary contact person	
Contracting Party Email	Email address for the other party and/or their primary contact person	
Contracting Party Address 1	The other party's mailing address	
Contracting Party Address 2		
Contracting Party City	The other party's city	
Contracting Party State\Province	The other party's state or province	For international addresses, the selection list can be overwritten by typing text into the field
Contracting Party Postal Code	The other party's zip or postal code	
Contracting Party Country	The other party's country	Defaults to USA, but can be changed
Additional Contracting Party Names	Other contracting party contacts	
Unit Name	Name of University unit initiating the contract	
Unit Contact	Name of the primary contact	


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	person for the unit	
Unit Phone	Phone number for the unit and/or their primary contact person	
Unit Email	Email address for the unit and/or their primary contact person	
Unit City, State, Zip	The unit's city, state and zip code	
Method of Procurement	The method by which the contracted good or service was procured	For Purchasing Use Only
Bulletin Procurement Number	Number from the Illinois Procurement Bulletin	For Purchasing Use Only
Subcontractor Included	Select: Yes/No	For Purchasing Use Only
FTE Commitment	The amount of time the service provider will be allocate providing the services to Client	For Contracts Related to Healthcare Services Only
Professional Liability Insurance Provider	Other Party, University. Who will provide the liability (medical malpractice) insurance	For Contracts Related to Healthcare Services Only
Indicate if Professional Liability Limits other than	University statute limits our liability to \$1M/\$3M. If the other party requires more, enter the min/max amounts.	For Contracts Related to Healthcare Services Only
standard University SIP coverage	Select: Yes/No	For Contracts Related to Healthcare Services Only
Provide details of Administrative Services	Scope of administrative services: Administrative Services (setting up policies, interviewing staff, etc.) are not covered by the University insurance program. If the department will provide this type of services, the services need to be documented within this field.	For Contracts Related to Healthcare Services Only
Will services involve university	Yes/No	For Contracts Related to Healthcare Services Only
students/residents/fellows? If yes, explain	Explanation of student/resident/fellows involvement (a continuation from admin services)	For Contracts Related to Healthcare Services Only
Type of Compensation	Selection of compensation methods	For Contracts Related to Healthcare Services Only
Capital Project Number		For University Office of Capital Programs Use Only



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Encumbrance #		For University Office of Capital Programs Use Only
Subcontractor Name 1	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 2	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 3	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 4	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 5	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 6	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 7	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 8	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 9	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 10	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 11	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 12	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 13	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 14	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 15	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 16	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Subcontractor Name 17	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
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Subcontractor Name 19	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only



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Subcontractor Name 20	Business or First and Last name of contact subcontractor	For University Office of Capital Programs Use Only
Date Received by UCRO		For BOT and UCRO Use Only
Execution Date		For BOT and UCRO Use Only
Fiscal Year		For BOT and UCRO Use Only
Filing Required By IL Comptroller		For BOT and UCRO Use Only
Filed with IL Comptroller		For BOT and UCRO Use Only
Date Filed with IL Comptroller		For BOT and UCRO Use Only
Comptroller Filing Tracking Number		For BOT and UCRO Use Only
Comptroller Filing Shipping Number		For BOT and UCRO Use Only
Secretary of State Filing - For UCRO use only		For BOT and UCRO Use Only
Filing Required by IL Sec Of State		For BOT and UCRO Use Only
Filed With IL Sec Of State		For BOT and UCRO Use Only
Date Filed With IL Sec Of State		For BOT and UCRO Use Only
Sec Of State Filing Tracking Number		For BOT and UCRO Use Only
Sec Of State Filing Shipping Number		For BOT and UCRO Use Only
Storage - For UCRO use only		For BOT and UCRO Use Only
Box Barcode Number (Storage)		For BOT and UCRO Use Only