

**PERSONAL SERVICE AGREEMENT
REQUEST FORM**

(Form must be submitted to CO Contracts Unit 2 months prior to start date of services)

Type of Request: New Contract Amendment to Existing Contract Renewal

Date: _____ Requested by: _____
Signature: _____
Telephone: _____

Legal Name of Contractor: _____

Address of Contractor _____

Provider Contact Person: _____ Phone: _____
Provider Email: _____ Fax: _____

Contractor Federal ID# (FEIN)/ Social Security # (if contracting w/individual): _____

Brief Description of Need for Service: _____

Was this service RFP'd? Yes No If Yes, How many Applicants/Bids were Received: _____
If No attach detailed justification for not using the bidding (RFP) process.

Is Contractor a current state employee? Yes No

Does contractor currently provide consulting services for any State Agency? Yes No

If yes, list agency name(s): _____

Contract Period: Start Date _____ End Date _____

Amount of Contract: \$ _____ Approved Fiscal Analysis _____

SFY	Amount	Fund	Sid	Budget Ref.	Dept.	Account	Program
	\$						
	\$						
	\$						

Description of Services: (Attach detailed service description/outline and budget) – The description document and budget will be incorporated as part of the contract.

Payment Schedule: Payment is exclusive of “travel time” from home to work site.

Submit this form to: FAS
Division of Contract Management
Central Office- 7th floor