

# MULTNOMAH COUNTY CONTRACT APPROVAL FORM

**Check all that apply**

<input checked="" type="checkbox"/> County Attorney email approval attached	Contract Number: <u>0910072</u>
<input type="checkbox"/> Retro Memo attached	Amendment Number: <u>1</u>
<input type="checkbox"/> Proof of insurance attached	Vendor Number: _____
<input type="checkbox"/> EEO Exhibit 5 attached (contracts over \$75,000)	Date: <u>05/25/2011</u>
<input type="checkbox"/> Expenditure <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Non-Financial Agreement <input type="checkbox"/> Inter-Departmental	

**CAF Purpose**

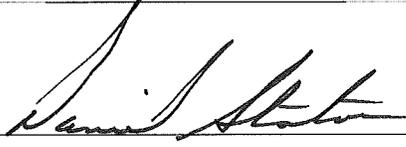
New Contract   
 Renewal   
 Date Change   
 Funding Change   
 Service Change

Department: <u>Sheriff's Office</u>	Division/Program: <u>Metro Services</u>
Originator: <u>Lieutenant Ned Walls</u>	Phone: <u>503-251-2510</u> Mail Stop: <u>313</u>
Contact: <u>Brad Lynch</u>	Phone: <u>503-988-4336</u> Mail Stop: <u>503/350</u>

**Contract/Amendment Procurement Details**

Procurement No.(s): _____	Effective Date: _____	End Date: _____
Exemption or Citation No.(s): <u>46-0130(1)(f)</u>	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 type="checkbox"/> N/A		
Contractor: <u>Metro</u>	Payment Schedule/Terms:	
Address: <u>600 NE Grand</u>	<input type="checkbox"/> Lump Sum    \$ _____	<input type="checkbox"/> Due on Receipt
City/State/Zip: <u>Portland, Oregon 97232</u>	<input type="checkbox"/> Monthly    \$ _____	<input type="checkbox"/> Net 30
Telephone: <u>503-797-1700</u>	<input type="checkbox"/> Quarterly    \$ _____	<input type="checkbox"/> Other
	<input type="checkbox"/> Other    \$ _____	
Contract Effect Date: <u>07/01/10</u>	Term Date: <u>06/30/11</u>	
Amend Effect Date: <u>07/01/11</u>	New Term Date: <u>06/30/12</u>	<input type="checkbox"/> Price Agreement or Requirements Funding Information:
Original Contract Amount: \$ <u>128,785.00</u>	Original PA/Requirements Amt: \$ _____	
Total Amount Previous Amend: \$ _____	Total Amount Previous Amend: \$ _____	
Amount of Amendment: \$ <u>128,785.00</u>	Requirements Amount Amend: \$ _____	
Total Amount of Agreement: \$ <u>257,570.00</u>	Total Amount of PA/Requirements: \$ _____	

**Required Signatures**

Dept Director or Designee:       Date: 5/30/11

County Chair: \_\_\_\_\_      Date: \_\_\_\_\_

**Vendor Contact Information**

**Changed from Previous CAF**

Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____
Name: _____	Title: _____	email: _____

**Contract/Amendment Description Or Comments**

Investigative and enforcement services for solid waste ordinances.