

**OFFICIAL COLORADO STATE DOCUMENT
DO NOT ALTER THIS FORM**

CERTIFICATION FOR PERSONAL SERVICES AGREEMENTS

Complete this form in its entirety.

Your Department/Institution Name:

Contract Routing #:

Purchase Order #:

Modification #:

Original \$ Amount:

Increase/Decrease in \$:

New Total \$ Amount:

Contractor:

Assigned Contractor Name:

TERM OF AGREEMENT From: To:

1. Describe. If this is a modification, please explain the reason for the modification including the difference in scope from the original contract.

A. The type of services, skills and expertise to be purchased.

B. How and why it is a specialized skill.

C. Identify the direct beneficiary for these services.

2. Post April 7, 1993, are there specific statutory citations (not footnotes to the Long Bill) that require an outside contractor to provide this service?

No Yes If **yes**, cite statute. CRS

3. Have these services presently or previously been performed by state personnel system staff?

No Yes

If **yes**, provide the following:

A. When?

B. What job class was utilized?

C. Why did the agency decide to contract out these services?

4. How long have these services been purchased through agreements?

Are these services ongoing for an indefinite period of time? No Yes

5. Has the individual or contractor performing the service, previously been an **employee** of the state either on a temporary or a permanent basis?

No Yes If **yes**, give last dates of employment.

Temporary Permanent

TO BE COMPLETED BY PROGRAM REPRESENTATIVE	
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Agency Representative	Title/Work Phone Number

THE FOLLOWING TO BE COMPLETED BY HR PERSONNEL ONLY

6. We attest that the acquisition of services from the independent contractor will not result in the separation or displacement of classified staff.

No Yes

7. **Review/Approval Criteria:** The following are statutory and/or procedural citations by which personal services agreements will be evaluated by the State Personnel Director. Please identify those criteria that would make this request an approvable agreement.

- The contract meets the relevant cost savings test. A "Cost Analysis" form must be completed and attached to this form. Refer to CRS 24-50-503; Director's Administrative Procedure P-10-3(B).
- The contract is for an existing state program never performed by state employees. Or, the contract is for an existing state program which is different in scope or policy from the programs carried out by state employees. CRS 24-50-504(2)(a); P-10-4(a).
- The contract is for a new state program (created after 4/7/93), which statutorily authorizes the performance of the program by independent contractors. CRS 24-50-504(2)(b).
- The contracted services are not available within the state personnel system, or cannot be performed satisfactorily by state employees, or are of a highly specialized or technical nature. CRS 24-50-504(2)(c).
- The services are incidental to a contract for the purchase or lease of real or personal property. CRS 24-50-504(2)(d); P-10-4(C).
- The contract is needed to protect against a conflict of interest, or to ensure independent and unbiased findings in cases where there is a clear need for a different, outside perspective. CRS 24-50-504(2)(e).
- The contractor will provide equipment, materials, facilities or support services that could not feasibly be provided by the state in the location where the services are to be performed. CRS 24-50-504(2)(f); P-10-4(D)(1 and 2).
- The contractor will conduct training courses for which appropriately qualified state personnel system instructors are not available. CRS 24-50-504(2)(g).
- The services are of an urgent, temporary or occasional nature. CRS 24-50-504(2)(h); P-10-4 (E)(1, 2 and 3).
- This is an intergovernmental agreement. CRS 24-50-508.
- The services provided are for a term of six months or less and are not expected to recur on a regular basis. CRS 24-50-513; P-10-13(A and B).
- The contract is for purchased services. (The acquisition of services which directly benefit specific groups or individuals in the public at large). CRS 24-50-504(3).

Please use the area below to explain your selection of any items checked above.

**PERSONAL SERVICES CERTIFICATION
HR Representative ONLY**

Independent Contractor Certification: The signature below indicates that the contract or commitment voucher is indeed an independent contract that does not create an employee/employer relationship and that these documents contain the required independent contractor language as part of the Director's Administrative Procedures P-10-11.

Department/Institution Certification: I hereby certify that the attached agreement for personal services meets at least one criterion stated above and that all responses on this certification are true and accurate, to the best of my knowledge.

Date: _____ by: _____
Human Resource Representative Title/Work Phone Number

Revised document DPA 12/04