

MULTNOMAH COUNTY CONTRACT APPROVAL FORM

Pre-approved Contract Boilerplate (with County Attorney signature) ☐ Attached ☐ Not Attached

Contract #: 4600002989
Amendment #: 4

CLASS I	CLASS II	CLASS III A
Contracts \$75,000 and less per 12 month period	Contracts over \$75,000 per 12 month period	<input type="checkbox"/> Government Contracts (190 Agreement)
<input checked="" type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts <input checked="" type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Professional Services Contracts <input type="checkbox"/> PCRB Contracts <input type="checkbox"/> Maintenance Agreements <input type="checkbox"/> Licensing Agreements <input type="checkbox"/> Public Works Construction Contracts <input type="checkbox"/> Architectural & Engineering Contracts <input type="checkbox"/> Revenue Contracts <input type="checkbox"/> Grant Contracts <input type="checkbox"/> Non-Expenditure Contracts	<input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue CLASS III B <input type="checkbox"/> Government Contracts (Non-190 Agreement) <input type="checkbox"/> Expenditure <input type="checkbox"/> Non-Expenditure <input type="checkbox"/> Revenue <input type="checkbox"/> Interdepartmental Contracts

Department: DBCS Division: FACILITIES Date: 05/13/2005
 Originator: CYRUS YAMIN Phone: 26270 Bldg/Rm: 274/L1
 Contact: DAVID LANEY Phone: 24338 Bldg/Rm: 274/1
 Description of Contract: Provide Project Consulting Service. Amendment #4 scope of work change. and extend date

RENEWAL: ☐ PREVIOUS CONTRACT #(S): _____
 RFP/BID: _____ RFP/BID DATE: _____
 EXEMPTION #: IE 02-1311 Amend. 2 ORS/AR #: _____
 Effective DATE: 04/14/2004 EXPIRATION DATE: 04/30/2005
 CONTRACTOR IS: ☐ MBE ☐ WBE ☒ ESB ☐ QRF State Cert# _____ or ☐ Self Cert ☐ Non-Profit ☐ N/A (Check all boxes that apply)

Contractor <u>Archscope Architecture LLC</u>		Remittance address _____	
Address <u>1001 SE Water Ave Suite 260</u>		(If different) _____	
City/State <u>Portland, Oregon</u>		Payment Schedule / Terms	
ZIP Code <u>97214</u>		<input type="checkbox"/> Lump Sum \$ _____ <input type="checkbox"/> Due on Receipt	
Phone <u>503-963-9320</u>		<input checked="" type="checkbox"/> Monthly \$ <u>invoiced</u> <input type="checkbox"/> Net 30	
Employer ID# or SS# <u>93-1265066</u>		<input type="checkbox"/> Other \$ _____ <input type="checkbox"/> Other	
Contract Effective Date <u>03/15/2002</u>	Term Date <u>04/30/2005</u>	<input type="checkbox"/> Requirements Funding Info: _____	
Amendment Effect Date <u>05/01/2005</u>	New Term <u>09/30/2005</u>	Original Requirements Amount \$ _____	
Original Contract Amount <u>\$45,585.00</u>		Total Amt of Previous Amendments \$ _____	
Total Amt of Previous Amendments <u>\$21,440.00</u>		Requirements Amount Amendment: \$ _____	
Amount of Amendment <u>\$ 5,790.00</u>		Total Amount of Requirements \$ _____	
Total Amount of Agreement \$ <u>\$72,815.00</u>			

REQUIRED SIGNATURES:

Department Manager [Signature] DATE 5/26/05
 Purchasing Manager [Signature] DATE _____
 County Attorney [Signature] DATE _____
 County Chair _____ DATE _____
 Sheriff _____ DATE _____
 Contract Administration Driscolla Salvador DATE 6/6/05

COMMENTS: RX 006045, no EEO Certification Needed

INS. EXPIRES: 7/7/05

LANEY David

From: THOMAS John S
Sent: Monday, May 16, 2005 8:11 AM
To: LANEY David
Subject: RE: Review Approval Contract No. 4600002989

This contract amendment has been reviewed and may be circulated for signature.
John Thomas
Deputy County Attorney

-----Original Message-----

From: LANEY David
Sent: Friday, May 13, 2005 11:11 AM
To: THOMAS John S
Cc: THOMPSON Jan
Subject: Review Approval

Good Day John, Could you please review and approve the attached Contract Amendment. Thanks.

David Laney
Buyer
Facilities & Property Management
503-988-3322 X24338

5/17/2005



Class I Contract

Vendor Address

ARCHSCAPE ARCHITECTURE
1001 SE WATER AVE #260
PORTLAND OR 97214-2147

Information

Contract Number 4600002989
Date 03/07/2002
Vendor No. 23258
Contact/Phone BCS Facilities /
X83322
Validity Period: 03/15/2002 - 09/30/2005
Minority Indicator: Not Identified

Estimated Target Value: 72,815.00 USD

Item	Material/Description	Target Qty	UM	Unit Price
0001	PROJECT CONSULTING SERVICE Plant: F030 Business & Community Service Requirements Tracking Number: C102-7161 <i>PROFESSIONAL SERVICES TO BE PROVIDED ON THE WOMEN'S TRANSITION CENTER PROJECT, INCLUDING REVIEW OF FACILITY ASSESSMENT, DOCUMENT DEVELOPMENT, ARCHITECTURAL SERVICES, PERMITTING AND CONSTRUCTION REPORT.</i> Ship to:	45,585.000	Dollars	\$ 1.0000
0002	ADDED ARCHITECTURAL SERVICES PER PROPSAL Plant: F030 Business & Community Service Requirements Tracking Number: IE03-1311 <i>Admendment #1, 05-06-2003 dpl Additional Architectural services per proposal dated April 25 2003. Also this is to amend. contract date to April 30 2004.</i> Ship to:	5,700.000	Dollars	\$ 1.0000
0003	ADDED ARCHITECTURAL SERVICES Plant: F030 Business & Community Service Requirements Tracking Number: IE 03-1311 <i>AMENDMENT #2. ARCHITECTURAL SERVICES ADDED DUE TO CONTRACT EXTENSION TO APRIL 30 2005 AND SCOPE CHANGE BASED ON PROPOSAL DATED 2/27/2004. dlaney 03-16-2004 and jmt 3/26/04</i> Ship to:	6,340.000	Dollars	\$ 1.0000
0004	CHANGE OF SCOPE AMENDMENT #3 Plant: F030 Business & Community Service Requirements Tracking Number: IX02-1311 <i>AMENDMENT #3 CHANGE IN SCOPE OF WORK. dpl 08/26/2004</i> Ship to:	9,400.000	Dollars	\$ 1.0000
0005	CHANGE OF SCOPE AMENDMENT #4 Plant: F030 Business & Community Service Requirements Tracking Number: IX02-1311 <i>AMENDMENT #4</i>	5,790.000	Dollars	\$ 1.0000

**Class I Contract****Vendor Address**

ARCHSCAPE ARCHITECTURE
1001 SE WATER AVE #260
PORTLAND OR 97214-2147

Information

Contract Number 4600002989
Date 03/07/2002
Vendor No. 23258
Contact/Phone BCS Facilities /
X83322
Validity Period: 03/15/2002 - 09/30/2005
Minority Indicator: Not Identified

Item	Material/Description	Target Qty	UM	Unit Price
	<p><i>DUE TO CHANGES IN THE SCOPE OF WORK AND CHAGES IN THE DURATION OF THE PROJECT AND ADDITIONS TO THE SCOPE OF THE PROJECT ADDITIONAL TIME AND FUNDS ARE REQUIRED.</i></p> <p><i>dlaney 05/13/2005</i></p> <p>Ship to: Multnomah County Dept of Business & Community Servic Yeon Annex 1600 SE 190th Ave, 224 Portland OR 97233</p>			

ACORD™ CERTIFICATE OF LIABILITY INSURANCERV
P1DC 06-09-200**PRODUCER**USAA INSURANCE AGENCY, INC/PHS
812846 P:(888)242-1430 F:(877)905-0457
P. O. BOX 33015
SAN ANTONIO TX 78265THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.**INSURERS AFFORDING COVERAGE****INSURED**ARCHSCAPE ARCHITECTURE
1001 SE WATER AVE SUITE 260
PORTLAND OR 97214

INSURER A: Hartford Casualty Ins Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY	65 SBA KN2688	07/07/04	07/07/05	EACH OCCURRENCE	\$1,000,000
	COMMERCIAL GENERAL LIABILITY				FIRE DAMAGE (Any one fire)	\$300,000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$10,000
	<input checked="" type="checkbox"/> Business Liab				PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$2,000,000
	POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/>				PRODUCTS - COMP/OP AGG	\$2,000,000
	AUTOMOBILE LIABILITY				65 SBA KN2688	07/07/04
ANY AUTO	BODILY INJURY (Per person)	\$				
ALL OWNED AUTOS	BODILY INJURY (Per accident)	\$				
SCHEDULED AUTOS	PROPERTY DAMAGE (Per accident)	\$				
<input checked="" type="checkbox"/> HIRED AUTOS						
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
GARAGE LIABILITY						
	ANY AUTO				AUTO ONLY - EA ACCIDENT \$	
					OTHER THAN EA ACC \$	
					AUTO ONLY: AGG \$	
EXCESS LIABILITY					EACH OCCURRENCE \$	
	OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				AGGREGATE \$	
					\$	
	DEDUCTIBLE				\$	
	RETENTION \$				\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER	
					E.L. EACH ACCIDENT \$	
					E.L. DISEASE - EA EMPLOYEE \$	
					E.L. DISEASE - POLICY LIMIT \$	
OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

Those usual to the Insured's Operations.

CERTIFICATE HOLDER☒ADDITIONAL INSURED: INSURER LETTER: A**CANCELLATION**Multnomah County
401 N. Dickson St.
Portland, OR 97227

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE (10 DAYS FOR NON-PAYMENT) TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Certificate of Insurance

1 of 1 #S95110/M95109

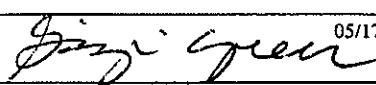
Agency Name and Address: Professional Practice Insurance Brokers, Inc. 10 California Street Redwood City, CA 94063-1513	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED THE POLICIES LISTED BELOW.
Insureds Name and Address: ARCHSCAPE Architecture, LLC 1001 SE Water Avenue, Suite 260 Portland, OR 97214	Companies Affording Policies: A. St. Paul Fire & Marine Insurance Co. B. C. D. E. F.

COVERAGES: THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES.

TYPE OF INSURANCE		POLICY NUMBER	EFF.DATE	EXP.DATE	POLICY LIMITS
GENERAL LIABILITY <input type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Owner's and Contractors Protective <input type="checkbox"/> _____					General Aggregate: Products-Com/Ops Aggregate: Personal and Adv. Injury: Each Occurrence: Fire Dmg. (any one fire):
AUTO LIABILITY <input type="checkbox"/> Any Automobile <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-owned Autos <input type="checkbox"/> Garage Liability <input type="checkbox"/> _____					Combined Single Limit: Bodily Injury/person: Bodily Injury/accident: Property Damage:
EXCESS LIABILITY <input type="checkbox"/> Umbrella Form <input type="checkbox"/> Other than Umbrella Form					Each Occurrence: Aggregate:
WORKERS' COMPENSATION AND EMPLOYER'S LIABILITY					Statutory Limits Each Accident: Disease/Policy Limit: Disease/Employee:
A	PROFESSIONAL LIABILITY*	QP03805865	03/13/05	03/13/06	Per Claim \$1,000,000 Aggregate \$1,000,000
					\$0

Description of Operations/Locations/Vehicles/Restrictions/Special items:
 ALL OPERATIONS OF THE NAMED INSURED INCLUDING CONTRACT #4600002989.

*Written at aggregate limits of liability not less than amount shown.

Certificate Holder: Multnomah County Attn: Facilities & Property Mgmt. 401 N. Dixon Street Portland, OR 97227	THE AGGREGATE LIMIT IS THE TOTAL INSURANCE AVAILABLE FOR CLAIMS PRESENTED WITHIN THE POLICY FOR ALL OPERATIONS OF THE INSURED. CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY, ITS AGENTS OR REPRESENTATIVES WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, EXCEPT IN THE EVENT OF CANCELLATION FOR NON-PAYMENT OF PREMIUM IN WHICH CASE 10 DAYS NOTICE WILL BE GIVEN. Authorized Representative:  05/17/05
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cc:

David,

Thanks for leaving a voice mail this morning regarding my question about your request below. Currently, Archscape Architecture LLC has no employees and therefore we do not carry workers compensation insurance. Let me know if you require any specific information to clarify this for the record.

Thank you,

Steve W. Kaiser, AIA
ARCHSCAPE Architecture, LLC
1001 SE Water Avenue, Suite 260
Portland, OR 97214
503.963.9320

MULTNOMAH COUNTY SERVICES CONTRACT AMENDMENT
(Amendment to Change Contract Provisions During Contract Term)
AMENDMENT #4

CONTRACT NO. 4600002989

This is an amendment to Multnomah County Contract referenced above effective May 1, 2005 between Multnomah County, Oregon, hereinafter referred to as County, and Archscape Architecture hereinafter referred to as Contractor.

The parties agree:

1. The following changes are made to Contract No. 4600002989:

Contractor shall perform the additional work described in the attached Memo dated April 20, 2005. (Attachment 1)

Contractor shall be paid for the additional work as provided in Attachment 1. The Maximum payment under this Contract, including expenses, is \$72,815.00.

2. All other terms and conditions of the contract shall remain the same.

CONTRACTOR DATA AND SIGNATURE

Contractor Address: 1001 SE Water Ave. Suite 260 Portland, Oregon 97214 Phone #503-963-9320

Federal Tax ID# or Social Security: 93-1265066

Business Designation (check one): ☐ Sole Proprietorship ☐ Partnership
☐ Corporation-for profit ☐ Corporation-Non-profit
☒ Other [describe here: LLC]

Federal tax ID numbers or Social Security numbers are required pursuant to ORS 305.385 and will be used for the administration of state, federal and local laws. Payment information will be reported to the Internal Revenue Service under the name and Federal tax ID number or, if none, the Social Security number provided above.

I have read this Contract Amendment. I understand the Contract Amendment and agree to be bound by its terms.

Signature

Title

Name (please print)

Date

MULTNOMAH COUNTY SIGNATURE

(This contract is not binding on the County until signed by the Chair or the Chair's designee)



County Chair or Designee**

5/26/05

Date

** Department Director signs here for Class 1 Contracts (unless retroactive). For all other contracts, Chair or Chair's designee signs here.

Department and County Attorney Approval and Review

Approved: _____

Department Manager or Designee

Date

Reviewed: J.T.

Assistant County Attorney

5/16/05

Date

Attachment #1



MEMO

to: Cyrus Yamin
Multnomah County Facilities and
Property Management

date: April 20, 2005

re: WTC Housing - Contract #4600002989

from: Steve Kaiser

Cyrus,

Per our recent conversations, there has been some expansion of project scope since the most recent contract amendment (no.3) of 10-22-04. These include:

1. Due to additional funds being available for the completion of Building 722, scope was added to the project, including:
 - a. Removal and replacement of driveway apron.
 - b. New storm water dry well system.
 - c. New plumbing to second floor toilet and wash rooms and associated work at first floor.
 - d. Additional work in basement, including finishes, painting, exhaust ducting.
 - e. New card reader and outlet at rear porch and new exterior light fixtures.Addendum 2 was issued to cover the above items, and included additional detail information that the County and ARCHSCAPE determined was necessary to ensure quality construction in the final project, as a result of significant quality control issues with the contractor on the previous two buildings.
2. During construction on Building 732, ARCHSCAPE prepared and issued proposal requests PR-2, PR-3 and PR-4 to add scope that was necessary due to concealed conditions.
3. The construction schedule for Building 722 has been extended from 30 days to 40 days to allow for expected delays due to contractor performance issues. This will require additional site visits and reports from ARCHSCAPE.
4. ARCHSCAPE has been asked to provide record drawings for all three buildings that incorporate addenda, proposal requests and other documented project conditions that have changed since issuance of the original contract documents. ARCHSCAPE shall provide (1) review set and (1) final set of reproducible, updated architectural, mechanical and electrical plans, and (1) final set as electronic versions (AutoCAD 2000) on CD. Note: Mechanical and electrical drawings shall be updated by ARCHSCAPE and so shall not be considered "engineered" documents.

We anticipate the following additional professional service fees for the above-described work:

Labor – (64) hours x \$85/hour.....	\$5,440.00
<u>Reimbursables (plotting, printing).....</u>	<u>\$350.00</u>
Total.....	\$5,790.00 *

* This is in addition to the amount remaining in the current contract. Work as described above will be billed as time and materials, with a not to exceed total.

Respectfully submitted,

Steve W. Kaiser, AIA