

FEASIBILITY DETERMINATION, COST ANALYSIS, AND EVALUATION FORM

Overview: Before conducting a Procurement for certain Services exceeding \$250,000, the Department may be required to complete a written Cost Analysis under PCRB 47-0250. Architectural et al. and Client Services are excluded. This form serves as the Department's Summary of its determinations and evaluation.

Date: 02/25/10

Project Name/Location: East County Courts/SE 185th and SE Stark, Gresham, OR

Type of Service: New Construction - Construction Manager/General Contractor (CM/GC)

1. PCRB 47-0250 (Rule) instructs the Department on use of this Form. ☒ I have read this Rule.

2. ☒ A Feasibility Determination has been made for this Procurement, based on the following PCRB 47-0250 (3):

- | | |
|---|---|
| <input checked="" type="checkbox"/> Lack Specialized Technical Expertise – PCRB Rule Sec. (3)(A) | <input type="checkbox"/> Conflict of Interest; Unbiased Review – PCRB Rule Sec. (3)(b)(D) |
| <input type="checkbox"/> Grant or other Funding – PCRB Rule Sec. (3)(b)(A) | <input type="checkbox"/> Emergency Procurement – PCRB Rule Sec. (3)(b)(E) |
| <input type="checkbox"/> State or Federal Law Requirements – PCRB Rule Sec. (3)(b)(B) | <input type="checkbox"/> Delay – PCRB Rule Sec. (3)(b)(F)(G) |
| <input type="checkbox"/> Incidental Services for Real or Personal Property – PCRB Rule Sec. (3)(b)(C) | <input type="checkbox"/> Services Completed within Six Months – PCRB Rule Sec. (3)(b)(H) |
| <input type="checkbox"/> Other Special Circumstance – PCRB Rule Sec. (3)(b) | |

Written Findings are required. PCRB Rule Sec. (3). The Written Findings are attached or located at:

Multnomah County has no General Contractor capabilities to build a new building. Further, a General Contractor involvement in the Design phase will bring expertise that will eliminate potential constructability issues as the building and site are laid-out and designed.

APPROVAL OF THE FEASIBILITY DETERMINATION – NO COST ANALYSIS REQUIRED (PCRB Rule Sec. 47-0250 (3))

Department Manager Signature (or Designee)

Date

Robert C. Thomas

PRINT Name

Director, Facilities and Property Management

PRINT Title

3. ☐ A Cost Analysis has been made for this Procurement and documentation is attached for the following requirements: (Not required if section 2 has been completed and any one of the feasibility requirements have been met)

Agency Estimate to Perform the Services:		Agency Estimate to Contract Out the Services:	
Agency Costs – PCRB Rule Sec. (4)(a)		Contractor Costs – PCRB Rule Sec. (4)(b)	
A. Salary or Wage & Benefit Costs PCRB Rule Sec. (4)(b)(A)	\$	A. Salary or Wage & Benefit Costs PCRB Rule Sec. (4)(c)(A)	\$
B. Material Costs – PCRB Rule Sec. (4)(b)(B)	\$	B. Material Costs – PCRB Rule Sec. (4)(c)(B)	\$
C. Related Costs – PCRB Rule Sec. (4)(b)(C)(D)	\$	C. Related Costs – PCRB Rule Sec. (4)(c)(C)	\$
D. Other Information – PCRB Rule Sec. (4)(b)(E)(F)	\$	D. Other Information – PCRB Rule Sec. (4)(c)(D)	\$
(Costs the Department would incur)	\$	(Costs the Contractor would incur)	\$
Subtotal:		Subtotal:	
4. Department compared the above data and made the decision described in the PCRB Rule, Sec. (5)		4. Department compared the above data and made the decision described in the PCRB Rule, Sec. (5)	
(no entry)		(no entry)	
TOTAL:	\$	(Contractor Price) TOTAL:	\$
(Costs the Department would incur to perform the Services.)		(Costs the Department would incur to contract out the Services.)	

5. Department compared the above totals and made the decision described in the PCRB Rule, Sec. (6)

6. Department Determinations and Decision

- A. ☐ Department intends to perform the Services. Describe the decision made under the PCRB 47-0250 (4)(a) and (5). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

- B. ☐ Department intends to contract out the Services. Describe the decision made under the PCRB 47-0250 (5)(6)(7). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

7. APPROVAL OF CPCA MANAGER – PCRB 47-0250 (8):

CPCA Manager Signature (or Designee)

Date

PRINT Name

Phone Number

Email

RECEIVED
PURCHASING SECTION
2010 MAR -2 AM 11:31
MULTNOMAH COUNTY

PROCESS EVALUATION

Departments must submit the following information to the _____ upon it's request:

1. Did meeting the requirements of PCRB 47-0250 aid the Department in making it's sourcing decision?

- a. Yes ☐ Provide explanation: _____
b. No ☐ Provide explanation: _____

2. How much time was spent in complying with PCRB 47-0250, including performing the Feasibility Determination or Cost Analysis, over and above the time that would have been spent doing the level of analysis the Department would have previously done for a Procurement of this type and size?

3. What was the impact to the procurement process as a result of meeting the requirements of PCRB 47-0250 (If there was a delay, provide an estimate of the cost and time impact to the Department.)

To the best of my knowledge, the information entered on this form is true and accurate.

Preparer Name

Phone Number

Email

****Submit this form and any supporting documentation to the CPCA Manager.**

FEASIBILITY DETERMINATION, COST ANALYSIS, AND EVALUATION FORM

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Date: 02/25/2010	Project Name/Location: Animal Services Facility Modular Unit Site Preparation and Installation 1700 W Columbia River Highway Troutdale Oregon 97060
Type of Service: Site Preparation	

1. PCRB 47-0250 (Rule) instructs the Department on use of this Form. ☒ I have read this Rule.
2. ☒ A Feasibility Determination has been made for this Procurement, based on the following PCRB 47-0250 (3):

- | | |
|--|---|
| <input type="checkbox"/> Lack Specialized Technical Expertise – PCRB Rule Sec. (3)(A)

<input type="checkbox"/> Grant or other Funding – PCRB Rule Sec. (3)(b)(A)

<input type="checkbox"/> State or Federal Law Requirements – PCRB Rule Sec. (3)(b)(B)

<input type="checkbox"/> Incidental Services for Real or Personal Property – PCRB Rule Sec. (3)(b)(C)

<input type="checkbox"/> Other Special Circumstance – PCRB Rule Sec. (3)(b) | <input type="checkbox"/> Conflict of Interest; Unbiased Review – PCRB Rule Sec. (3)(b)(D)

<input type="checkbox"/> Emergency Procurement – PCRB Rule Sec. (3)(b)(E)

<input type="checkbox"/> Delay – PCRB Rule Sec. (3)(b)(F)(G)

<input checked="" type="checkbox"/> Services Completed within Six Months – PCRB Rule Sec. (3)(b)(H) |
|--|---|

Written Findings are required. PCRB Rule Sec. (3). The Written Findings are attached or located at:

Project to finish within 45 days from notice to proceed.

APPROVAL OF THE FEASIBILITY DETERMINATION – NO COST ANALYSIS REQUIRED (PCRB Rule Sec. 47-0250 (3):

Department Manager Signature

Date

Bob Thomas

PRINT Name

Director Facilities and Property Management

PRINT Title

3. ☐ A Cost Analysis has been made for this Procurement and documentation is attached for the following requirements: (Not required if section 2 has been completed and any one of the feasibility requirements have been meet)

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C. Related Costs – PCRB Rule Sec. (4)(b)(C)(D)	\$	C. Related Costs – PCRB Rule Sec. (4)(c)(C)	\$
D. Other Information – PCRB Rule Sec. (4)(b)(E)(F)	\$	D. Other Information – PCRB Rule Sec. (4)(c)(D)	\$
(Costs the Department would incur)	\$	(Costs the Contractor would incur)	\$
Subtotal:		Subtotal:	
4. Department compared the above data and made the decision described in the PCRB Rule, Sec. (5)			
(no entry)		(no entry)	
TOTAL:	\$	(Contractor Price) TOTAL:	\$

(Costs the Department would incur to perform the Services.)		(Costs the Department would incur to contract out the Services.)	
5. Department compared the above totals and made the decision described in the PCRB Rule, Sec. (6)			

6. Department Determinations and Decision

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Determination **Required** Attach additional pages as needed:

- B. ☐ Department intends to contract out the Services. Describe the decision made under the PCRB 47-0250 (5)(6)(7). Provide the determinations that explain and support the decision.

Determination **Required** Attach additional pages as needed:

7. APPROVAL OF CPCA MANAGER – PCRB 47-0250 (8):

CPCA Manager Signature

Date

PRINT Name

Phone Number

Email

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- b. No ☐ Provide explanation: _____

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To the best of my knowledge, the information entered on this form is true and accurate.	
Preparer Name	
Phone Number	Email

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