

SCOPE OF WORK

**Contractor Name (Person or Company Rendering Service): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# PERA Retiree Questionnaire (to be completed by Contractor)

The Colorado Community College System (CCCS) is required to pay an employer contribution to the Colorado Public Employees’ Retirement Association (PERA) based on the amount paid to any PERA retiree. In addition, pursuant to 24-51-1101(2), (SB10-001), effective January 1, 2011, all retirees working after retirement, including independent contractors working individually or through an affiliated party, must make contributions at the same rate as all members working for that employer. **The following section must be completed by Contractor:**

**1.** Is the Contractor currently employed, or been employed at any time within the last 12 months, at CCCS, CCCOnline, or at any of CCCS’s community colleges? \_\_\_\_\_ Yes \_\_\_\_\_ No

**1a**: If yes, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ When? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Note: An MOU or alternative engagement may be required**. Contact your college controller and HR department to determine what is necessary for your situation.

**2.** Is the Contractor a PERA retiree from any PERA agency or entity? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**2a**: If yes, is the Contractor a sole proprietor/individual? \_\_\_\_\_\_ Yes \_\_\_\_\_\_ No **If yes to 2a**, a purchase requisition must include a completed, original Retiree Working for a PERA Employer form.\* (Contractor will be paid using SSN.)

**3.** Is the Contractor a business entity that is owned or operated\*\* by a PERA retiree(s) or a PERA affiliated party(ies)?\*\*\*\_\_\_\_\_ Yes \_\_\_\_\_\_ No

**3a**: If yes, will the PERA retiree(s) who own or operates the entity be providing services? \_\_\_\_\_Yes \_\_\_\_ No **If yes**, the purchase requisition must include a completed, original Retiree Working for a PERA Employer form AND a Disclosure of Compensation form is required to be submitted with each invoice when payments are made to a TIN number that is different than Contractor’s SSN.

**4.** It is the PERA Retiree’s responsibility to review and comply with all PERA rules and requirements. The Contractor or PERA retiree will indemnify and hold harmless CCCS for any amounts CCCS is required to pay PERA as a result of a PERA retiree’s failure to disclose or provide timely and accurate reporting.

\*For forms, rules and requirements, please see Colorado PERA’s “Working After Retirement” booklet available on the [Colorado PERA Website](http://www.copera.org/). (Website: www.copera.org)

\*\*Ownership or operation. For purposes of the questions above, ownership of up to 5 percent of a publicly traded company registered on a national securities exchange by a retiree shall not constitute ownership of the company or cause the company to be an affiliated party of the retiree. Any other form or degree of ownership in an entity providing services to a PERA affiliated employer shall constitute ownership or operation of the entity.

\*\*\*Affiliated party. An affiliated party is:

(1) any person who is the named beneficiary or co-beneficiary on the PERA account of the retiree,

(2) any person who is a relative of the retiree by blood or adoption to and including parents, siblings, half-siblings, children, and grandchildren,

(3) any person who is a relative of the retiree by marriage or civil union to and including spouse, spouse’s parents, step-parents, step-children, step-siblings, and spouse’s siblings, and

(4) any person or entity with whom the retiree has an agreement to share or otherwise profit from the performance of services for a PERA employer by the retiree other than the retiree’s regular salary or compensation.

# Scope of Work Details (to be completed by the Department)

**The Contractor is required to produce in a satisfactory manner the following:**

**As full payment for services rendered, the contractor shall be paid:**

**Payment request should be submitted by monthly invoice to:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Proposed Travel Expenses must be approved by the Fiscal/Purchasing Department before the SOW is signed by the CCCS Department Director. Reimbursement for travel expenses, if approved, must be consistent with applicable IRS and Colorado State Travel and Fiscal Rules and must receive prior approval by the System Designee.** (Any approved mileage will be reimbursed at the current rate set by the State of Colorado at time of invoicing. Any other approved travel expenses will be reimbursed upon submission of an invoice including original itemized receipts, not to exceed the established Colorado State per diem rates in effect at the time of invoicing.)

**Expenses that will be considered for reimbursement:**

**Fiscal Approval**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Typed/Printed Name of Contractor* ***AND*** *S# or Tax ID # or Signature Date*

*Last 4 digits of SSN*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Department Director Name Signature Date*

***Required Department Certification: I have confirmed with HR that Contractor meets contractor status criteria. (Check box)***

*Rev 3-2018*