

**Agreement Number 110052-4**

**Amendment to State of Oregon  
Intergovernmental Agreement**

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This is amendment number **04** to Agreement Number **110052** between the State of Oregon, acting by and through its Department of Human Services, hereinafter referred to as "DHS" and

**Multnomah County Health Department  
Lillian Shirley, Public Health Director, or delegate  
1120 SW Fifth Avenue – 14th Floor  
Portland, OR 97204  
Phone: (503) 988-3674  
Facsimile: (503) 988-4117  
Email: lillian.m.shirley@co.multnomah.or.us**

hereinafter referred to as **Agency**.

The Agreement is hereby amended as follows:

**I. EFFECTIVE DATE AND DURATION**

This Agreement shall become effective on the date this Agreement has been fully executed by every party and, when required, approved by Department of Justice. Unless extended or terminated earlier in accordance with its terms, this Agreement shall terminate on **January 31, 2007**. Agreement termination or expiration shall not extinguish or prejudice Department's right to enforce this Agreement with respect to any default by Agency that has not been cured."

**II. ADDITIONAL FUNDS** in the amount of **\$50,335** are added to this Agreement.

#0410533-4  
Contract #110052-4  
Revised 10-31-2006

Except as expressly amended above, all other terms and conditions of the original Agreement and any previous amendments are still in full force and effect. Agency certifies that the representations, warranties and certifications contained in the original Agreement are true and correct as of the effective date of this Amendment and with the same effect as though made at the time of this amendment.

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**SIGNATURES**

**Approved By Agency**

<i>Sullivan Purley</i>	<i>Dept. Director</i>	<i>12/19/06</i>
Authorized Signature	Title	Date

**Approved By DHS**

_____	_____	_____
Authorized Signature	Title	Date

**DHS Program Support Manager:**

_____	_____	_____
Signature	Name/Title (printed)	Date

**Approved for Legal Sufficiency:**

*Department's contract file contains a copy of the electronic approval from:*  
*Karl Goodwin* *8/8/05*

_____	_____
Assistant Attorney General	Date

**Office of Contracts and Procurement:**

_____	_____	_____
Review Signature	Name/Title (printed)	Date

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