

CERTIFICATION FOR PERSONAL SERVICES AGREEMENT

Instructions: Additional supporting documentation, such as the scope of work via a copy of the purchase order or contract, must be attached to this completed form. Failure to complete this form in its entirety or attach the scope of work, could delay the review and approval of the personal service agreement. Contact your department's human resource office for assistance.

Your Department/Institution Name: _____

Contract Management System (CMS)#: _____ Purchase Order #: _____

Original \$ Amount: _____ Increase/Decrease in \$: _____ New Total \$ Amount: _____

Contractor: _____ Sole Proprietor? No Yes

Assigned Individual Contractor/Leased Worker(s) Name: _____

TOTAL TERM OF AGREEMENT (as stipulated in the agreement that includes extensions)

From: _____ To: _____

1. Please describe the labor and business need for the service being outsourced, including the type of services being acquired, the specialized skills and expertise required to perform the work, and identify the direct beneficiary of the services.

2. Have you consulted with the department human resource office to determine the best way to meet the labor and business need that generated this request?

No Yes

3. Have these services been purchased through an agreement(s) before?

No Yes If **yes**, for how long?

4. Are these services ongoing for an indefinite period of time?

No Yes If **yes**, for how long?

If **yes**, please attach the business case and cost analysis that justifies why the service is best performed either by acquiring FTE or by permanently outsourcing the personal service.

5. Is the individual or contractor a current **state employee** or has previously been a **state employee** either on a temporary or a permanent basis? Has this individual or contractor been used in the past?

No Yes If **yes**, give dates of employment or contract performance dates.

State Temporary Employee Permanent Employee Contract Performance Dates

CERTIFICATION FOR PERSONAL SERVICES AGREEMENT

6. Is this is a contract or purchase order modification?

No Yes If **yes**, the please explain the reason for the modification including the difference in scope of work from the original contract.

7. Post April 7, 1993, are there specific statutory citations (not footnotes to the Long Bill) that require outsourcing with a contractor to provide this personal service?

No Yes If **yes**, cite statute and provide a copy. C.R.S. _____

8. Independent contractor information. Please answer **Yes** or **No** for each question. Contact your department's human resource office for assistance to complete this section.

- Is the State the only client the contractor works with? **Y** **N**
- Is the contractor registered with the Secretary of State's Office and/or the IRS to conduct business as an independent contractor? **Y** **N**
- Does the contractor hire retired state employees to perform the work? **Y** **N**
- Does the contractor have their own place of business? **Y** **N**
- Does the contractor offer services to the general public and have other clients? **Y** **N**
- Does the contractor need to be trained by the State to be able to provide the service? **Y** **N**
- Does the contractor determine how and when the services will be performed? **Y** **N**
- Does the contractor work on state property? **Y** **N**
- Does the State control the route or location where the work must be performed? **Y** **N**
- Does the State provide the contractor with equipment, tools or materials to conduct the work? **Y** **N**
- Does the contractor have unemployment and workers' compensation insurance? **Y** **N**
- Does the contractor have direct daily control over state employees? **Y** **N**
- Does the contractor bill by an hourly rate? **Y** **N** Lump sum? **Y** **N**
- Are the contracted services important to the departmental operations in that they have become a necessary part of the business? **Y** **N**

Note: Completion of this form does not verify independent contractor status. Determination is based on regulations by the IRS, USDOL, PERA, or Colorado state statutes. Your department's human resource office may contact you for further information and clarification. Supporting documentation must be provided.

TO BE COMPLETED BY PROGRAM REPRESENTATIVES

Agency Representative (please print)

Title

Agency Representative Signature

Work Phone Number

Program Requestor (please print)

Title

Program Requestor Signature

Work Phone Number

THE FOLLOWING TO BE COMPLETED BY HR REPRESENTATIVE ONLY

1. I attest that the acquisition of services from the independent contractor will not directly or indirectly result in the separation or displacement of classified state employees within the state personnel system.

No Yes

2. Have these outsourced services presently or previously been performed within the state personnel system? If the contract is over \$100,000, then please complete the PSA task within CMS.

No Yes If **yes**, provide the following within CMS PSA Task.

C.R.S 24-102-205 requires that all departments are to use the centralized Contract Management System (CMS) to track the number of employment positions that are filled and/or eliminated under any personal services contract that was previously performed by classified state employees. The business case and cost analysis must support a cost savings and show at least equal or increased quality of the service being outsourced, and be documented and approved within the CMS PSA Task.

Review/Approval Criteria: The following are statutory criteria by which personal services agreements will be evaluated by the State Personnel Director or designee. Please identify those criteria that apply to approve this request.

- Solicitation provisional approval. To meet statutory criteria, final personal services review and approval is required upon award of the solicitation and before the agreement is executed.
- The contract meets the relevant cost savings test. A "Cost Comparison" form must be completed and attached to this form. C.R.S. 24-50-503
- The contract is for a new state program (created after 4/7/93), which statutorily authorizes the performance of the program by independent contractors. C.R.S. 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. C.R.S. 24-50-504(2)(c)
- The services are incidental to a contract for the purchase or lease of real or personal property. C.R.S. 24-50-504(2)(d)
- 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. C.R.S. 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. C.R.S. 24-50-504(2)(f)
- The contractor will conduct training courses for which appropriately qualified state personnel system instructors are not available. C.R.S. 24-50-504(2)(g)
- The services are of an urgent, temporary, or occasional nature. C.R.S. 24-50-504(2)(h)
- The contract is for purchased services. (The acquisition of services that directly benefit specific groups or individuals in the public at large). C.R.S. 24-50-504(3)
- The services provided are for a term of six months or less and are not expected to recur on a regular basis. C.R.S. 24-50-513

PERSONAL SERVICES CERTIFICATION - HR Representative ONLY

Independent Contractor Certification: The signature below indicates that the contract or commitment voucher is indeed an independent contractor that does not create an employee-employer relationship and that these documents contain the required independent contractor language as part of the Director's Rules 10-4(E)(4) and supporting documentation.

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: _____
Personal Services PCP Certified Human Resource Representative Title/Work Phone Number