



INDEPENDENT CONTRACTOR/SERVICE PROVIDER QUESTIONNAIRE
TO BE COMPLETED BY CONTRACTOR

1. Is the State the only client this business entity works with? Yes No
2. Is the business entity registered with the Secretary of State's Office and/or the IRS to conduct business as an independent contractor? Yes No
3. Has the Contractor or anyone affiliated with this business entity been employed at RRCC, CCCS, CCCOnline, or at any of CCCS's community colleges for the past two calendar years (Jan 1 – Dec 31)?
Yes No

If Yes, where? _____

4. Is anyone employed in any capacity (includes Owner, CEO, Partner, etc.) by this business entity ***related** to an employee at Red Rocks Community College or any other college within CCCS? Yes No
If Yes, employee name, title and where?

5. Does the business entity hire retired state employees to perform the work? Yes No
6. Does the business entity have their own place of business? Yes No
7. Does the business entity offer services to the general public and have other clients? Yes No
8. Does the business entity have unemployment and workers' compensation insurance? Yes No

If no, explain _____

9. Does the business entity bill by an hourly rate? Yes No Lump sum? Yes No

Vendor Name: _____

If applicable, person who is authorized to sign contract:

Name: _____ Title: _____
(Please print)

Signature of person completing this form: _____ Date: _____

**A Board member's or employee's spouse; children, step-children, and their spouses; brothers and brothers-in-law; sisters and sisters-in-law; parents and parents-in-law; grandparents and grandparents-in-law; aunts and uncles; nieces and nephews; grandchildren and their spouses; and members of the immediate household which shall include, but are not limited to domestic and civil union partners.*