



Scope of Work (SOW)

University of Colorado
Procurement Service Center/Human Resources

Purpose:

Used to describe the proposed services and compensation of an independent contractor, whether an **individual** or a **sole proprietor** operating under a Social Security Number. This form is reviewed by the campus Human Resources (HR) office to determine whether payment should be made through the PSC or processed in HRMS. (If the consultant is an **international** individual/sole proprietor, then the form will have an additional review by PBS.) **Service provider must sign before HR/PBS review. HR/PBS review must be completed prior to any work being performed.** Note: Payments to current University of Colorado employees for services must be processed in HRMS.

- **Is this individual a current employee or have they ever been employed by the University of Colorado?** NO YES

If yes, include dates of employment:

- **Is this individual a PERA retiree?** NO YES

If yes, have independent contractor complete a Disclosure of Compensation form at www.copera.org and submit the completed original form to PERA and send a copy to CU Payroll and Benefit Services attn: Kary Mabie at Fax: 303-735-6599 or payrollbenefit.services@cu.edu.

Organizational Unit Contact Information and Authorization

Organizational Unit:			
Contact Person:			
Email Address:		Campus Phone:	
Authorizing Individual Name and Title:			



Organizational Unit Authorizing Signature (required)

Date

Service Provider Information

Individual/Sole Proprietor Name:			
Business Name (if Sole Proprietor):			
Citizenship:	Choose here:		
Address:			
City, State, ZIP:			
Country:			
Tax ID # xxx-xx-xxxx:			

Compensation

Work begin/end dates		Dollar amount of TOTAL purchase	
Begin Date:		<i>(For SPO Requisitions, these are estimates)</i>	
		Total \$ (services):	
End Date:		Total \$ (other compensation):	
		Total purchase:	
Other Compensation		Rate per day/hour/service	
		SpeedType (if required):	

UCCS only: Will payment come from a grant account? NO YES If yes: Sponsored Research signature required (see page 2).

Detailed Description of Work

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The following questions define behavioral control, financial control, and relationship of parties.
Organizational Unit must answer ALL questions for status to be determined.

	YES	NO
1. Level of instruction: Will the service provider receive instructions on how, when, and where results are to be achieved?		
2. Amount of training: Will the service provider receive specific training from the University on how to accomplish the service?		
3. Degree of business integration: Will the service provider perform services that are integrated into the core business operations of the University department?		
4. Extent of personal services: May the service provider assign or delegate (i.e. subcontract) the contracted services?		
5. Control of assistants: Can the service provider hire, supervise or pay assistants to help him/her perform the services under contract?		
6. Continuity of relationship: Will the service provider work at sporadic intervals not to exceed 12 months under specific job completion dates?		
7. Flexibility of Schedule: Will the service provider set his/her own hours to perform the contracted services?		
8. Full-time effort: May the service provider accept other clients/contracts/projects and concurrently perform similar services for organizations other than the University?		
9. Need for on-site services: Will the service provider perform the work duties entirely on University premises?		
10. Sequence of work: Will the service provider be able to exercise discretion on the order or sequence in which the work is done?		
11. Requirement of status reports: Will the service provider be required to provide written or oral reports on the status of the project?		
12. Method of Payment: Will the service provider be paid a lump sum based on completion of phase, job, or project rather than on an hourly, weekly, or monthly basis?		
13. Payment of business or travel expenses: Will the service provider request reimbursement from the University for travel and other business expenses?		
14. Furnishing of tools and materials: Will the service provider furnish his/her own equipment, tools and materials necessary to perform the contracted service?		
15. Significant investment: Does the service provider have significant investment in his/her business venture (i.e. facilities, tools, training, marketing, insurance, etc.) when performing contracted services?		
16. Realization of profit or loss: Can the service provider make a profit or suffer a loss from performing the contracted services depending on income and expenses?		
17. Simultaneous work for multiple organizations: Can the service provider simultaneously provide services for several unrelated companies?		
18. Availability to public: Does the service provider make his/her services available to the general public?		
19. Control over discharge: Is the service provider subject to dismissal for reasons other than non-performance of the contract specifications?		
20. Right of termination: Can the service provider terminate his/her relationship with the University without incurring liability for failure to complete the job?		

Service Provider Certification

I certify that I have reviewed the completed Scope of Work form in its entirety and all information contained within is true and accurate to the best of my knowledge. I understand that the Scope of Work does not create an employee-employer relationship. I agree to meet all obligations imposed by federal and state law and to comply with all laws, rules, regulations, policies, procedures and resolutions, adopted by the Board of Regents, the University of Colorado, and the campus or other unit(s) in which this contract is made. I also agree to report suspected or known noncompliance with such laws and policies as required by Regent and University policies.



Service Provider Signature (required)

Date

Approval as Independent Contractor

HR Signature (required)

Date

UCB Approval Basis:


 PBS International Tax Specialist Signature (required for
payments to foreign nationals)

Date

UCCS only: Sponsored Research Signature (if required)

When all required signatures have been obtained, and if SOW has been approved by HR and PBS (if necessary):

For a total purchase up to \$5,000: Submit Payment Voucher & SOW (2 pages) to PSC Payable Services, 005 UCA. Total purchase > \$5,000: Use PO/SPO Requisition. Write Req # on SOW, fax SOW (2 pages) to PSC Purchasing, 303-764-3434.