



# State of Colorado

## Contract Management Information

### Annual Certification

**Upon renewal or continuation of a personal services contract in a subsequent fiscal year, the individual selected by the state agency or institution of higher education (IHE), pursuant to CRS §24-103.5-101(3), to monitor the contractor's work under the contract (Contract Monitor), shall certify as to whether the contractor is complying with the terms of the contract pursuant to CRS §24-103.5-101(5).**

#### Use of this Form

- The Contractor Monitor should complete this Certification *annually* during the term of the contract, for each renewed or continued personal services contract (including grants) with a value over \$100,000, on or before each 12-month anniversary of the contract effective date.
- Use of this form does not replace electronic certification in the CMS record. This form may be required by your procurement office in addition to the electronic certification. This form should support of the electronic certification.
- By signing this Certification, the Contract Monitor certifies as to whether the contractor **has or has not** complied with the terms of the contract. The contractor's compliance shall be determined using the performance standards and measurable outcomes included in the contract.
  - If the contractor has not complied with the terms of the contract, the state agency or IHE shall be entitled to any remedy available under law in the case of contract nonperformance.
- The original signed Certification should be maintained as part of the official contract record at the state agency or IHE, with either a copy in the contract record or scanned .pdf copy attached to the statewide CMS record.
- This Certification is *not* required for contracts under Medicare, the "Colorado Medical Assistance Act", Articles 4 to 6 of Title 25.5, CRS, the "Children's Basic Health Plan Act", Article 8 of Title 25.5, CRS, or the "Colorado Indigent Care Program", Part I of Article 3 of Title 25.5, CRS.
- This Certification does *not* need to be attached to the contract as an exhibit.
- This Certification is *not* signed by the vendor/contractor.

CMS Identification Number of Original Contract: _____		Effective Date of Original Contract: _____	
Term of Contract (check one): Annual with Renewal(s) <input type="checkbox"/> Multi-year <input type="checkbox"/> CMS ID No. of Modification (if applicable): _____			
Name of State Agency / IHE: _____ (Department named in the contract)			
Name of the Contractor / Grantee: _____ (Primary party named in the contract)			
Name of Project / Program: _____			
Contractor / Grantee is in compliance with the terms of the contract (check one):		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Interim Rating (if any) and Date Rating Assigned (check one): Below Standard (1) <input type="checkbox"/> Standard (2) <input type="checkbox"/> Above Standard (3) <input type="checkbox"/>			
Date of last Interim Contractor Performance Evaluation: _____			

**By signing below, I hereby certify, in accordance with CRS §24-103.5-101(5), that I have determined whether the vendor is complying with the terms of the contract and have set forth my determination in the section above.**

_____ <b>Signature</b> <b>Printed Name</b> _____	_____ <b>Title</b>
_____ <b>Date</b>	_____ <b>Phone</b>