COLORADO
Financial Services
Department of Human Services
Division of Contracts and Procurement

State of Colorado
Department of Human Services Contract

Signature and Cover Pages

CMS #:

[Insert Full CMS # (FY ProgramCode CMS#)]

State Agency

Colorado Department of Human Services
[Insert Office]
[Insert Division]

Contract Maximum Amount

Initial Term

[State Fiscal Year 20xx	$0.00]

Extension Terms

[Edit/delete this section as needed, or put "None"

State Fiscal Year 20xx	$0.00
State Fiscal Year 20xx	$0.00
State Fiscal Year 20xx	$0.00
State Fiscal Year 20xx	$0.00]

Maximum Amount for All Fiscal Years	[$0.00]

Pricing/Funding

Price Structure: [**Fixed Price** or **Cost Reimbursement** or **Fixed Unit Price** or **Other**]
Contractor shall invoice: [**Monthly** or **Quarterly or Bi-Weekly (twice per month)** or **Upon delivery and acceptance of performance** or **As specified elsewhere**]
Fund Source: [Insert name of funding source, whether it's state general funds, cash, Federal Program / Grant and Funds ID#, if none, put NA]

eClearance#:

[Insert eClearance #]

Contractor

[Insert Contractor's Full Legal Name, including "Inc.", "LLC", etc...]

Contractor's State of Incorporation: [Insert State]

Contract Performance Beginning Date

The later of the Effective Date or [Month Day, Year]

Initial Contract Expiration Date

[Month Day, Year]

Except as stated in **§2.D**, the total duration of this Contract, including the exercise of any options to extend, shall not exceed [Insert Contract's Maximum Amount of Years or Months as required by solicitation, or otherwise] Years from its Performance Beginning Date.

Options

The State shall have the following options if indicated with "Yes," as further described in §2.C and §5.B.v:
Option to Extend Term per §2.C: [Yes or No].
Option to Increase or Decrease Maximum Amount per §5.B.v: [Yes or No].

Insurance

Contractor shall maintain the following insurance if indicated with "Yes," as further described in §10:

Worker's Compensation: Yes
General Liability: Yes
Automobile Liability: [Yes or No].
Protected Information: [Yes or No].
Professional Liability Insurance: [Yes or No].
Cyber/Net. Security-Privacy Liability Insurance: [Yes or No].
Crime Insurance: [Yes or No].

State Representative

[Insert State Representative Name
Title
Department
Street Address
City, State Zip
Phone
Email]

Miscellaneous

Authority to enter into this Contract exists in: [Insert statutory and/or other legal authority here.]
Law-Specified Vendor Statute (if any): [Insert Statute, otherwise put NA]
Procurement Method: [**Exempt** or **Discretionary** or **Documented Quote (DQ)** or **Invitation for Bids (IFB)** or **Request for Proposals (REP)** or **Grant Specified** or **Law Specified** or **Competitive Negotiation** or **Price Agreement** or **Sole Source**]
Solicitation Number (if any): [Insert Solicitation #, otherwise put NA]

Contractor Representative

[Insert Contractor Representative Name
Title
Contractor name
Street Address
City, State Zip
Phone
Email]

Exhibits

The following Exhibits are attached and incorporated into this Contract:
[List Exhibits here]

Contract Purpose

[Insert brief description of the purpose of the Contract.]

Signature Page Begins on Next Page

The rest of this page is intentionally left blank.

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The parties hereto have executed this contract

Each person signing this Contract represents and warrants that he or she is duly authorized to execute this Contract and to bind the Party authorizing his or her signature.

Contractor

[Insert Contractor's Full Legal Name, including "Inc.", "LLC", etc...]

By: [Name & Title of Person Signing for Contractor]

Date: _____

[2nd State or Contractor Signature if Needed]

By: [Name & Title of Person Signing for Signatory]

Date: _____

State of Colorado

Jared S. Polis, Governor
Department of Human Services
Michelle Barnes, Executive Director

By: [Name & Title of Person Signing for CDHS]

Date: _____

Legal Review

Philip J. Weiser, Attorney General

By: [Name], Assistant Attorney General

Date: _____

In accordance with §24-30-202 C.R.S., this Contract is not valid until signed and dated below by the State Controller or an authorized delegate.

State Controller

Robert Jaros, CPA, MBA, JD

By: Telly Belton/Toni Williamson/Amanda Rios

Effective Date:_____

-- Signature and Cover Pages End --