

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Check all that apply

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>4710000372</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: _____
<input type="checkbox"/> Proof of insurance attached	Vendor Number: <u>12052</u>
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>10/03/2010</u>
<input type="checkbox"/> Expenditure <input type="checkbox"/> Revenue <input checked="" type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

CAF Purpose

New Contract Renewal Date Change Funding Change Service Change

Department: <u>Community Services</u>	Division/Program: <u>Land Use & Transportation Program</u>
Originator: <u>Brian Vincent</u>	Phone: <u>x29642</u> Mail Stop: <u>425/2</u>
Contact: <u>Cathey Kramer</u>	Phone: <u>x22589</u> Mail Stop: <u>425/2</u>

Contract/Amendment Procurement Details

Procurement No.(s): _____	Effective Date: _____	End Date: _____
Exemption or Citation No.(s): _____	Effective Date: _____	End Date: _____
Check all that apply to contractor: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> ESB <input type="checkbox"/> QRF State Cert No.: _____ <input type="checkbox"/> Non-Profit <input checked="" type="checkbox"/> N/A		
Contractor: <u>Oregon Dept of Transportation</u>	Payment Schedule/Terms:	
Address: <u>123 NW Flanders St</u>	<input type="checkbox"/> Lump Sum \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Portland OR 97209-4012</u>	<input type="checkbox"/> Monthly \$ _____	<input type="checkbox"/> Net 30
Telephone: <u>503-731-8288</u>	<input type="checkbox"/> Quarterly \$ _____	<input type="checkbox"/> Other
<input type="checkbox"/> Other \$ _____		
Contract Effect Date: <u>11/15/2010</u>	Term Date: <u>11/14/2020</u>	
Amend Effect Date: _____	New Term Date: _____	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Original Contract Amount: \$ _____	Original PA/Requirements Amt: \$ _____	
Total Amount Previous Amend: \$ _____	Total Amount Previous Amend: \$ _____	
Amount of Amendment: \$ _____	Requirements Amount Amend: \$ _____	
Total Amount of Agreement: \$ <u>0</u>	Total Amount of PA/Requirements: \$ _____	

Required Signatures

Dept Director or Designee:  Date: 10/5/10

County Chair: _____ Date: _____

Vendor Contact Information

Changed from Previous CAF

Name: <u>Mark Foster</u>	Title: _____	email: <u>mark.a.foster@odot..state.or.us</u>
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

Contract/Amendment Description Or Comments

NFA Intergovernmental Agreement with ODOT for the Local Agency Certification Program, which will enable the County to utilize our own project management, procurement, and accounting systems for road construction projects.

(WBS: ROADEG520)

