



**Purpose:**

Used to describe the services and payment of a proposed independent contractor, hereinafter referred to as service provider, whether an individual or a sole proprietor operating under a Social Security Number. **Form must be completed with all required signatures obtained prior to any work being performed.**

For guidance, refer to the [PSC Procedural Statement Scope of Work \(SOW\)/Independent Contractor](#)

Is the service provider a current\* or former employee of the University of Colorado?  Yes  No

If yes, list dates of employment:

\* Note: Payments for services to current University of Colorado employees must be processed in HRMS.

Is the service provider retired and currently receiving PERA benefits?  Yes  No

If yes, have the service provider complete a Disclosure of Compensation form (available at [www.copera.org](http://www.copera.org)) and scan and email the completed form to Employee Services at [SOW@cu.edu](mailto:SOW@cu.edu)

**CU Contact Information**

Name:	<input type="text"/>	Email Address:	<input type="text"/>
Organizational Unit:	<input type="text"/>	Campus Phone:	<input type="text"/>

**Service Provider Information**

Individual/Sole Proprietor Name:	<input type="text"/>	DBA (Business) Name, if different:	<input type="text"/>
Social Security Number (SSN):	<input type="text"/>	Citizenship (check one):	<input type="checkbox"/> US Citizen <input type="checkbox"/> US Permanent Resident <input type="checkbox"/> Foreign National <input type="checkbox"/> International Student
Address:	<input type="text"/>		
City, State, Zip:	<input type="text"/>	Country:	<input type="text"/>

A background check must be performed on service providers who will be working with minors/vulnerable populations. Has a background check been performed on this service provider?  
 Yes  No  Service provider will not be working with minors/vulnerable populations

**Payment Details**

Note: **All** costs proposed to be covered by the University, including all travel-related expenses, should be identified in this section.

Begin Date:	<input type="text"/>	End Date:	<input type="text"/>	Invoice Frequency:	<input type="text"/>
<b>Total payment for work performed:</b>		If 'other costs' are indicated at left (i.e., not included in the service rate), explain here: <input type="text"/>			
Cost of services:	<input type="text"/>				
Other costs:	<input type="text"/>				
<b>Maximum payment:</b>	<b>\$0.00</b>				

**Detailed Description of Work**

Include any special skills or knowledge required to perform the work (attach additional pages if needed)

**Organizational unit must answer all of the following questions:**

	YES	NO
1. <b>Level of instruction:</b> Will service provider receive instructions on how, when, and where results are to be achieved?	<input type="checkbox"/>	<input type="checkbox"/>
2. <b>Amount of training:</b> Will service provider receive specific training from the University on how to accomplish the service?	<input type="checkbox"/>	<input type="checkbox"/>
3. <b>Degree of business integration:</b> Will service provider perform services that are integrated into the core business operations of the University department?	<input type="checkbox"/>	<input type="checkbox"/>
4. <b>Extent of personal services:</b> May service provider assign or delegate (i.e., subcontract) the contracted services?	<input type="checkbox"/>	<input type="checkbox"/>
5. <b>Control of assistants:</b> Can service provider hire, supervise, or pay assistants to help perform the contracted services?	<input type="checkbox"/>	<input type="checkbox"/>
6. <b>Continuity of relationship:</b> Will service provider work at sporadic intervals not to exceed 12 months under specific job completion dates?	<input type="checkbox"/>	<input type="checkbox"/>
7. <b>Flexibility of schedule:</b> Will service provider set his/her own hours to perform the contracted services?	<input type="checkbox"/>	<input type="checkbox"/>
8. <b>Full-time effort:</b> May service provider accept other clients/contracts/projects and concurrently perform similar services for organizations other than the University?	<input type="checkbox"/>	<input type="checkbox"/>
9. <b>Need for on-site services:</b> Will service provider perform the work duties entirely on university premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. <b>Sequence of work:</b> Will service provider be able to exercise discretion on the order or sequence in which the work is done?	<input type="checkbox"/>	<input type="checkbox"/>



Organizational unit must answer all of the following questions: (continued from previous page)

Table with 20 rows of questions and YES/NO columns. Questions include: Requirement of status reports, Method of payment, Payment of business or travel expenses, Furnishing of tools and materials, Significant investment, Realization of profit or loss, Simultaneous work for multiple organizations, Availability to public, Control over discharge, Right to termination.

Service Provider Certification

I certify that I have reviewed this completed Scope of Work form in its entirety and all information contained within is true and accurate to the best of my knowledge. I agree to the terms outlined in this Scope of Work form and understand that this does not create an employee-employer relationship.

Furthermore, I acknowledge:

- I am responsible for all tax and other governmentally imposed responsibilities including, but not limited to, payment of: state, federal, and social security taxes; unemployment taxes; worker's compensation; and, self-employment taxes.
I do not have the authority to act for CU, or to bind CU in any respect whatsoever, or to incur any debts or liabilities in the name of or on behalf of CU.
I have and hereby retain control of and supervision over the performance of the obligations, as well as control over any persons employed by me for performing the services agreed upon.
CU will not provide training or instruction to me or any of my employees regarding the performance of services outlined in this Scope of Work form.
Neither I, nor any of my employees, will receive benefits of any type from CU.
All services are to be performed solely at the risk of myself, and I shall take all precautions necessary for the proper and sole performance thereof.
Any works, ideas, discoveries, inventions, patents, products, or other information I develop will remain the exclusive intellectual property of CU and I hereby assign such intellectual property to CU. I shall cooperate with CU in perfecting its rights in such intellectual property.
I will not at any time or in any manner, either directly or indirectly, divulge, disclose, or communicate information that is proprietary to CU; I will protect such information and treat it as strictly confidential.

Service Provider Signature

Date

Organizational Unit Certification

I certify that I have reviewed this completed Scope of Work form in its entirety and all information contained within is true and accurate to the best of my knowledge.

Org Unit Authorizing Name

Org Unit Authorizing Title

Org Unit Authorizing Signature

Date

Authorizations

UCCS only -- Required for payments funded by Fund 30/31:

SpeedType

Sponsored Programs Signature

Date

Employee Services Signature

Date

International Tax Specialist Signature

Date

(always required)

(required for payments to foreign nationals)

Routing Instructions

When completed SOW form has been signed by both org unit and service provider - and, for UCCS, by Sponsored Programs if required: Email to Employee Services for review at SOW@cu.edu.

If SOW is approved by Employee Services: Process purchase in CU Marketplace.

(If maximum payment is up to \$5,000: Complete Payment Voucher form and attach both fully approved SOW and invoice.

If maximum payment is over \$5,000: Complete appropriate form and attach fully approved SOW; email subsequent PO invoice(s) to APinvoice@cu.edu.)