CERTIFICATION FOR PERSONAL SERVICES AGREEMENTS

Additional supporting documentation may need to be provided in addition to the completion of this form in its entirety. Contact your department’s human resource office for assistance.

Department/Institution Name:

Contract Routing/PO Number: Modification #: Original Total $ Amount: New Total $ Amount: Contracting Company: Assigned Individual Contractor/Leased Worker(s):

TERM OF AGREEMENT From: To:

1. If this is a modification, please explain the reason for the modification including any difference in scope from the original contract. (Extensions, renewals, or decrease in services or funding do not require personal services review).

2. Please provide an explanation of the services being outsourced, including the type of services, skills and expertise to be purchased, how and why it is a specialized skill, and identify the direct beneficiary of the services.

3. 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. C.R.S.

4. Have the services proposed for outsourcing 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 department decide to contract out these services?

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

   If appropriate, has permission been obtained to contract out these services (see Prior Approval Check List)? If yes, please attach the written approval.

5. Will the proposed contract directly impact any current state personnel system staff?
   No Yes

   If yes, provide the following (attach all supporting documentation).
   A. List each employee impacted, the job class, position number, and current salary.
B. What measures will be taken to mitigate the impact, i.e., transfer, training, reassignment of job duties?

C. New position number of job class for impacted employees and new salary (if applicable)?

6. Was an analysis conducted to determine if the service is best performed by filling vacancies or permanently contracting? Provide documentation of the steps taken to address issues with program services before the decision to contract was made, e.g., recruiting efforts, cost benefit analysis.

7. What is the difference in cost between the contractor and the state (supporting documentation must be provided)? Cost must be considered in accordance with Director’s Rule 10-2.

<table>
<thead>
<tr>
<th>Contractor Cost</th>
<th>State Cost</th>
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8. Has the individual or contractor performing the service, previously been used in any capacity listed below (indicate type and dates of performance)?

| Temporary Employment Dates | Permanent Employee Dates | Contract Performance Dates |

TO BE SIGNED BY PROGRAM REPRESENTATIVE

By signing below, you are certifying that all information, to the best of your knowledge is accurate and true and that the requirements for the business case as outlined in Director’s Rules 10-2 have been met.

Department/Institution Representative  Title  Phone Number
THE FOLLOWING TO BE COMPLETED BY HR PERSONNEL ONLY

1. I attest that the acquisition of services from the independent contractor will not result in the separation or displacement of state personnel system staff. Employees directly affected by the contract will be given proper notices as defined in Rule 10-5.

2. **Review/Approval Criteria:** The following are statutory citations by which the impacts to state personnel system staff are evaluated. Please identify those statutory 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. C.R.S. 24-50-503
   - The contracts is for a new state program (created after 4/7/93), which statutorily authorizes the performance of the program by independent contracts. 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 which directly benefit specific groups or individuals in the public at large.) C.R.S. 24-50-504(3)
   - This is an intergovernmental agreement. C.R.S. 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. C.R.S. 24-50-513

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**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 Rules 10-4(E)(4).

*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

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