	waity of Calavas				Effective Da	ate: 01/2	28/2015
	ersity of Colorad				Scope of Wor	k (S0	OW)
	rado Springs Denver Anschutz Medical Car nent Service Center (PSC)	mpus				je 1 (-
Purpose:						,	
		•			as service provider, whether an individual or tures obtained prior to any work being per		
For guidance, refer to	the PSC Procedural Statement S	cope of W	/ork (SOW)/Inde	pendent Contractor			
Is the service	provider a current* or former emp	ployee of t	the University of	Colorado?	Yes No		
If yes,	list dates of employment:				* Note: Payments for services to current Unive employees must be processed in HRMS.	rsity of Co	olorado
Is the ser	vice provider retired and currently	receiving	PERA benefits	? 🗌 Yes 🗌	No		
	have the service provider comple		•	nsation form (availal SOW@cu.edu	ble at www.copera.org) and		
		CI	J Contact In	formation			
Name:				Email Address:			
Organizational Unit:				Campus Phone:			
E		Serv	ice Provider	Information			
Individual/Sole Proprietor				DBA (Business)			
Name:				Name, if different:	US Permanent Resident		
Social Security Number	(SSN):		Citizenship (check one):		Foreign National	ional Stu	udent
Address:							
City, State, Zip:				Country:			
A backg	ound check must be performed c	on service	providers who w	vill be working with m	inors/vulnerable populations.		
Has a ba	ckground check been performed						
	Yes No	Service	provider will no	t be working with mi	nors/vulnerable populations		
			Payment D				
	End Date:	the Unive	ersity, including		enses, should be identified in this section.		
Begin Date:	or work performed:			Invoice Fre	quency.		
Cost of services							
Other costs		If oth	er costs' are ind	icated at left (i.e., no	t included in the service rate), explain here:		
Maximum payment							
	φυ.υυ						
	Include any special skills or k			tion of Work form the work (attach	additional pages if needed)		
Organizational unit n	nust answer all of the foll	owing	questions:				
_			-			YES	NO
	ill service provider receive instruction						
-	Il service provider receive specifi egration: Will service provider pe	-		-	•		
operations of the Univer							
•	vices: May service provider assig		- ,				
	Can service provider hire, superv hip: Will service provider work at						
completion dates?		-					
-	Will service provider set his/her						
 Full-time effort: May set organizations other than 	ervice provider accept other client the University?	s/contract	s/projects and c	concurrently perform	Similar Services for		
9. Need for on-site servic	es: Will service provider perform		-				
10. Sequence of work: Wil	service provider be able to exerc	cise discre	etion on the orde	r or sequence in whi	ch the work is done?		

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University of Colorado

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Organizational unit must answer all of the following questions:	(continued from previous page)
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	YES	NO
11. Requirement of status reports: Will service provider be required to provide written or oral reports on the project's status?		
12. Method of payment: Will 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 service provider request reimbursement from the University for travel and other business expenses?		
14. Furnishing of tools and materials: Will service provider furnish his/her own equipment, tools, and materials necessary to perform the contracted service?		
15. Significant investment: Does 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 service provider make a profit or suffer a loss when performing the contracted services depending on income and expenses?		
17. Simultaneous work for multiple organizations: Can service provider simultaneously provide services for several unrelated companies?		
18. Availability to public: Does service provider make his/her services available to the general public?		
19. Control over discharge: Is service provider subject to dismissal for reasons other than non-performance of the contract specifications?		
20. Right to termination: Can 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 this completed Scope of Work form in its entirety and all information contained within is true and accurate to the best of my knowled I agree to the terms outlined in this Scope of Work form and understand that this does not create an employee-employer relationship. I agree to meet all obligation 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 Col	ons impos	-

Furthermore, I acknowledge:

university policies.

• 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.

campus or other unit(s) with which this contract is made. I also agree to report suspected or known noncompliance with such laws and policies as required by Regent and

- 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 P	Provider Signature	Date	
	Organizational	I Unit Certification	
I certify that I have reviewed th	his completed Scope of Work form in its entirety a	nd all information contained within is true and accurate to the be	st of my knowledge.
Org Unit Authorizing Name	Org Unit Authorizing Title	Org Unit Authorizing Signature	Date
	Autho	prizations	
UCCS	only Required for payments funde	d by Fund 30/31:	
	SpeedType Sponsored Program	s Signature Date	
	SpeedType Sponsored Program	s Signature Date	
Employee Services Signature	SpeedType Sponsored Program	s Signature Date	Date
Employee Services Signature			Date

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.)