

**Metropolitan State University of Denver**  
**Nonemployee Personal Services (NPS) Packet**  
**NEW Domestic Vendor**

**PURPOSE:** Submit this packet for all **services** provided by NEW vendors, individuals or companies, to ensure that all appropriate paperwork is completed and submitted to Accounts Payable for processing. For the purposes of this packet, services must be the primary purchase, with only ancillary goods. This process may NOT be used for the purchase of goods.

A completed NPS Packet will include the following:

- ✓ NPS Form – Required
- ✓ Certification for Personal Services Agreement (CPS) Form – Required by the State of Colorado
- ✓ W9 – Required if 900# or Vendor ID is not provided on the NPS form
- ✓ ACH Form - *optional* - Electronic Funds Transfer (Direct Deposit) Form

**PROCESS:**

1. Download NPS instructions from the Controller’s website at:  
<https://msudenver.edu/controller/accountspayableaptravel/>
2. Complete the NPS packet.
3. Assign an NPO#, if there will be more than one payment.
4. Upload to the secure website:  
<https://msudenver.sharepoint.com/sites/VAFF/adminacct/Submit/Personal%20Services%20Agreement%20Upload/Forms/Upload%20View.aspx?viewpath=%2Fsites%2FVAFF%2Fadminacct%2FSubmit%2FPersonal%20Services%20Agreement%20Upload%2FForms%2FUpload%20View.aspx>
5. Once APPROVED:
  - **Single payment:** Accounts Payable will pay the submitted NPS after all services are completed.
  - **More than one payment:** In the case of an NPO, multiple payments will be processed. Accounts Payable will pay each contractor’s invoice or each check request submitted by the department. All payment requests should be sent to Accounts Payable at [accountspayable@msudenver.edu](mailto:accountspayable@msudenver.edu).
6. When NOT approved: HR will notify the department if a salary supplement is required.

**METROPOLITAN STATE UNIVERSITY of DENVER**

**NPS - (NONEMPLOYEE PERSONAL SERVICES) AGREEMENT**

(For ALL services up to \$10,000.00 per Fiscal Year)



MSU Denver - Accounts Payable  
Campus Box 98, PO Box 173362  
Denver, CO 80217-3362

(Do NOT submit an SPO Form.)

**NPO#:** \_\_\_\_\_

NPO# required for multiple payments only  
- services will be encumbered, up to \$10,000.

PLEASE TYPE OR PRINT

**A. PRE-SERVICE INFORMATION**

**I. CONTRACTOR INFORMATION:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/ST/Zip: \_\_\_\_\_  
Phone: (Req'd) \_\_\_\_\_  
Email: (Req'd) \_\_\_\_\_  
Vendor ID#/900#: \_\_\_\_\_

**NPS#**

II. SERVICE: \_\_\_\_\_  
Amount Due: \_\_\_\_\_  
Department: \_\_\_\_\_  
Date/Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Dept Contact: \_\_\_\_\_

FUND	_____	ORG	_____	ACCT	_____	PROG	_____	ACTV	_____	LOCN	_____
FUND	_____	ORG	_____	ACCT	_____	PROG	_____	ACTV	_____	LOCN	_____

**III. PAYMENT METHOD:** *Payment will be finalized after completion of services.*

- Pay single payment - payment processed directly from this NPS form.
- Pay with Corporate Card (attach approved NPS to statement)
- Multiple Payments - NPO# required  
Pay vendor invoices or chk requests.

**IV. DESCRIPTION OF SERVICES:**

**Department Pre-Service Approval:**

**Contractor's ID Confirmed by Department**

- Department has checked and confirms the contractor has valid, current identification.

FOAPAL Signatory (signature) \_\_\_\_\_ Date \_\_\_\_\_  
Printed name: \_\_\_\_\_

**I.D. Validation is required.**

**B. CONTRACTOR CERTIFICATION** *CERTIFICATION must be completed & signed by contractor prior to service.*

1. I have read and agree to the "Purchase Orders Terms and Conditions" on the MSU Denver website, at: <https://msudenver.edu/controller/accountspayableaptravel/>
2.  I am a United States citizen, or  I am a Permanent Resident of the United States, or  
 I am lawfully present in the United States pursuant to Federal law.  
I understand that this sworn statement is required by law because I am an individual entering into a contract with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.
3. Metropolitan State University of Denver (MSU Denver) is a Colorado PERA affiliated employer. Pursuant to Colorado SB06-235 and C.R.S. 24-51-1101(2), MSU Denver is requiring the vendor to notify MSU Denver's Accounting Office at 303.615.0039 within fifteen (15) calendars from the date of this purchase order if the services being provided are being or are to be performed by a PERA retiree.
4. I certify that I am not currently nor have I been employed by Metropolitan State University of Denver in the current calendar year. I have read and agree to the "Purchase Orders Terms and Conditions" on the MSU Denver website.
5. Are you a Colorado PERA retiree?  NO  YES *If you are a PERA retiree, you must provide your social security number for PERA reporting purposes: \_\_\_\_\_*



Contractor Signature \_\_\_\_\_ Date \_\_\_\_\_

**OFFICIAL COLORADO STATE DOCUMENT  
DO NOT ALTER THIS FORM**

**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)

\_\_\_\_\_  
Agency Representative Signature

Program Requestor (please print)

\_\_\_\_\_  
Program Requestor Signature

Title

Work Phone Number

Title

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

Form **W-9**

From IRS Rev. November 2017

MSUDenver Rev 08.17.18

# Request for Taxpayer Identification Number and Certification

For instructions go to: <https://msudenver.edu/controller/taxcorner/>

Do NOT send to the IRS. Give form to MSU Denver.

Print or type. See instructions.

1 Name (as shown on your income tax return). Name is **required** on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only ONE of the following seven boxes.

- Individual/sole proprietor or Single-member LLC
- C Corporation
- S Corporation
- Partnership
- Trust/Estate

Limited Liability Company Enter the **LLC** tax classification: \_\_\_\_\_  
C = C Corporation, S = S Corporation, P = Partnership

**Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do NOT check LLC if the LLC is classified as a single member LLC, unless the owner of the LLC is another LLC that is NOT disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see W-9 instructions) \_\_\_\_\_

4 Exemptions (codes apply only to certain entities, not individuals; see W-9 instructions): Exempt payee code (if any): _____ Exemption from FATCA reporting code (if any): _____ <small>(Applies to accounts maintained outside the U.S.)</small>
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5 Address (number, street, and apt. or suite no.) See W-9 instructions.

6 City, State, and ZIP code

7 List account number(s) here (optional)

Requester's name and address
MSU Denver - Accounts Payable Campus Box 98, PO Box 173362 Denver, CO 80217-3362

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I in the instructions. For other entities, it is your employer identification number (EIN).

If you do not have a number, see How to get a TIN, in the instructions.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number to give the requestor* (in the W-9 instructions) for guidelines on whose number to enter.

Social Security Number (SSN)											
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or

Employer Identification Number (EIN)											
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## Part II Certification

Under penalties of perjury, I certify that:

- 1 The number shown on this form is my correct taxpayer identification number (or I am waiting for number to be issued to me); and
- 2 I am NOT subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest of dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- 3 I am a U.S. citizen or other U.S. person (defined in the W-9 instructions); and
- 4 The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certifications instructions** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II. **The Internal Revenue Service does not require your consent to any provisions of this document other than the certifications required to avoid backup withhold!** Go to: [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for IRS instructions and the latest information.

**Sign Here** Signature of U.S. person ▶

Date ▶



## REQUEST FOR PAYMENT VIA ELECTRONIC FUNDS TRANSFER

Please return form to Accounting Services at:  
PO Box 173362 Campus Box 98 Denver CO 80217, or  
Fax number: 303 556-5023, or  
E-mail: [acctsvcs@msudenver.edu](mailto:acctsvcs@msudenver.edu)

**NEW Vendors  
Only**

### Section A: Payee Information

Vendor Name: \_\_\_\_\_  
Vendor Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Country: \_\_\_\_\_ \*E-mail: \_\_\_\_\_  
Daytime Contact #(Primary): \_\_\_\_\_ (Alternate): \_\_\_\_\_

### Section B: Payee Bank Information

Bank Name: \_\_\_\_\_  
Bank Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
ABA/Routing # (Domestic): \_\_\_\_\_  
Account Number: \_\_\_\_\_  
Account Holder Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

*If outside the US*

SWIFT Code (International): \_\_\_\_\_  
IBAN Code (European Bank): \_\_\_\_\_  
Payment Reference: \_\_\_\_\_

### Section C: Payee Authorization

I hereby authorize Metropolitan State University of Denver (Metro State, or the University) to remit to me via electronic funds transfer to the account named above. If I close or change my account information I will notify Metro State immediately. In the event I do not notify Metro State of any changes to my account and a payment is returned I understand that I will not receive another payment until the first electronic funds transfer is returned in whole to the University.

\_\_\_\_\_  
Authorized Account Signatory                      Print Name                      Date

\*The payment remittance advice will be sent directly to this e-mail account. If you do not provide an email address you will not receive a remittance advice.